

Individual's Name: _____ Chart #: _____

**San Luis Obispo County - Mental Health Services Act
Full Service Partnership
Children/Youth: Ages 0-17
Inclusion and Priority Criteria**

Inclusion Criteria			
1. Individual has a serious emotional disturbance (SED) or a severe and persistent mental illness (SPMI) 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 psychiatric hospitalizations; frequent emergency room encounters; involvement with Public service agencies OR	Yes	No	N/A
3. Individual is in Foster Care with a history of multiple placements OR	Yes	No	N/A
4. Individual has been removed or is at risk of being removed from their home by DSS and/or is in transition to a less restrictive placement OR	Yes	No	N/A
5. Individual is homeless, at risk of being homeless 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 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 at least one of the questions #2-7.			
Priority Populations			
8. Individual is experiencing serious academic problems and/or is failing in school, and/or meets 26.5 (AB3632) criteria.	Yes	No	N/A
9. Individual has co-occurring substance use/abuse issues	Yes	No	N/A
10. 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
11. Individual has been underserved or unserved in the past, including those who are uninsured or indigent.	Yes	No	N/A
12. 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 2-12 will determine priority enrollment.			

Staff Provider Printed Name and Signature: _____ Date: _____

Staff Provider Number: _____