

**San Mateo County Mental Health/Probation Services  
Initial Referral for Screening for Pathways**

**Return to:** Adult Probation, 400 County Center, 5<sup>th</sup> Floor  
Redwood City, CA 94063  
ATTN: Pathways  
FAX: (650) 363-4829

“CONFIDENTIAL PATIENT INFORMATION:  
See California Welfare and  
Institutions Code Section 5328”

Pathways is a partnership of the San Mateo County Courts, Probation Department, District Attorney, Private Defender Program, Sheriff’s Office, Correctional Health, and the Mental Health Services Division. Its purpose is to improve the outcomes for seriously mentally ill and dually diagnosed offenders through integrating judicial and criminal justice sanctions/approaches and treatment to address individuals’ underlying behavioral health problems that contribute to their involvement in the criminal justice system.

The criterion for eligibility includes:

- Statutory eligibility for probation
- San Mateo County residency
- Have a diagnosis of a serious mental illness
- Voluntarily agree to participate in Pathways

This form initiates a screen for participation in Pathways. Please complete the information below and return it to the Probation Dept. at the address listed above as soon as possible.

Follow up to this process can be done by contacting the individual’s attorney.

_____ Defendant’s Name	_____ Defendant’s Attorney
_____ Address, City, State      Phone #	_____ Attorney’s Phone Number
_____ Sheriff’s I.D./Mental Health Number	_____ Court Case #'s
_____ Date of Birth	In custody: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Pending charges	Today’s Date: _____
Referred by: (please include name & phone number)	Provider of Mental Health Information: (please include name & phone number)
<input type="checkbox"/> self report	<input type="checkbox"/> self report
<input type="checkbox"/> family _____	<input type="checkbox"/> family _____
<input type="checkbox"/> known to M.H. system	<input type="checkbox"/> known to M.H. system
<input type="checkbox"/> Probation _____	<input type="checkbox"/> Probation _____
<input type="checkbox"/> Correctional M.H. _____	<input type="checkbox"/> Correctional M.H. _____
<input type="checkbox"/> Defendant’s Attorney _____	<input type="checkbox"/> Defendant’s Attorney _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to: Private Defender Panel or Defendant’s Attorney \_\_\_\_\_ Mental Health \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Attorney Name \_\_\_\_\_ Date \_\_\_\_\_

Release of information attached:      Yes  No

Send this with the HIPAA form to Probation at the address listed above, ATTN: Pathways.