



Please read the following if the child/youth being referred is **between the ages of 12 and 17** as they may be eligible to be screened for intensive in-home treatment (Multi Systemic Therapy/MST) that provides an additional option for families.

If the child/youth being referred is **not between the ages of 12 and 17**, please skip this section and continue to complete the wraparound referral form.

Families who meet criteria for Multi Systemic Therapy (MST) are encouraged to utilize MST, which provides in-home intensive supports for 3-5 months, BEFORE referring to wraparound, which provides a facilitator and family partner in a team-based process for 12-18 months for families who are found eligible. MST and wraparound share funding sources and cannot operate simultaneously.

Please complete the section below to make a determination of referral to MST or wraparound. If MST is not in place currently and the child/youth does not meet the criteria, please continue and complete the rest of this referral form. If the child/youth meets the MST criteria, please contact the MST manager to get started on the referral process.

#### Multi Systemic Therapy Questions & Contact Information

Has the family: .

Requested Multi Systemic Therapy (MST)?  Approved  Not Approved

Been a recipient of MST?

**Currently receiving MST services?**

Age 12-17  No acute mental illness likely to require hospitalization in the near future.

Youth to remain with caregiver for at least (next) 6 months?

No Autism Spectrum Disorder

No Developmental/Intellectual Disabilities directly related to/or cause of behaviors?

If all of the above MST questions have been checked, please contact MST Program Director Tricia Wiltse at Community Youth Services 360-918-7889.

**Is the family currently receiving intensive or in-home therapy/treatment?**

Please describe: \_\_\_\_\_

**Systems and Issues known to be involved with the Child/Youth:**

**Legal/Justice:** Yes  No

Contact:

At risk for Legal/Justice reasons:

**Mental Health:** Yes  No

Enrolled in community/public mental health? Yes  No

➤ **If Yes** circle or check one: BHR  Sea Mar  Other (name):

Other/Private Therapist?

Contact:

At risk for Mental Health reasons:

**Drug and/or Alcohol Issues:** Yes  No

Program Enrollment:

Contact:

At risk for Drug/Alcohol reasons:

**Division of Children & Family Services:** Yes  No

Social Worker?

Contracted Provider Services?

Contact:

**Division of Developmental Disabilities:** Yes  No

Case Manager?

Current Services?

Contact:

**School Challenges:** Yes  No

Truancy?

Suspended/Expelled: Yes  No

Reason (if known):

Current IEP/504/ Behavior Plan/Contract: Yes  No  Unknown

Contact:

**Medicaid Recipient/Eligible** Yes  No

## Child/Youth/Family and Natural Support Contact Information:

Please list additional family members, friends, supportive individuals or professionals involved with the child/youth that may want to participate on the wraparound team. Include contact information if available and list any known contact restrictions:

Name	Relationship	Address/Phone	Comments

Please fax completed form to Catholic Community Services at 360-489-0402

### For More Information Contact:

Donna Obermeyer, WISE Coordinator

(360) 790-7505

[familyalliancewashington@gmail.com](mailto:familyalliancewashington@gmail.com)

or

### WISE Providers

Wraparound

#### Catholic Community Services

Heidi Williams or Teresa Phelps Nelson

Family Preservation 360-878-8248

[HeidiW@ccsww.org](mailto:HeidiW@ccsww.org) or [TeresaN@ccsww.org](mailto:TeresaN@ccsww.org)

Multisystemic Therapy (MST) &

Transition Age Youth (TAY)

#### Community Youth Services

MST: Tricia Wiltse 360-918-7889

TAY: Alicia Webber 360-918-7876

[twiltse@communityyouthservices.org](mailto:twiltse@communityyouthservices.org)

[awebber@communityyouthservices.org](mailto:awebber@communityyouthservices.org)