



SUPERIOR COURT OF CALIFORNIA

COUNTY OF SANTA CRUZ
COLLABORATIVE COURTS OFFICE
701 OCEAN STREET
SANTA CRUZ, CA 95060
(831) 420-2498
www.santacruzcourt.org

Mental Health Diversion Contact and Information Form

Client Name: _____ Date of Referral: _____

DOB: _____ Sex: _____ Phone number: _____

Referral Source Name: _____ Referral Source Phone Number: _____

Case Number(s) _____

Offense(s) _____

Charge Level: Felony Misdemeanor

Violation of Supervision Other

In Custody: Main Jail Rountree Blaine St.

R&R Out of Custody

Military Service: Yes No Unknown

Has been declared PC 1368: Current Past

No Unknown

Healthcare insurance: Yes No

Insurance Provider: _____

County: _____

Primary Care Provider:

Name: _____

Contact number: _____

Psychiatrist:

Name: _____

Contact number: _____

Therapist:

Name: _____

Contact number: _____

Mental Health Diagnosis:

1) _____

Current Past Documented Self-Report

2) _____

Current Past Documented Self-Report

Psychiatric Medications:

1) _____

Current Past Documented Self-Report

2) _____

Current Past Documented Self-Report

Please list all of support services/case managers/coordinator/providers/programs you are currently connected with: (TAY, MOST, Emeline, HPHP, Housing Matters, CCCIL, Encompass, Front Street, etc.): _____

MHD QUESTIONNAIRE

1. Are you currently employed?
Yes No
2. Any hospitalizations in the last 12 months?
(Dominican, Telecare, Watsonville Hospital, etc.)
Yes No
3. Do you have a permanent physical or mental disability that limits or impacts your daily living? (i.e., wheelchair, amputation, unable to climb stairs?)
Yes No Maybe
4. How often do you feel angry, sad, stressed, or depressed?
Daily Weekly Monthly Seasonal
Yearly Never
5. Do you need any help getting your prescriptions filled and taking your medications?
Yes No Maybe
6. Do you struggle with time management and organization?
Yes No Maybe
7. How well do you manage your medical appointments?
Extremely well Somewhat well Neutral
Somewhat not well Extremely not well
8. Drugs and alcohol usage: Do you currently use any substances or alcohol? Are you in remission? Are you interested in treatment?
No Yes- I am currently using and not interested in treatment I am in remission
Yes- I am using and I am interested in treatment I do not want to answer
9. Do you have a hard time completing tasks?
Yes No Maybe
10. Are you currently able to take care of basic needs such as bathing, changing clothes, using a restroom, getting food and clean water and other things like that?
Yes No Maybe
11. Are you familiar with Santa Cruz County available resources? (Cal Fresh, Medi-Cal, NAMI, AA/NA, Food pantry, Dientes, Mental Health services, ACCESS, etc.)
Yes No Maybe

By signing below, you acknowledge that you have received information about mental health diversion, you are open to being assessed, and you are interested in receiving mental health services. This includes participating in mental health programming as recommended, taking all medication as prescribed, abstaining from all substances, submit to testing and follow directives of mental health provider.

Participant Signature

Date