

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:

To be considered for MTWI screening, Child/Youth must be involved in or show risk (exhibit behaviors) for involvement in the legal/justice system, in addition to having a mental health or drug/alcohol need **AND** be involved in 2 or more child serving systems.

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

Family and Natural Support Contact Information:

Please list additional family members, friends, supportive individuals or professionals involved with the 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

Agencies, Schools or Parents/Caregivers self-referring may also mail referral form or deliver in person to:

Catholic Community Services
148 NW Rogers Street
Olympia, WA 98502

Contact CCS at 360-878-8248 for assistance or questions about this referral form