

# Strengthening Families Program (SFP)

Butte County Department of Behavioral Health Prevention Unit

Strengthening Families Program is a 14 week program that is a science-based parenting skills, children's life skills, and family life skills training program specifically designed for high risk families. Parents and children participate in SFP, both separately and together.

This form is to identify the target youth or target adult that is referred into SFP. Although the referral is for one family member, the entire family participates to gain skills to support the family system.

Strengthening Families serves the whole family and provides childcare for children ages 2 and older. Skills training classes are provided for children ages 6-9, 10-13 and 14-17 years of age. The program begins at 5:30pm with a family meal and ends at 8:00pm. A translator is provided for families who are non-English speaking. Please indicate the need on the attached form.

The following information should be reviewed with the family by the staff member making the referral. Please check the box below indicating they have reviewed the information. If a box has not been checked the Behavioral Health staff member will review the information with the referred family.

- SFP is a 14 week program with the first meeting on **September 10th for Paradise families, September 11th for Chico families** and **September 12th for Oroville families**. Families should attend all sessions to maximize the benefits of the program. Coaches will be assigned to each family to ensure program success.
- SFP includes a Family Challenge Day – The Family Challenge Day will take place on **September 15th** at the Chico High School Lincoln Center. The event is from 9:00am-5:00pm and will include a continental breakfast and lunch.

Please e-mail completed referral form to:	
OROVILLE:	CHICO/PARADISE
Cary Yasuhara 530-538-7124 <a href="mailto:cyasuhara@buttecounty.net">cyasuhara@buttecounty.net</a>	August E. Moore 530-891-2891 <a href="mailto:aemoore@buttecounty.net">aemoore@buttecounty.net</a>

**Strengthening Families Program  
Referral Form**

Referring Agency		Referral Contact/School Counselor	
Office Phone:		Email:	
Target Referral Name		DOB:	<input type="checkbox"/> Minor <input type="checkbox"/> Adult
Address:			
City:		State: California	Zip:
Parent's Cell Phone #		Parent's Email:	
Minor's Cell Phone #		Minor's Email:	
Language Spoken		Is this family requesting translation services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the target referral currently receive clinical services from Butte County Department of Behavioral Health?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselor/Clinician Name:			<input type="checkbox"/> Unknown
Does the target referral currently receive clinical services from Butte County Probation (Lisa Creamer O'Donnell)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the target referral currently receive clinical services from Butte County		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counselor/Clinician Name:			<input type="checkbox"/> Unknown

**Family Information:** (Please list all adults and siblings/children that are a part of the family structure)

Name (First and Last)	Living with Target Referral	Age	Date of birth	Relationship (mother, father, son, daughter, grandmother, etc...)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list all programs/services in which the family is currently involved:	<input type="checkbox"/> Unknown
Please list all programs/services the family has completed (within the last year):	<input type="checkbox"/> Unknown
Please provide any additional information that would be helpful for us to know about this family: (ie: needs translation services, has transportation issues, is gang affiliated, et al)	<input type="checkbox"/> Unknown
Why do you believe this family would benefit from this program?	
Please provide any information regarding substance use or abuse history. Is the target teen currently using a substance? If so please include the name of substance and frequency of use.	<input type="checkbox"/> Please check if the target referral is receiving substance abuse treatment.