Wraparound Referral – Umatilla County

*Please complete all pages and then email to: wraparound@ccsemail.org.

Please have the youth and/or their family complete this section:

I understand that _____ has been referred to the following program:

☐ Wraparound

☐ Intensive Care Coordination (ICC)

A Wraparound Review Committee will meet to review this referral. They will discuss the youth and the family's strengths and needs. You are welcome to be a part of this meeting. A Wraparound Care Coordinator will call you after the Committee meets. They will share the committee's decision. They will also share any recommendations the committee may make.

I understand that Wraparound is voluntary, and I am interested in participating.

Youth Signature	Date
Parent/Guardian Signature Relationship	Date
Parent/Guardian Signature Relationship	Date

Reviewer use only:

Date Referral was Reviewed by Committee:

Outcome of referral:

The youth will automatically be accepted if they are currently placed in one of the following programs *and* the family is willing to engage 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 24 hours of the Wraparound Review Committee convening, the Wraparound Care Coordinator (WCC) will contact the family and share the committee's determination and recommendations. If a youth is accepted into Wraparound, a WCC will contact the family within three days.

Umatilla County Wraparound Eligibility Checklist		
Name:	**Age:**	**Date of Referral:**
All Wraparound referrals must meet the following 6 criteria:		
Enrolled in EOCCO (Medicaid Eligible-OHP Primary)	☐	
Multi-system involvement and these systems are not able to meet needs effectively (for example: MH, DHS, JJ, DD, CARE, Medical, IEP/504/School, etc.)	☐	Notes/Explanation:
Youth is 21 years of age or younger	☐	Notes/Explanation:
Care Coordination needs cannot be met by the other systems or lower levels of care **(please explain)**	☐	Notes/Explanation:
The Family/Guardian **is interested and willing** to engage in the Wraparound process	☐	Notes/Explanation:
Has the youth had a mental health assessment within the past year, or do they have one scheduled within the next 60 days?	☐	Notes/Explanation:
Additional Criteria: Must meet at least 2		
Elevating risk of harm to self or others including sexualized behaviors, fire setting **(please explain)**	☐	Notes/Explanation:
Significant risk of losing current placement and/or multiple moves within the system **(please explain)**	☐	Notes/Explanation:
School disruption due to suspension and/or expulsion **(please explain)**	☐	Notes/Explanation:
Permanency status in question (disrupting adoption, pre-finalized adoptions, new relative placements, etc.) **(please explain)**	☐	Notes/Explanation:
Youth is displaying emotional and behavioral issues and there are social concerns **(please explain)**	☐	Notes/Explanation:
Proactive planning for youth who will be transitioning to reside in Umatilla County **(please explain)**	☐	Notes/Explanation:

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

Oregon Health Plan? Yes ☐ No ☐ OHP Member ID: _____

Does the youth have private insurance in addition to OHP? Yes ☐ No ☐

If yes, private insurance carrier: _____

Please mark the systems this youth and their family are involved in:

A. Mental Health ☐
B. Juvenile Justice Probation Officer / OYA Detention ☐
C. DHS Child Welfare Permanency Worker Assigned ☐
D. Intellectual Developmental Disabilities Services Coordinator Assigned ☐
E. Has an IEP/504 or education/school behavioral concerns ☐
F. Other ☐ _____

Referred by: _____ Relationship: _____

Phone: _____ E-mail: _____

Current School: _____ Guidance Counselor/Point of Contact: _____

Current Mental Health Provider: _____

Phone: _____ E-mail: _____

Current Healthcare Provider/clinic:

_____ Phone: _____

Family Information:

Parents: _____

Phone: _____ Address: _____

Current Placement: _____

Phone: _____ Address: _____

What has been tried already? What worked and what didn't?

What are the youth and family good at (strengths)?

What specific needs do the youth & family have? Include cultural and language needs.

How will Wraparound help the youth and family?

Would the youth like to work with a Youth Partner? **Yes** ☐ **No** ☐
Would the family like to work with a Family Partner? **Yes** ☐ **No** ☐