



LANE COUNTY SYSTEM OF CARE WRAPAROUND REFERRAL FORM

Date of referral:

CLIENT:

DOB/Age:

Race/Ethnicity*:

**Lane County and the Wraparound Program seeks to support the marginalized members of our community and to that end and knowing how race/ethnicity disproportionately impacts minorities, we are tracking how we are supporting these minority communities.*

OHP Member ID:

NAME OF PERSON WITH WHOM CLIENT LIVES:

Phone:

Address:

Email:

Relationship to youth:

GUARDIAN (PERSON WHO HAS LEGAL CUSTODY):

Phone:

Address:

Email:

Relationship to youth:

Language preference:

REFERRING AGENCY:

Name of person submitting referral:

Referring person's relationship to family:

Phone number of person submitting referral:

Email address of person submitting referral:

Describe youth and family strengths: (e.g. coping and savoring skills, resilience, optimism, family strengths, interpersonal skills, natural supports, relationship permanence, education setting, vocational, etc.)

Mental health diagnosis:

Describe current behaviors that interfere with youth's success across settings:

Describe current family stressors:

WRAPAROUND CRITERIA:

- Age 0-17**
- Oregon Health Plan Eligible:**
 - Trillium Community Health Plan
 - PacificSource Community Solutions – Lane
- Consent for Screening signed and attached**

Involvement in two or more of the following systems:

**Be sure to include a narrative describing youth needs related to each system and a contact person*

MENTAL HEALTH: (e.g.,youth/family main goal related to mental health; current provider; recent mental health treatment history,etc.)

Mental Health assessment conducted within the past 3 months: Yes No

Please attach and send with this referral, if there is no assessment within the past 3 months please reach out to the Intake and Outreach Program Manager at Direction Service.

Crisis and Safety Plan on file?: Yes No

if yes and you have access to these documents, please attach and send with this referral

Step down from residential in last 6 months?:

DEPT. YOUTH SERVICES/ OREGON YOUTH AUTHORITY:

DHS CHILD WELFARE:

Crossover Youth:

DEVELOPMENTAL DISABILITIES SERVICES:

SUBSTANCE USE:

SCHOOL:

COMPLEX PHYSICAL HEALTH:

OTHER FAMILY SYSTEM INVOLVEMENT:

WRAPAROUND REFERRAL COMMITTEE

CONSENT FOR SCREENING

I understand that my youth and family are being referred for Wraparound Facilitation.

The Wraparound Referral Committee will review the referral and related records from involved providers to determine if the Wraparound process is appropriate. This includes a review of needs, supports, and agency involvement. The committee is made up of representatives from Lane County Coordinated Care Organizations (Trillium Community Health Plan or PacificSource Community Solutions – Lane), Direction Service, Oregon Family Support Network (OFSN), and Youth E.R.A.

I understand that participation in Wraparound Facilitation is voluntary and by signing below I give my permission for a review of our relevant records to determine eligibility. I may review and have input on what information is included on the referral form completed by my family's referring provider. I also understand that health information is protected by federal and state law.

Youth Signature (required if over 14 years of age)

Date

Legal Guardian Signature

Date

If it is a barrier to obtain the youth and/or guardian signature, verbal consent is permissible. Select the box below and include the date.

Verbal Consent for Screening

Date of Consent:

RETURN SCREENING AND CONSENT FORMS TO:

**For members assigned to Trillium Community Health Plans submit referrals via FAX 1-866-683-5621 or by calling Trillium Member and Provider Services at 541-485-2155 and asking for a call from Behavioral Health. The Trillium representative can answer questions or fill out the referral over the phone

**For members assigned to Pacific Source Community Solutions via FAX 1-541-385-3123 (*contact the Pacific Source Member Support Specialist team at 541-330-2507 to confirm receipt of a referral, or for referral assistance*) or via email LaneWrap@pacificsource.com. For questions about your Wraparound referral call 541-330-2507 or 1-888-970-2507 and ask to be routed to Lane County and ask to speak with Cass Williams or someone from the Lane County Behavioral Health team.

CHECKLIST BEFORE SUBMITTING THE REFERRAL:

- Did the legal guardian and/or care giver sign the consent for screening page? (verbal consent is permissible)

Did the youth (if 14 years of age or older) sign the consent for screening page? (verbal consent is permissible)

For any boxes checked on page 3 (Wraparound Criteria page) is there accompanying information entered into the adjacent fillable field?

If the youth has an existing Mental Health Assessment – is that assessment ready to be submitted alongside the referral?



Oregon
Family Support
Network