



# TAY Collaborative Meetings

*Looking for ways to find more support for youth at risk or diagnosed with mental health disorders?*

*Trying to identify appropriate mental health or educational solutions for youth?*

*Want to keep families out of crisis during the transition years?*

*Want to keep families on track to accomplish important transition milestones?*

**Then refer to the Transition-Age Youth (TAY) Collaborative for consultation and solution building!**

The TAY Collaborative is available to Service Coordinators assisting transition-age youth (ages 14 to 25) and their families/authorized representatives to assist with assessment and planning. When youth's needs are multifaceted and they span over multiple systems of care, it is essential that Service Coordinators meet with the TAY Collaborative team to take advantage of specialized expertise. This is a perfect opportunity to bring specialists from varying systems (education, mental health, probation, regional center, medical) together to sort out complexities of care resulting from challenging conditions.

For more information contact:

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310-258-4162

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Please return the referral form to Aga Spatzier for scheduling.

Date \_\_\_\_\_

## TAY Collaborative Referral Form

1) Client's name: \_\_\_\_\_ 2) DOB: \_\_\_\_\_

3) Living situation: \_\_\_\_\_ 4) Gender: \_\_\_\_\_

5) Name and phone number of care provider/guardian: \_\_\_\_\_

\_\_\_\_\_

6) Insurance: \_\_\_\_\_

7) Developmental Diagnosis: \_\_\_\_\_

8) Mental Health Diagnosis: \_\_\_\_\_

9) Is the client on any medication (any medication relevant to main concerns)?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) What services are being provided?: \_\_\_\_\_

\_\_\_\_\_

11) Who should attend the meeting (parent, ILS provider, school/DMH/probation staff)? \_\_\_\_\_

\_\_\_\_\_

12) Name and phone number of individual(s) above: \_\_\_\_\_

\_\_\_\_\_

13) List the three main concerns/issues/questions that you have for the team:

1.

2.

3.