

Individual's Name: _____ Chart #: _____

**San Luis Obispo County - Mental Health Services Act
Full Service Partnership
Transitional Age Youth: Ages 16-21
Inclusion and Priority Criteria**

Inclusion Criteria			
1. Individual has a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) or is experiencing the first psychotic break/major mental illness, or has a parent/caregiver with SED or SPMI or a parent/caregiver who has a substance abuse disorder or co-occurring disorder AND	Yes	No	N/A
2. Individual has a history of high utilization of the system including chronic history of psychiatric hospitalizations; frequent emergency room visits; involvement with Public service agencies OR	Yes	No	N/A
3. Individual is in the Foster care system with multiple placements, has a history of Foster Care with multiple placements, and/or is aging out/has aged out OR	Yes	No	N/A
4. Individual is leaving long-term care (Level 10-14 group homes, Community Treatment Facilities, Institutes for Mental Disease, State Hospitals, Probation Camps).	Yes	No	N/A
5. Individual is homeless or at risk of homelessness OR	Yes	No	N/A
6. Individual is involved with the juvenile justice system or has a history of law enforcement involvement OR	Yes	No	N/A
7. Individual has co-occurring substance use/abuse issues OR	Yes	No	N/A
8. Individual is aging out of 26.5 (AB3632); child mental health system; child welfare system; juvenile justice system OR	Yes	No	N/A
9. Individual is new to the system (System of Care or Mental Health) and has not been served in the past.	Yes	No	N/A
If answered "No" to Question #1, the Individual is <i>not eligible</i> for Full Service Partnership. To meet eligibility criteria, a "Yes" response is required for Question #1 and for at least one of the questions #2-9.			
Priority Populations			
10. Individual is experiencing serious academic problems and/or is failing in school and/or meets 26.5 (AB3632) criteria.	Yes	No	N/A
11. Individual is exposed to violence at home and in the community, traumatized because of loss of family members or friends due to homicide or multi-generational behavioral health issues.	Yes	No	N/A
12. Individual has been underserved or unserved in the past, including those who are uninsured or indigent.	Yes	No	N/A
13. Individual belongs to a minority or disadvantaged group (Asian American, Latino, Asian Pacific Islander, Native American, African American, LGBTQ)	Yes	No	N/A
NOTE: Total number of "Yes" responses to Questions 2-13 will determine priority enrollment.			

Staff Provider Printed Name and Signature: _____ Date: _____

Staff Provider Number: _____