

INDIVIDUAL'S NAME: \_\_\_\_\_ CHART #: \_\_\_\_\_



**FULL-SERVICE PARTNERSHIP  
TRANSITIONAL AGE YOUTH (TAY): AGES 16-21  
INCLUSION AND PRIORITY CRITERIA**



<b>INCLUSION CRITERIA</b>				
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 <b>AND</b>	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 <b>OR</b>	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 <b>OR</b>	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 <b>OR</b>	Yes	No	N/A
6.	Individual is involved with the juvenile justice system or has a history of law enforcement involvement <b>OR</b>	Yes	No	N/A
7.	Individual has co-occurring substance use/abuse issues <b>OR</b>	Yes	No	N/A
8.	Individual is aging out of 26.5 (AB3632); child mental health system; child welfare system; juvenile justice system <b>OR</b>	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
<b>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.</b>				
<b>PRIORITY POPULATIONS</b>				
10.	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.	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.	12. Individual has been underserved or unserved in the past, including those who are uninsured or indigent.	Yes	No	N/A
13.	13. Individual belongs to a minority or disadvantaged group (Asian American, Latino, Asian Pacific Islander, Native American, African American, LGBTQ)	Yes	No	N/A
<b>NOTE: Total number of "Yes" responses to Questions 2-13 will determine priority enrollment.</b>				

Staff Provider Printed Name: \_\_\_\_\_

Staff Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Provider Number: \_\_\_\_\_