



**THE** Southern Maryland Community  
**NETWORK**

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*Champions of Behavioral Health*

Creating a partnership between people with mental health needs and their community to foster understanding, empowerment and an enhanced quality of life

# Our Locations

- Calvert County & Main Office
- 305 Prince Frederick Blvd.
- Prince Frederick, MD 20678
- 410-535-4787 (office)
- 410-535-4965 (fax)
- St. Mary's County
- 41900 Fenwick Street, Suite 5
- Leonardtown, MD 20650
- 301-475-9315 (office)
- 301-475-9317 (fax)



# Our Locations

- Charles County
- Smallwood Building
- 2670 Crain Hwy, Suite 505
- Waldorf, MD 20601
  
- 301-932-9146 (office)
- 301-932-9361 (fax)


# Southern Maryland Community Network

- We are a 501(c)3 non-profit corporation who has been leading the way to behavioral health solutions since 1981.
- We provide a range of expertly and uniquely delivered behavioral health services that are predicated on the belief that each person's strengths hold the keys to their recovery.



# Our Programs

- In-Home Intervention Program (IHIP-C)
- Psychiatric Rehabilitation Program (PRP)
- Targeted Case Management (TCM)
- Supported Employment (SE)



# In-Home Intervention Program (IHIP-C)

Calvert, Charles, & St. Mary's

Sarah Winter-Kolbe, MEd

Calvert County IHIP Coordinator

240-205-6449

Kisha Copeland, MSW

St. Mary's and Charles County IHIP Coordinator

443-924-1490



# What is IHIP-C?

- This intensely supportive 15-month service is designed for youths (5-17) who are at risk of out of home placement or are integrating into their homes after a therapeutic stay.
- IHIP Case Specialist get to know the youth's strengths, needs, abilities, and preferences and establish a person-centered plan to provide best services.
- Services are provided exclusively in the home of the person served, with highest service level during the first 45 days and the remainder spent preparing the youth and family for a lower level of support.



# Eligibility


- Have an Axis 1 Diagnosis
- Be under the care of an outpatient therapist (currently and throughout participation in program)
- Receive Medical Assistance
- Reside in Calvert, Charles, or St. Mary's county
  - Families must be committed to this voluntary program and be willing to participate in sessions with their youth.
- Referral can be found at [www.smcni.org](http://www.smcni.org) – Youth Programs – Intensive In-Home Programs for Youth





# What Services Are Provided?

- Careful Assessment of 6 Areas:
  - Child Strengths, Life Domain Functioning, Behavioral/Emotional Needs, Caregiver Strengths and Needs, Risk Behaviors, and Cultural Factors.
- Service planning in collaboration with child's school and healthcare providers.
- Identification of programs and services available to help the child and family in areas of need.
- Teaching, Modeling, and Coaching wellness and community living skills.



# Psychiatric Rehabilitation Program (PRP) St. Mary's County

Darlene Richburg

St. Mary's PRP Coordinator

301-475-9315 ex 11



# What is PRP?

- The program provides intensive, person-centered services to children, adolescents, and adults with a mental health diagnosis.
- Services can be provided in-home or out in the community.
- Consumers are seen at least six times per month by their assigned Rehab Case Specialist.
- The Rehab Case Specialist will work with community resources to maintain the individual's benefits.
- The consumers are empowered to maintain their independence within the community while accomplishing their personal goals.

# Diagnosis Eligibility

- 295.90/F20.9 Schizophrenia
- 295.40/F20.81 Schizophreniform Disorder
- 295.70/F25.0 Schizoaffective Disorder, Bipolar Type
- 295.70/F25.1 Schizoaffective Disorder, Depressive Type
- 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- 297.1/F22 Delusional Disorder
- 296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe
- 296.34/F33.3 Major Depressive Disorder, Recurrent Episode, With Psychotic Features
- 301.22/F21 Schizotypal Personality Disorder
- 296.43/F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
- 296.44/F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic Psychotic Features
- 296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
- 296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features
- 296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic
- 296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
- 296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode, Unspecified
- 296.80/F31.9 Unspecified Bipolar and Related Disorder
- 296.89/F31.81 Bipolar II Disorder
- 301.83/F60.3 Borderline Personality Disorder



# What Services Are Provided?

- Careful Assessment of 10 Domains:
  - Health Practices, Housing Stability, Communication, Safety, Time Management, Nutrition, Relationships, Alcohol and Drug Use, Sexual Health and Behavior and Personal Care and Hygiene.
- Service planning in collaboration with health providers.
- Assistance navigating complex benefit and entitlement systems.
- Identifying and maintaining housing and transportation options.
- Assistance with landlords and housing programs.
- Helping client build a network of professional and natural supports that provide a roadmap to recovery.

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www.smcni.org

Please send referral via secured email to [intake@smcni.org](mailto:intake@smcni.org) or facsimile to the fax number below.

Referral Application for Adult Services

PLEASE FAX BOTH PAGES TO THE OFFICE SERVING THE INDIVIDUAL'S COUNTY OF RESIDENCE

CALVERT COUNTY  
305 Prince Frederick Blvd.  
Prince Frederick, MD 20678  
(410) 535-4787 Office  
(410) 535-4965 Fax

ST. MARY'S COUNTY  
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

For **PRP ELIGIBILITY ADULTS** MUST HAVE ONE OF THE FOLLOWING DIAGNOSES. If this is a PRP Referral please check the correct diagnosis. Also send with this referral verification of diagnosis signed by a Licensed Mental Health Practitioner. The diagnosis should also be indicated on the second page following the DSMV Diagnosis Code prompt.

<input type="checkbox"/> 295.90/F20.9 Schizophrenia	<input type="checkbox"/> 296.43/F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe
<input type="checkbox"/> 295.40/F20.81 Schizophreniform Disorder	<input type="checkbox"/> 296.44/F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic Psychotic Features
<input type="checkbox"/> 295.70/F25.0 Schizoaffective Disorder, Bipolar Type	<input type="checkbox"/> 296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe
<input type="checkbox"/> 295.70/F25.1 Schizoaffective Disorder, Depressive Type	<input type="checkbox"/> 296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features
<input type="checkbox"/> 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	<input type="checkbox"/> 296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic
<input type="checkbox"/> 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	<input type="checkbox"/> 296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified
<input type="checkbox"/> 297.1/F22 Delusional Disorder	<input type="checkbox"/> 296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode Unspecified
<input type="checkbox"/> 296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe	<input type="checkbox"/> 296.80/F31.9 Unspecified Bipolar and Related Disorder
<input type="checkbox"/> 296.34/F33.3 Major Depressive Disorder, Recurrent Episode, W/ Psychotic Features	<input type="checkbox"/> 296.89/F31.81 Bipolar II Disorder
<input type="checkbox"/> 301.22/F21 Schizotypal Personality Disorder	<input type="checkbox"/> 301.83/F60.3 Borderline Personality Disorder

Psychiatric Rehabilitation or Case Management Services Needed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Activities of Daily Living       | <input type="checkbox"/> Social Skills            | <input type="checkbox"/> Vocational Assistance        |
| <input type="checkbox"/> Anger/Temper/Conflict Resolution | <input type="checkbox"/> Dietary/Food Preparation | <input type="checkbox"/> Leisure Skills               |
| <input type="checkbox"/> Assertiveness/Self-esteem        | <input type="checkbox"/> Crisis Management Skills | <input type="checkbox"/> Money Management             |
| <input type="checkbox"/> Community Activity               | <input type="checkbox"/> Physical Health          | <input type="checkbox"/> Medication Compliance Skills |
| <input type="checkbox"/> Family/Natural Supports          | <input type="checkbox"/> Substance Abuse Issues   | <input type="checkbox"/> Self Care Skills             |
| <input type="checkbox"/> Finances                         | <input type="checkbox"/> Coping Skills            | <input type="checkbox"/> _____                        |
| <input type="checkbox"/> Home/Housing                     | <input type="checkbox"/> Benefits/Social Services | <input type="checkbox"/> _____                        |

History of Problems, i.e. hospitalizations, risk-taking behaviors, suicidal/homicidal ideations/behaviors, etc.

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Revised: 02/24/2021

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Referral Application for Adult Services

A recent Psychiatric Evaluation should accompany this referral before it can be processed, documenting the current DSM-5, ICD-10 codes within our priority population.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F

Social Security#: \_\_\_\_\_ DSM V diagnosis code: \_\_\_\_\_ GAF: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**REFERRAL SOURCE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

**FINANCIAL STATUS**

Medical Assistance MA # \_\_\_\_\_ Medicare MC # \_\_\_\_\_

Other Insurance Policy# \_\_\_\_\_

SSI  SSDI  Earned Income  Source: \_\_\_\_\_

Other Benefits \_\_\_\_\_

**I hereby request the following services.**

- Psychiatric Rehabilitation Services  Targeted Case Management Services

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If requesting PRP services and the Referral Source/Therapist is an LM/LG then please provide the name and credentials of the clinical supervisor.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

**Referral Source/Staff Member, please check one:**

- Verbal consent obtained during tele-health visit.  
 Verbal consent obtained during face to face visit.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

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

**Psychiatrist or Therapist**

- I do feel this person is appropriate for Psychiatric Rehabilitation Services.  
 I do not feel this person is appropriate for Psychiatric Rehabilitation Services.

Signature \_\_\_\_\_



# Targeted Case Management

St. Mary's Coordinator- Janiece Frederick

[jfrederick@smcni.org](mailto:jfrederick@smcni.org)

301-475-9315 EX 14

Cell 443-924-1033



# Targeted Case Management

- Our Case Management program is targeted to serve people who suffer from mental health conditions. The program is designed to link each participant to housing, medical and supportive services and agencies in the community who help meet basic needs.
- Case Management is designed to be a shorter-term service which provides a warm handoff to other appropriate services. We create a unique plan of care centered on each person's unique strengths, needs, abilities and personal preferences.



# Targeted Case Management Provides

- A careful Assessment of needs and future goals.
- Person Centered Service planning to identify your priorities.
- Assistance navigating complex benefit and entitlement systems.
- Assessment of eligibility for the SOAR (SSI/SSDI Outreach, Access and Recovery) process to qualify for Social Security benefits. Help with Social Security determination through the standard or SOAR process as appropriate.
- Identifying and maintaining housing and transportation options. Assistance with landlords and housing programs.
- Helping you build a network of professional and natural supports that provide a roadmap to recovery.
- Introduction and application assistance for more intensive programs

# Targeted Case Management

## Admission Criteria

- The person has a DSM-5 diagnosis and either
- At risk of or needs continued community treatment to prevent inpatient psychiatric treatment.
- At risk of or needs community treatment to prevent being homeless.
- At risk of incarceration or will be released from a Detention center or prison.



# Supported Employment

St. Mary's and Charles County Coordinator-  
Brea Butler-Estep

# What we do and who we service

- SMCN, Supported Employment Program is designed to assist individuals to engage in competitive employment. Many individuals, due to various life situations have difficulty obtaining and maintaining employment without supports. SMCN SE provides of site services for individuals to obtain and maintain competitive meaningful employment. We assist individuals in our Evidence Based Practice Model that promotes individualized job placement.
- Supported Employment provides services to Calvert and St. Mary's County residents only. You must be at least 18 years of age, have a psychiatric diagnosis, desire to obtain or maintain employment, with interrupted work history. Our eligibility criteria follows DSM 5.

# Services offered

- Motivational Interviewing
- Job coaching/Job development
- Job carving
- Benefits counseling
- Expungement of criminal charges/Federal bonding
- Job carving
- Resume writing
- Linkage to EID, TCM, PRP, RRP and therapy

# Contact and referral

- Brea Butler-Estep, Supported Employment Coordinator (Charles and St. Mary's) 240-925-8418 (cell) email: [bbutler-estep@smcni.org](mailto:bbutler-estep@smcni.org)
- Jessica Wright, Program Director (Tri-County) email: [jwright@smcni.org](mailto:jwright@smcni.org)
- Link for eligibility and SE referral: <https://smcni.org/services-2/adult-programs/>
- If you have any questions or concerns, please feel free to reach out anytime. Thank you!!!!

# Other Programs Offered at The Network

- CBHL Program – Community Behavioral Health Liaison- The program provides for a licensed mental health professional to work with the local police to identify and outreach to individuals in the community with mental health needs and link them to services or facilitate relinkage to their service providers.
- Adult Crisis Program (Porter House)- The Crisis house provides a 24/7 home like environment for male or female adults who are in immediate psychiatric crisis. They provide a short term stay 7-10 days before they are discharged and linked to other services or return to their own home environment. They work on short term goals including medication management, attending therapy and psychiatry appointments, attending to somatic care.

# Other Programs that We offer

Residential Rehabilitation Program - Offers individuals diagnosed with mental illness supportive housing options. Our intensive level is staffed 24/7 and is for other male and female adults who need a structured and supervised environment. Referrals for our Intensive Level come from the state hospital.

Path Program- The Projects for Assistance in Transition from Homelessness is offered in Charles County. The PATH program provides case management and outreach services to individuals who are experiencing homelessness.

If you have any further questions about these programs, please contact Janeen Collinson- Tri County Rehab Director 410-535-4787 ex 302