Sonoma County Superior Court
Mental Health Diversion Court
Universal Treatment & Progress Report

You have been identified as a healthcare provider who is providing services to someone who has been granted Mental Health Diversion Court in Sonoma County (MHD Participant). In order for participants to remain suitable for Mental Health Diversion Court, all participants must provide a written report about their progress in treatment prior to each appearance in Mental Health Diversion Court. In an attempt to support healthcare providers with providing this information to the Court, a Universal Progress Report (UPR) is available for use. Thank you for taking a few moments to complete this UPR.

- **Please complete sections #1-3.**

Section #1:

MHD Participant Information

MHD Participant Name:	
Today's Date:	
Treatment Provider Name and Title:	
Treatment Provider Phone Number and/or Email:	
Treatment Provider Agency Name:	

Section #2:

Since the MHD participant's last appearance in Mental Health Diversion Court, I believe he/she/they are: (select one of the three following options):

☐ Satisfactorily meeting the requirements of their 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, engagement is limited, making some progress but could be increased, etc.).

☐ Not compliant with the treatment plan or not attending treatment.

Section #3:

Based on my knowledge, I believe selections below best describe the MHD participant's efforts in following through with the recommended treatment plan for Mental Health Diversion Court:

Please check all that apply:

Yes	No	Unsure	N/A	
☐	☐	☐	☐	I, the provider, have a copy of the client's treatment plan.
☐	☐	☐	☐	I, the provider, have modified my client's medication regime since the last UPR submitted. If yes, please specify the changes in the comment box.
☐	☐	☐	☐	Is attending all psychiatry and/ or primary care appointments.
☐	☐	☐	☐	Is taking all medications as prescribed.
☐	☐	☐	☐	Is attending all individual counseling appointments.
☐	☐	☐	☐	Is attending all scheduled case management appointments.
☐	☐	☐	☐	Is attending all classes or group counseling appointments.
☐	☐	☐	☐	Is attending all scheduled appointments for outpatient substance use treatment.
☐	☐	☐	☐	Is attending sobriety support meetings.
☐	☐	☐	☐	Is testing negative on all toxicology screens. If no, please specify which substances: _____
☐	☐	☐	☐	Is maintaining employment, volunteer work, attending classes, or pursuing a job training program.
☐	☐	☐	☐	Is maintaining suitable housing and/ or following through with referrals to enter into stable housing in the community.
☐	☐	☐	☐	Information in this report is based on client self-report (explain below).

Comments:

Printed Name of Individual Providing Services

_____

Signature of Individual Providing Services License, if applicable Date:

_____ _____ _____