Case Management Report for Collaborative Courts and/or Mental Health Diversion

Client Name:	For Period Covering:	Date of Current Treatment Plan: (Attach any updates/changes to tx plan)

***** This form to be completed and provided to defense counsel prior to each court date *****

Program Name:	Provider Name:	Provider Phone Number and Email:

Pretrial Client: ☐ Yes ☐ No	Court: ☐ BHC/MBHC ☐ MHD ☐ Drug Court ☐ VJC ☐ YAC ☐ CJC ☐ CARE Court ☐ Other (please state) _____	Is Client Employed? ☐ Yes ☐ No If yes, where? _____
Client Benefits Received: ☐ SSI ☐ SSDI ☐ Medi-Cal ☐ Medicare ☐ Healthy SF ☐ Other Insurance (which)	**County of Residence:** _____	**Where is Client Currently Sleeping?**

Contacts since last report

Date of Contact	**Services** (phone call, case management, group, etc.)	**Comments** (no-show, issues, engaged, etc.)

Progress Report

Please provide a brief progress update, and include any information you would like the judge to provide to your client, i.e., a reminder to attend appointments, honor roll, etc.

*Please include UA information

Proposed next court date: _____ If Zoom requested, please note purpose: _____

_____

Please list deliverables for next court date. Examples may include UA, meet with case manager/mentor/MD, go to meetings, follow up on benefits, etc.)

1. _____
2. _____
3. _____

Current Medication: ☐ Yes ☐ No *Please include any medication changes in the Progress Report* **Medication Adherence:** ☐ Yes ☐ No	**Defense Counsel:** _____

Provider agreement, client benefits, location, court should be filled in each due date ONLY if this has changed since prior report. Provider need not sign each report.