



Wasco, Hood River, and Sherman County Wraparound Referral

REFERRAL FOR ELIGIBILITY DETERMINATION

****All requested information MUST be provided. Incomplete forms will be returned to the referrer.**

YOUTH INFORMATION

Youth Name: _____ Date of Birth: _____ Age: _____

Oregon Health Plan? Yes No If yes, Prime ID: _____

Does youth have private insurance in addition to OHP? Yes No Don't Know
If yes, private insurance carrier: _____

Please check the child and family serving systems this youth is involved in currently
 DHS _____ Juvenile Justice _____ Developmental Disabilities _____ Mental Health _____ Medical _____
 Drug & Alcohol _____ IEP/504 (Special Education) _____ Other _____

Referred by: _____ Relationship: _____

Phone: _____ Email: _____

Current Mental Health Agency: _____ Therapist: _____

Primary Care Provider: _____ Medication prescriber: _____

Current School: _____ IEP/ 504C Yes No Grade: _____

Other involved Agencies: _____ Phone: _____ Email: _____

Other involved Agencies: _____ Phone: _____ Email: _____

Legal Guardian:
 Name(s): _____ Relationship: _____
 Address: _____ Phone: _____
 Email address: _____ Custody: _____

Current Placement Information, if different than above:
 Name(s): _____ Relationship: _____
 Address: _____ Phone: _____
 Email address: _____ Custody: _____

Biological Family information, if different than above:
 Name(s): _____ Relationship: _____
 Address: _____ Phone: _____
 Email address: _____ Custody: _____

Emergency Contact: _____ Phone: _____

Submit to Wraparound Care Coordinator: Allyson Wickerham at any MCCFL Location or send via secure email to Allyson.wickerham@mccfl.org or call Allyson with any questions at 541-705-0021

| Wasco, Hood River, and Sherman County Wraparound Eligibility Criteria and Referral Checklist | | |
|---|----------------------|-------------------|
| Name: | Age: | Date of Referral: |
| All referrals to Wraparound must meet the following 5 criteria: | Criteria Met: | Notes: |
| Enrolled in OHP (Pacific source, GOHBI, or Open card) | | |
| Multi-system involvement (MH, DHS, JJ, DD, Medical, IEP with ED/out of mainstream placement) | | |
| Youth is under 18 years of age | | |
| Care Coordination needs cannot be met by the other systems | | |
| Family/guardian and youth interested and willing to engage in Wraparound process | | |
| Youth is willing to come in for a Mental Health assessment at Mid-Columbia Center for Living within 60 days of acceptance and follow Mental Health recommendations. | | |
| Additional Prioritized Criteria: Must meet 2 | | |
| Current elevating risk of harm to self or others including sexualized behaviors, and fire setting | | |
| Significant risk of losing current home placement | | |
| Significant risk of losing current school, after school, or daycare placement | | |
| Current escalating service needs exceeding usual & customary outpatient | | |
| Youth is displaying emotional and behavioral issues and there are social concerns | | |

****No more than one youth of the same family referred in a month. Wraparound must be conducted for at least three months before a Wraparound referral of a sibling can be completed****

Automatic Acceptance if youth is currently placed in one of the following programs and Youth/Family is interested in engaging in the wraparound process:

- Secure Adolescent Inpatient Program (SAIP) or Secure Children’s Inpatient Program (SCIP)
- Psychiatric Residential Treatment Services (PRTS)
- Commercially Sexually Exploited Children’s residential program (CSEC)

Procedure: Within one week of the referral being received the wraparound Care Coordinator will reach out to the referrer, Family Partner will reach out to the guardians listed, and our youth partner will reach out to youth if over the age of 10. Each county meets for review committee once a month to go over referrals. Referrer, Family, and youth will be notified and invited to attend review committees. Review committees work best when there is someone at the table to present on why wraparound would be appropriate for this youth and family. Referral will be reviewed when someone is able to attend on behalf of the family and or no additional information is needed. Family, youth, and referrer will be notified within 5 business days of review committee’s determination. If youth is not currently enrolled in Mental Health services at Mid-Columbia Center for Living he or she will not begin the wraparound process until they come in for a Mental Health Assessment.

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****To help us better understand the youth and family being referred, please include as much information in the following sections.**

Reason for referring this youth to Wraparound:

Strengths of the Youth & Family:

Needs of the Youth & Family: *Please include any cultural/linguistic needs*

How will the Youth and Family Benefit from Wraparound:

CONSENT FOR CARE COORDINATION SCREENING & SERVICES

I understand that _____ (Youth) has been referred to Wraparound and this will include a review of records regarding them.

The Wraparound Review Committee will meet to determine if they meet criteria for the Wraparound process. The review committee is made up of community partners that include the Wraparound trifacta, Mental Health, Department of youth services, Child Welfare, Self-Sufficiency, School partners, Developmental Disabilities, Public Health, Substance use, and potentially other invested community partners.

The team will review the youth and family's strengths, needs, current supports and multi-system involvement and determine if they meet criteria for Wraparound. After the committee has met, the assigned Wraparound Care Coordinator will notify you if they have been accepted into Wraparound along with suggested recommendations the committee has brainstormed.

Potential information to be reviewed may include physical and behavioral health records, school records, mental health records, and juvenile court records. I understand that all information will be kept private unless I sign a Release of Information directing MCCFL what information they can share and with whom. Health information is protected by State and Federal law as well as Health and Human Service Policy.

If accepted a CANS (Child and Adolescent Needs and Strengths summary) assessment will be done by the Wraparound Care Coordinator to help guide the Wraparound process. By signing below I also give permission for this assessment to be completed.

I understand that participation in the screening process is voluntary and by signing below I give my permission to participate.

Youth

Date

Legal Guardian (not required if youth is 14 or older)

Date