

Young Adult in Transition - Study Inclusion Criteria Checklist

Agency ID: _____

Date of Intake: _____

Agency: _____

Date filled out: _____

Filled out by (name): _____

Below are criteria for determining young adults who will be included in the Young Adult in Transition System of Care evaluation. Please complete this checklist for each young adult presenting for services in your region.

The young adult:	Yes	No
1. Is over 16 years, 0 months but less than 22 years old?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is eligible for, or receiving, cross-agency case management and individualized services planning?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is eligible for, or receiving, services through a regional SAMHSA YIT funded strategy (or strategies)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a mental disorder diagnosable under the <i>DSM-IV</i> or its <i>ICD-9-CM</i> equivalents, or subsequent revisions? *Note: Does not include <i>DSM-IV A V</i> codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder. **Note: If you do not know the diagnosis at this time, please indicate that here. We will contact you again in the future to try to obtain this information on participating young adults.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Do not know the diagnosis	
5. Has impaired functioning in family, school or community, or in a combination of these settings?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a sibling between 16 – 21 years of age who is also receiving services through a regional SAMHSA YIT funded strategy (or strategies)?	<input type="checkbox"/>	<input type="checkbox"/>

Next Steps

If you checked "Yes" for questions 1, 2, AND 3, the young adult **IS** eligible for the *Common Study*

- Please review the age appropriate *Common Study Consent Form* with the young adult (and caregiver if applicable).
- If the young adult and caregiver (if applicable) consent to participate, please complete the *Common Study Intake Form* and the *May We Call You?* form within 7 days of intake. Send all forms to VCHIP (instructions on the next page).

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If you could not obtain consent, please check the primary reason why:

(Please check only one reason)

- More than 30 days since intake into regional system of care
 - Young adult refused to participate
 - Caregiver refused to participate
 - Young adult in crisis at service intake
 - Never received services
 - Consent to participate could not be provided due to personal circumstances
 - Interview could not be conducted in preferred language
 - Other reason
-

Young adult cannot be enrolled at this point for above reasons; however, young adult may be contacted at later date to see if circumstances have changed.

If you checked "No" for questions 1, 2, or 3, the young adult IS **NOT** eligible for the *Common Study*.

- Please DO NOT review the *Common Study Consent* or *May We Call You?* forms.
- Please send this form to VCHIP (see below).

Please share **this form** with Ellen Talbert at UVM VCHIP:

By Fax (preferred): 802-656-8368 (attn. Ellen Talbert)

OR

By mail:

Ellen Talbert
UVM VCHIP
UHC St. Joseph 7
1 South Prospect St.
Burlington, VT. 05401

Thank you!

Summary (filled out by UVM evaluation team):

___ Young adult meets eligibility for the Vermont study.

___ Young adult meets eligibility for the National study.

___ Young adult does NOT meet eligibility for **either** the Vermont or National study.