



Meeting Needs Using the
Power of Families & Communities

Community Wraparound

Community Wraparound forms a team around a child and family who are struggling to stay safe, stay together, and/or maintain everyday life and functioning. The team works together to create, implement, and monitor a community and strength-based plan that will help the family realize its vision for a better life.

Adapted from "Quality and Fidelity in Wraparound" by Janet S. Walker and Eric Burns as found in Focal Point.

Who to refer? Butler County families with children who have behavioral health issues who would like a **team-based approach to develop a service coordination plan** for their child and family.

To make a referral to Wraparound:

1. Complete the referral packet. Please check that:
 - a. Parent/guardian **signs** the release of information.
 - b. Parent **completes** TANF eligibility form.
 - c. **Attach** the most recent assessments you have: DAFs, service plans, social histories, psychological assessments.
2. Mail or Fax all of the information to:
Family & Children First Council
Attn: Wraparound Program Assistant
1910 Fairgrove Ave., Suite B
Hamilton, Ohio 45011
Fax: (513) 887-3709

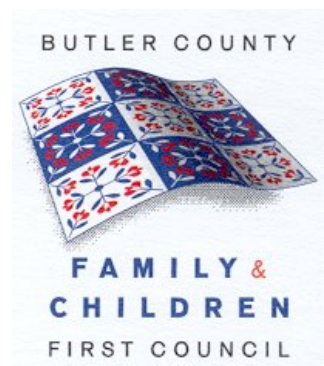
** Professional referral sources must attend Wraparound 101 prior to any referrals being accepted by the FCFC.*

What if I have any other questions about the referral process?

Call Tom Jenne at the Butler County Family & Children First Council at (513) 887-5514 or email jennet@bcesc.org

To sign up for Wraparound 101?

Register online at <http://www.bcesc.org/FCFC/index.htm>;
Call Sharon Custer at Butler County Family & Children First Council at (513)785-5177 or email custers@bcesc.org



Consent for Release of Information

Child's full name

Date of Birth

I, the undersigned, hereby authorize Butler County FCFC Wraparound, Parent Advocacy Connection,

and _____ to release and share information regarding

(Referral Source Name)

my (give relationship/i.e. daughter, son etc.) _____.

The purpose of the sharing of this information is to: Initiate the Community Wraparound Process

Information to be shared may include (but is not limited to):

- Identifying information: name, birth date, gender, race, address and telephone number.
- Case information: Medical (except for HIV, AIDS treatment records) and social history, treatment/service history, psychological evaluations, Individualized Education Plans (IEP's), Individualized Family Service Plans, transition plans, vocational assessments, grades and attendance, and other personal information regarding the individual named above.
- Name and contact information for agencies and/or individuals involved with or providing services to the child and his/her family.
- Wraparound is partially funded by the Butler County Jobs and Family Services and family name and TANF/OWF eligibility is shared.
- Other: _____

I understand that the Consent for Release of Information expires 180 days from the date it is signed or earlier on the date of _____. I also understand that I may cancel this Consent for Release of Information at any time by stating so in writing with the date and my signature and delivering it to the Butler County Family & Children First Wraparound Office. The revocation does not include any information which has been shared between the time that I gave permission to share information and the time that it was canceled.

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

SIGNATURE

Date

WITNESS

Date

Re-Release of information beyond that allowed by this Consent is not permitted.

Personal or Community Supports and Service Providers

(Juvenile Court, Dev. Disabilities, Schools, Mental Health, Children Services, Churches, Family, Friends, Scouts, etc.)

NAME	AGENCY/ORGANIZATION (if applicable)	ROLE- RELATIONSHIP	PHONE (ext)	EMAIL ADDRESS

Primary Mental Health Diagnosis: _____

Check if History of Abuse: Physical Sexual Neglect

Which if any of the following systems has your child been involved with in the past 12 months?

Could you briefly explain their involvement?

- JFS/ Children Services _____
- Mental Health Treatment _____
- Substance Abuse Treatment _____
- Developmental Disabilities _____
- Health Care _____
- Special and/or Alt. Education _____
- Juvenile Ct/ Law Enforcement _____

Check if the court has found the youth: Unruly Delinquent (criminal offense if an adult)

Describe any major losses or transitions for youth/family: _____

Describe youth strengths/characteristics: _____

Describe family strengths/characteristics: _____

Describe school/job strengths/characteristics: _____

Describe peer/social strengths/characteristics: _____

Describe neighborhood/community/faith involvement: _____

Additional Comments: _____

Presenting Risks that occurred in the PAST 30 DAYS.

- Suicidal Ideation: Youth **states, talks, or thinks** about **hurting or killing self**.
- Suicidal Gestures: Youth engages in **non-life threatening behavior**, concurrent with **thoughts and/or talk about suicide**.
- Suicide Attempt: Serious **life threatening attempt with clear intent and desire to commit suicide**. (attempted hanging; potentially lethal overdose; involvement of a gun)
- Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: **cutting, head banging, ingestion or insertion of objects**.
- Violent Behaviors: Behaviors that cause **serious harm**, injury, or damage to people, property or animals. Example: **domestic violence, animal torture**, extensive property damage **with intent to harm**.
- Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to **set fire and harm self or others**. Previous reports of fire setting or a pattern of concerns related to fire.
- Runaway: History or recent episodes of youth being absent from home without the permission or the caregiver's knowledge of the youth's whereabouts.
- Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation.
- Aggressive Behaviors (Towards people or animals etc): Youth demonstrates behaviors that are potentially **dangerous or harmful to people or animals, without serious damage**. Examples: Bullying, pushing.
- Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things.
- Suspended, Expelled, or Dropped Out of School: Youth has **multiple suspensions from school that places him or her at risk of expulsion**, is expelled from school, or has dropped out of school.
- Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being **involved in activities that are chargeable offenses**; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges.
- Availability of Weapons: Youth has access to obtaining weapons through self, family, friends, or neighbors.
- Mood difficulties: Youth or parents state that the youth appears to be **depressed**, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of **abnormally and persistently elevated or irritable mood**.
- Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality.
- Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially **dangerous or harmful to self or others**.
- Anorexia or Bulimia: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food intake with significant weight loss which concerns the parent or caregiver.
- Anxiety: Youth has **intense anxiety**, avoidance, obsessions, compulsions, fearfulness or persistent and excessive worry.
- Victimization: Reports of sexual and/or physical abuse of the youth, **past or present**. [Professional must follow duty to report mandate if this event has not already been reported.]
- Sexual acting out: Youth has a recent or current history of sexually active behaviors **without regard for personal safety** or negative outcomes.
- Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive.

- Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth.
- Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Caregiver has significant mental illness, developmental disability, or mental retardation where the **disability compromises or limits his or her ability to care for the needs of youth and family**. Caregiver's disability may limit their ability to monitor and supervise the youth.
- Caregiver with Drug or Alcohol Problem: Caregiver has a substance abuse problem which **compromises or limits his or her ability to care for the needs of youth** and family. Such use may limit their ability to monitor and supervise the youth.
- Caregiver with severe chronic illness: Caregiver has significant chronic illness that is debilitating and **limits his or her ability to care for the needs of youth** and family. Caregiver's illness may limit their ability to monitor and supervise the youth.
- Resides in high crime neighborhood: Youth and/or caretaker report that neighborhood crime/violence is at a level that is a potential safety issue for the youth and family. Normal **daily activity and functioning is limited because of these safety concerns**.
- Prejudicial thinking: Youth identifies or espouses hate group thinking or philosophy. Evidence of prejudicial thinking or views **pose a potential risk to others or property**.
- Unrestricted internet access: Evidence of access and/or exposure to internet sites **that pose a risk or danger to the youth**; online interactions without sufficient monitoring or computer safeguards; and/or unlimited access to internet usage.
- Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes or such severe behavior **caregiver cannot adequately address safety of youth**.
- Emotional or Educational Disabilities: Youth has been assessed to have a **serious emotional, developmental, and/or learning disability**, which may cause functional impairment or limit daily activities, or educational progress.
- Acute Family Crisis: Family is experiencing a crisis, family defined, that **restricts or limits their resources or abilities to care for or supervise youth's safety or behaviors**.
- Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or **safety concern to the youth and/or family**.
- Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.
- Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.
- Limited Developmental Capacity to Maintain Personal Safety: Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.
- Severe social impairment: Youth has significant social interaction problems or misperceives social situations and **youth's behavior causes safety issues for self or others**, and/or youth has strong reaction to their environment or sensory input that **interferes with normal functioning**.
- Truancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.
- Limited Ability to Control Anger: Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his or her anger.
- Held Back/Behind in Grade: Youth has been retained one or more years in school.

**Adapted from Stark County Family Council
Community Wraparound*

