

Kaiser Permanente Mental Health Treatment Participation and Progress Report

Participant's Name: _____ Progress Period: _____
Next Court Date: _____ (i.e., Jan – Mar, 2018)

Treatment Provider: The above-named person is currently participating in the Solano Superior Court's Mental Health Diversion. The Court is required by Penal Code section 1001.36, subd. (c)(2), to periodically review the participant's progress while in treatment. Please complete the below information and either provide this form back to the participant or you may provide it directly to the participant's attorney of record indicated below, by fax or electronic mail. Please submit before the next court date noted above.

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

Provider's Name: _____ **Kaiser Permanente:** _____

Provider's Contact Information: _____

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.).
- In need of a higher level of care (*explain below*).
- Non-compliant—is not attending treatment.
- Other (*explain below*).

Comments (strengths and gains or plans for increasing participation in treatment):

Signature of Provider Title Date

Signature of Agency Representative Print Name Date

