



CCS-Wraparound Process Referral

Frequently Asked Questions:

- What is the Wraparound Process?

The Wraparound process is completely voluntary, and youth/families should always be aware of; and involved in the referral process.

Wraparound is an intensive, collaborative, team-based, principles-driven planning process. Through the Wraparound process, teams create one individualized plan of care to meet the needs of, and improve the lives of youth and their families. Wraparound supports youth and families who are involved in two or more systems, and those systems are not able to meet their complex needs. Wraparound works to empower youth and families to identify their needs and work on achieving goals using a collaborative team-based approach. The team will also assist with the development of a crisis/safety plan. The team: youth, family, natural supports, mental health provider, and system partners will work together to improve the quality of life, helping the youth/family to be successful at home and within the community. (The entire Wraparound process takes approximately 12-18 months to complete)

- What is Intensive Care Coordination (ICC)?

ICC is a shorter-term process that assists/supports a family in meeting their identified needs and goals. This option will be offered to families who have barriers to engaging in Wraparound. Similarly, ICC is designed to connect youth/families to supports, resources, and services that could assist in meeting complex needs. The team will also assist with the development of a crisis/safety plan. The youth/family may not be capable of engaging/continuing the Wraparound process and still need support to meet complex needs. Thus, ICC requires less engagement commitment and does not follow Wraparound guidelines/principles. The minimum requirements are monthly team meetings, at least one engagement appointment per month, and safety planning. The coordinator will do everything they can to reduce or overcome barriers to engaging in Wraparound before this option is explored.

- What should I expect after the referral is completed and emailed to wraparound@ccsemail.org ?

The Regional Wraparound Supervisor will assign a Wraparound coordinator to schedule an outreach with the youth/family. During the outreach the Wraparound referral will be reviewed with the family and any additional information gathered will be added to the referral. The coordinator will explain more about the Wraparound process and answer any follow up questions the youth/family may have. The coordinator will explain how the referral committee works, share information about who participates on the committee, and invite the youth/family to attend the referral review meeting.

The outreach period can vary depending on when the referral is submitted. Referrals need to be submitted one week before each County's review committee meeting to give ample time for an outreach to be scheduled. An outreach will need to be completed before a referral can be reviewed at the committee meeting.

During the outreach period the coordinator will continue to check in with the family and may assist in meeting immediate needs and safety planning. The referent can expect updates on where the referral is in the process. Please contact the Regional Wraparound Supervisor for any referral updates, questions, and/or concerns.

CCS Regional Wraparound Supervisor: Crystal Ross: crystal.ross@ccsemail.org
Phone 541-276-6207 Ext 4451 Cell: 541-656-6904 Fax: 541-276-4628



CCS-Wraparound Referral

County: ☐ Umatilla ☐ Morrow ☐ Wheeler ☐ Gilliam ☐ Grant

***Please complete all pages with the youth/family and then email to: wraparound@ccsemail.org.**

Intensive service youth/family is being referred for:		<input type="checkbox"/> Wraparound <input type="checkbox"/> ICC	
Youth Name:	Date of Referral:	DOB:	Age:
Oregon Health Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	OHP Member ID:	
Private insurance in addition to OHP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, private insurance carrier:	

Referral Source:

Name:	Relationship:
Email:	Phone: Fax:

Education:

Current School:	Contact:	Phone:
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Legal Guardian:

Name:	Relationship:
Address:	Phone:
Email address:	
Emergency Contact:	Phone:

Current placement/caregiver(s), if different than above:

Name:	Relationship:
Address:	Phone:
Email address:	

Biological family information, if different than above:

Name:	Relationship:
Address:	Phone:
Email address:	

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

<input type="checkbox"/> Mental Health-Provider agency/name:	
<input type="checkbox"/> DHS Child Welfare Involvement-Worker name:	
<input type="checkbox"/> Has an IEP/504 or education/school behavioral concerns:	
<input type="checkbox"/> Intellectual/Developmental Disabilities:	
<input type="checkbox"/> Juvenile Justice/OYA/In Detention:	<input type="checkbox"/> Other:
<input type="checkbox"/> Health/Medical (Complex medical needs):	<input type="checkbox"/> Other:

History of/current services in place:

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*Strengths and needs **should be described by the youth and family**, in addition to the referral source*

Describe the youth and family strengths: *(What are the youth and family good at)*

Describe the specific youth and family needs: *(How will Wraparound help the youth and family)*

Please give a detailed description of the behaviors and concerns that prompted this referral *(criminal history, school issues, family dynamics, current living situation, etc.)*:

Cultural Considerations: *(Include cultural and language needs)*

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)

Wraparound Eligibility Checklist

Name:	Age:	Date of Referral:
All Wraparound referrals must meet the following 6 criteria:		
Enrolled in EOCCO (Medicaid Eligible-OHP Primary)	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	Notes/Explanation:
Youth is 20 years of age or younger	<input type="checkbox"/>	Notes/Explanation:
Care Coordination of complex needs cannot be met by the other systems or lower levels of care (please explain)	<input type="checkbox"/>	Notes/Explanation:
The Family/Guardian is interested and willing to engage in the Wraparound process	<input type="checkbox"/>	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?	<input type="checkbox"/>	Notes/Explanation:
Description of complex needs: (please check all that apply)		
Elevating risk of harm to self or others including sexualized behaviors, fire setting (please explain)	<input type="checkbox"/>	Notes/Explanation:
Significant risk of losing current placement and/or multiple moves within the system (please explain)	<input type="checkbox"/>	Notes/Explanation:
School disruption due to suspension and/or expulsion or education/school behavioral concerns: (please explain)	<input type="checkbox"/>	Notes/Explanation:
Permanency status in question (disrupting adoption, pre-finalized adoptions, new relative placements, etc.) (please explain)	<input type="checkbox"/>	Notes/Explanation:
Youth is displaying emotional and behavioral issues and there are social concerns (please explain)	<input type="checkbox"/>	Notes/Explanation:
Proactive planning for youth who will be transitioning to reside in Umatilla County (please explain)	<input type="checkbox"/>	Notes/Explanation:
Other: (please include proactive/prevention needs)	<input type="checkbox"/>	Notes/Explanation: