

Mental Health Diversion/Mental Health Treatment Court Treatment Participation and Progress Report

Participant's Name: _____ Next Court Date: _____ Progress Period Date(s) (since last report): _____

Treatment Provider: The above-named person is currently participating in the Sacramento Superior Court's Mental Health Diversion or Mental Health Treatment Court. The Court is required by Penal Code section 1001.36, subd. (c)(2), to periodically review a participant's progress while in treatment. **Please return this completed form** to the participant or the participant's attorney below by fax or electronic mail before the next court date. **Court liaisons, please provide a copy of the completed report directly to ccreports@saccourt.ca.gov for clients appearing in Departments 3A, 3B, or 3C.**

Attorney of Record: _____ **Telephone No.:** _____
Email Address: _____ **Fax No.:** _____

Counsel, please provide a copy of the completed report to ccreports@saccourt.ca.gov for clients appearing in Departments 3A, 3B, or 3C.

Provider's Name: _____ **Provider's Agency/Site:** _____

Provider's Contact Information (phone, email): _____

Current Housing: R&B/B&C SLE Residential (Site Name: _____) Private Home Unhoused/Shelter

Current Program Components: Case management Med Management Therapy (How often? _____)
 Anger Management (How often? _____) Other: _____

Medication Compliant? Yes No N/A Please explain (i.e., not prescribed)

Appointments: (specify date and appointment type for each)

Attended: _____

Missed (please indicate if missed due to no show or provider unavailability): _____

Rescheduled: _____

Future: _____

Alcohol and Drug (AOD) Treatment: OP IOP Residential Self-help Mtgs Other No concerns

Provider: _____

Is participant testing? Yes No If yes, where? _____. Provide results, if available.

During the progress period indicated above, the participant is

- Satisfactorily meeting the requirements of his/her treatment plan (engaged in treatment; attending appointments regularly, keeps in touch with provider, making progress towards treatment goals, etc.).
- Partially meeting the requirements (attendance at treatment is not consistent, needs further engagement, making some progress, but could be increased, etc.) (**explain below**).
- In need of a higher or lower level of care (**explain below**).
- Non-compliant—is not attending treatment (**explain below**).
- Other (**explain below**).

Comments (Please discuss noteworthy events/circumstances, and areas where client is doing well or needs to improve):

Signature of Agency Representative

Print Name

Date

