Service Provider Electronic Referral Form West Kootenay Local Action Team - Wraparound Initiative

The Wraparound Initiative is being conducted by the West Kootenay Local Action Team (WK LAT): a group of local doctors, clinicians, counsellors, parents, youth, schools, agencies and others in the region who work together to coordinate services so that access to mental health and substance use supports and services for children, youth and families is improved. The WK LAT is part of a provincial Child & Youth Mental Health and Substance Use Collaborative, which is a partnership between Doctors of BC and the BC government, and involves an unprecedented number of stakeholders around the province.

The WK LAT Wraparound Initiative is a time-limited program, the goals of the initiative are to increase understanding of Family-Centred Practice and a Wraparound model of care, and to establish working alliances with children, youth and their families to help them ensure meaningful goals are formulated and their voice is included in all service planning. For more information please refer to the Parent Letter and Wraparound Q&A document.

Referral Criteria

The WK LAT Wraparound Triage Team will initially be accepting 10-12 families into the Wraparound process. Please ensure families are consulted before a referral is made to the Wraparound Triage Team, and that the Parent Letter is reviewed and the Family Consent Form signed before returning the referral form. We will notify the referral source if we are not able to work with a family and provide support to identify alternate resources for this family.

amili	ies who would be a good fit for the Wraparound Initiative would be:
	Involved with multiple (at least 2) service providers and systems, such as school
	administration, psychologist, counsellor, substance use counsellor, child and youth
	mental health clinician, family physician, medical specialists, probation, RCMP/police
	officer, or protection services.
	Struggling to navigate the disability, mental health, substance use, or behavioural
	concern of their youth or child due to its moderate to severe impact on family life.
	Lives in Nelson, Castlegar, Trail, Salmo, Slocan or surrounding areas.

Family Information

Name of child or youth:	Gender:
Age:	Family Physician: PHN:
Family members and approximate ages:	Parent Contact Number: Email:

Medical specialists involved:	School:	
Parent Letter reviewed and Consent Fo	orm signed for a referral to be made to wraparound? Y/N	
ervice Provider Information		
Referring service provider's name:	Referring Organization:	
Phone:	Email:	
How long you have known the child, youth, parent, or family:		
The nature of your role/relationship with	n the child, youth, parent, or family:	
What are the strengths of the youth, pa	rent, and/or family?	
What are the pressing issues for this fan	nily?	
What potential unmet need or barrier w experiencing?	rithin the system is the child or youth and their family	
Would the referring service provider like learn more about the role of service cod	e to work with a Wraparound Resource Coach to ordination?	

Referral Contact

Completed referral forms can be sent to Rachel Schmidt, Shared Care Project Manager with the Kootenay Boundary Division of Family Practice rschmidt@divisionsbc.ca.

Privacy

Any identifying information of families provided during this initiative will be stored in a secure place by the Kootenay Boundary Division of Family Practice and only members of the Wraparound Triage Team will have access to this information.