

## Wellness and Recovery Model

### Healthcare Provider and Emergency Department Referral Packet for Community Health Worker/Recovery Coach Services



Reducing the impact of Opioid Use Disorder in the North Country through:  
Education – Access – Support – Treatment – Recovery

For other program resources, brochures, handouts, and information,  
please visit the program website:



Are you looking for  
local resources on  
Substance Use Disorder?

Visit the WARM Program Website!

[bit.ly/WARMprogram](http://bit.ly/WARMprogram)



Check out the website to:

- ▶ Learn how a Recovery Coach can help you
- ▶ Learn more about Recovery Supports in your community
- ▶ Discover different Recovery Pathways
- ▶ Find information on Treatment Options
- ▶ Participate in community Educational Opportunities

For questions related to the Wellness and Recovery Model (WARM) Program,  
please contact Diana Gibbs, Director, at 603-259-3700 ext. 222.



# Leading innovative collaboration to improve the health status of Northern New Hampshire.



## We work to:

- ▶ improve the health of individuals and the overall health of the region
- ▶ improve infrastructure, capacity, and delivery of public health services
- ▶ improve access to services for underserved and uninsured North County residents

While most of our services are offered at no charge to the residents of the North Country, we also have special fee-for-service offerings.

\* This service may also be available for a fee.

## Together with other organizations throughout the region, we provide, coordinate, or facilitate:

- ▶ regional forums on health issues affecting the North Country
- ▶ community needs assessments and health status monitoring
- ▶ program planning, development, implementation, and management
- ▶ project-related technical assistance

## Our North Country Training Center provides:

- ▶ education and support for healthcare students and professionals
- ▶ community health worker training\*
- ▶ custom tailored trainings for other organizations, such as: motivational interviewing, mental health first aid\*

## We are also available to provide assistance with:

- ▶ program development\*
- ▶ project management\*

The North Country Health Consortium is a non-profit 501(c)3.

603-259-3700 | [NCHCNH.org](http://NCHCNH.org)

262 Cottage Street | Suite 230 | Littleton, NH 03561



## What is a Community Health Worker/Recovery Coach and How Can We Help?

### Definition:

A Community Health Worker/Recovery Coach is a frontline public health worker interested in promoting recovery by removing barriers and obstacles to recovery. They are a trusted member of the community and serve as a personal guide and mentor for people seeking recovery.

### Services Include:

**Education-** Provide educational information on substance use disorder as a disease, harm reduction resources, and understanding of multiple pathways for recovery.

**Support-** Assistance in developing a strong foundation for recovery, connect to resources on family support education, and local or online support groups.

**Treatment Access-** Assistance in navigating the treatment world by helping define a path through early recovery, assistance with referral processes and accessing detox and various clinical treatment options, provide resources for harm reduction.

**Advocacy-** Always being in your corner, never judging, and constantly striving to reduce stigma.

**Empowerment-** Provide encouragement, guidance and motivation, coach you through the processes of achieving your recovery goals, will always believe in you.

### A Community Health Worker/Recovery Coach is:

- A Motivator
- An Ally
- A Truth-Teller
- A Role-Model
- A Problem Solver
- A Resource-Broker
- An Advocate
- A Community Organizer
- A Lifestyle Consultant
- An Equal

### A Community Health Worker/Recovery is Not:

- A Sponsor
- A Counselor
- A Physician
- An Attorney
- A Minister/Priest/Rabbi
- A Chauffeur



## Wellness and Recovery Model

### Eligibility Criteria and Referral Process

#### Client Eligibility Criteria:

The patient MUST be 18 or older, a resident of Coos or Northern Grafton County (Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lisbon, Littleton, Lyman, Monroe, Sugar Hill and Woodsville), and meet one of the following criteria:

- Active substance use
- Is in early recovery
- Is experiencing a relapse

**Please note:** Community Health Worker/Recovery Coaches serve clients who need Substance Use Disorder (SUD) recovery support and other assistance around the social determinants of health (i.e. housing and meeting basic needs). Referred clients will be accepted based on their primary needs as they relate to facilitating access to SUD treatment, recovery, and relapse prevention. Participants who are not in active use, in early recovery, or at-risk of or have experienced a relapse will not be eligible for services.

#### Referral Process:

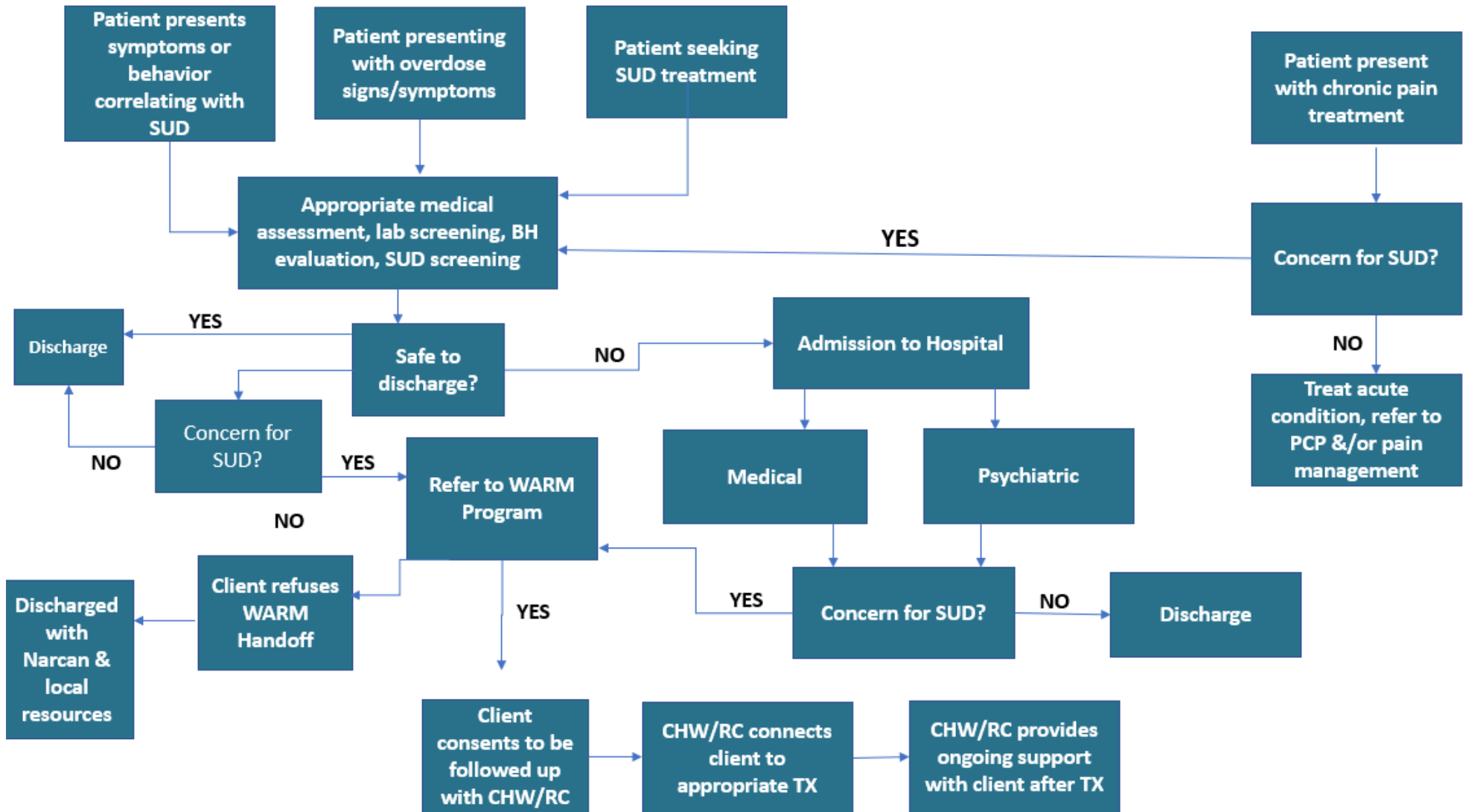
##### → Determine eligibility

- Provide client with Confidentiality Disclosure and obtain signed client consent - or -
- Give the WARM resource card\* with program contact information for self-referral (\*request resource cards from WARM program as needed)
  - Referring organization/contact sends referral form and signed consent to Wellness and Recovery Model Program by secured fax to 603-444-0945
    - Community Health Worker/Recovery Coach (CHW/RC) reaches out to client within one business day
      - CHW/RC notifies referral source of contact within one business day, with proper consent

**To complete the referral process, please fax the referral and consent forms to 833-287-6421. A staff member of the Wellness and Recovery Model will contact the client within 24 business hours.**

**For all additional questions, please contact Diana Gibbs at 603-259-3700 ext. 222**

# Wellness and Recovery Model





**North Country**  
HEALTH CONSORTIUM

NCHCNH.org



## Referral to Wellness And Recovery Model (WARM) Program for Community Health Worker/Recovery Coach (CHW/RC) Support

Please answer all the questions below, including individual's name and best contact information, then attach the completed **Consent to Exchange Information** form. Please fax both forms to:

**WARM Program at 833-287-6421**

### Referral Criteria for the WARM Program

The patient **MUST** be 18 or older, a resident of Coos or Northern Grafton County (Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lisbon, Littleton, Lyman, Monroe, Sugar Hill and Woodsville), and meet one of the following criteria:

- Active substance use
- Is in early recovery
- Is experiencing a relapse

**Please note: CHW/RCS serve clients who need Substance Use Disorder (SUD) recovery support and other assistance** around the social determinants of health (i.e. housing and meeting basic needs). Referred clients will be accepted based on their primary needs as they relate to facilitating access to SUD treatment, recovery, and relapse prevention. Participants who are not in active use, in early recovery, or at-risk of or have experienced a relapse will not be eligible for services.

### Contact Information for Individual being Referred:

First and Last Name: \_\_\_\_\_

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

Best Contact Number: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

### Referral Source:

Organization: \_\_\_\_\_ Referral Contact \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Required:** What concerns or needs does this person have that a CHW/RC can work on?

*Example:* Client needs navigation assistance to obtain housing for continued recovery; relapse prevention planning

Please contact us with any questions: (603) 259-3700 ext. 222



## **Wellness and Recovery Model**

### **Rights and Responsibilities**

#### **Confidentiality of Alcohol and Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records, which include HIV/AIDS information and other records indicating the presence of a communicable or non-communicable disease is maintained by the program, and protected by Federal laws and regulations. Information identifying a patient as an alcohol or drug abuser will not be disclosed by the person or organization that received it unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

If relevant, I also voluntarily authorize and request disclosure (including paper, oral and electronic interchange) of any mental health information. This includes specific permission to release all records and other information regarding mental health treatment, hospitalization and outpatient care.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulation do not protect any information about suspect child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. Sec 290dd-2 for Federal law and 42 CFR Part 2 for Federal regulations)  
Legal Action Center. (1996). Handbook on legal issues for school-based programs (Revised). Pp. 71, 72, & 74. New York; Author.



## Wellness and Recovery Model Consent to Exchange Information

*I understand that the agencies outlined in this document provide different services and require specific information to provide the best services for my benefit. By signing this document, I am consenting to the exchange of information for the purpose of coordinating services on my behalf.*

I \_\_\_\_\_, hereby authorize the North Country Health Consortium, Wellness and  
(Print Full Name)  
Recovery Model, to exchange the information specified below with the corresponding agency or individual

\_\_\_\_\_, as it pertains to my recovery for the purpose of  
(Organization/Individual and Address)

care coordination and referral. \_\_\_\_\_ I understand that I am expected to specify the information to be exchanged and that I  
(Initial Here)  
may revoke permissions, in writing, for this consent at any given time.

### Initial All That Apply

- \_\_\_\_\_ Personal Demographics (Name, Address, and Contact Information)
- \_\_\_\_\_ Substances Preferred (Substances Disclosed to CHW/RC and/or Referral Source)
- \_\_\_\_\_ Referral Information (Discharge Summary, Client Contact Summary and Referrals made by CHW/RC)
- \_\_\_\_\_ Recovery Status (Including Client Status and Attendance)
- \_\_\_\_\_ Progress Notes (If Requested)
- \_\_\_\_\_ Legal Status (As Disclosed by Client)
- \_\_\_\_\_ Other (As Specified) \_\_\_\_\_

### Initial All That Apply

- \_\_\_\_\_ I want the information shared to be exchanged in written form
- \_\_\_\_\_ I want the information shared to be exchanged by phone or in-person meetings

This consent expires 6 months from the date of signature or as specified here \_\_\_\_\_, \_\_\_\_\_.  
(Date Here) (Initial Here)

**By signing this document, I am giving permission for the Wellness And Recovery Model to send appropriate documents for signature by email and to deliver virtual and phone-based services, as needed.**

Client- Print Name  \_\_\_\_\_ Date \_\_\_\_\_

Client- Sign Name  \_\_\_\_\_ Date \_\_\_\_\_

This document was explained by: \_\_\_\_\_ of \_\_\_\_\_  
(Print Full Name) (Organization)

I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C. F. R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime.