

# 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](mailto: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](mailto: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

