Washington County Wraparound

Eligibility Criteria and Screening Checklist

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| --- | --- | --- |
| **Client: Date:**  |  |  |
| **All youth referred to Wraparound must meet the following 3 criteria:**  | **MET?** | **NOTES** |
| Currently enrolled with Health Share Washington County Medicaid coverage and living in Clackamas, Multnomah or Washington County- or exceptional circumstance (explain in notes) |  |  |
| Multi-system involved (DHS, MH, DD, JJ, Special Education) |  |  |
| Under age 18 |  |  |
| ***And* also meet the following criteria, depending on age:** | -- | -- |
| **Youth ages 6+ must meet at least 2 of the following (check all that apply)** | -- | -- |
| Current significant risk of losing current living arrangement *or* permanency status in question (multiple moves within the foster care system, potentially disrupting adoptions, pre-finalized DHS adoptions, new relative placements, etc) |  |  |
| Current significant risk of losing school, after-school or day care placement due to behaviors related to mental health symptoms or trauma (sexualized behavior, etc) |  |  |
| Current elevating risk of harm to self or others  |  |  |
| Current escalating service needs exceeding usual & customary outpatient services/frequent or imminent admission to inpatient or intensive treatment services |  |  |
| Youth from an under-represented / over-represented population |  |  |
| **Children Birth to Age 5 must meet 2 of following (check all that apply)** | -- | -- |
| Parental poverty, substance abuse, mental health needs |  |  |
| Current significant relationship disturbance between parent(s) [DV, etc] |  |  |
| Current significant risk of losing day care placement due to behaviors related to mental health symptoms or trauma (sexualized behavior, etc). |  |  |
| Child is showing significant risk factors or more serious emotional/behavioral challenges (e.g. developmental delays, problems with self-regulation, and/or social relationships) |  |  |
| Child is from an under-represented / over-represented population |  |  |
| ***Or* have current enrollment with Health Share Washington County *and* be enrolled in one of the following treatment services (regardless of age):** |  |  |
| PRTS |  |  |
| SCIP/SAIP |  |  |
| SAGE |  |  |

**Wraparound Eligibility: Accepted\_\_\_\_\_\_ Denied \_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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