

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

Return to: Adult Probation, 400 County Center, 5th 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"/> family _____ <input type="checkbox"/> known to M.H. system <input type="checkbox"/> Probation _____ <input type="checkbox"/> Correctional M.H. _____ <input type="checkbox"/> Defendant's Attorney _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> self report <input type="checkbox"/> family _____ <input type="checkbox"/> known to M.H. system <input type="checkbox"/> Probation _____ <input type="checkbox"/> Correctional M.H. _____ <input type="checkbox"/> Defendant's Attorney _____ <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.