

Strengthening Families Program (SFP)

Butte County Department of Behavioral Health Prevention Unit

Strengthening Families Program is a 14 session, 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 providing 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 closes at 8:00pm. A translator is provided for families for 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 and will start early February on Tuesday nights from 5:30 to 8:00 at the Paradise Masonic Lodge. Families should attend all 14 sessions to maximize the benefits of the program. Coaches will be assigned to each family to ensure program success.

Please email completed referral forms to:

Amber Lopez

530-891-2891

amlopez@buttecounty.net

**Strengthening Families Program
Referral Form**

| | | | |
|---|--|--|---|
| Referring Agency: | | Referral Contact/Counselor: | |
| Referral Contact Phone: | | Email: | |
| Name of Primary Referral: | | DOB: | <input type="checkbox"/> Minor <input type="checkbox"/> Adult |
| Address: | | | |
| City: | | State: California | Zip: <input type="text"/> |
| 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 |

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 |
| How 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. |
| Is there anything else you would like us to know about the individual you are referring or about their family? | |