FY24-25 CLJ Therapeutic Courts Q1 Report

For reporting period 07/01/2024 – 09/30/2024

*Please only complete one report per program/contract. If you have multiple contracts under this funding source, click the “Submit Another Response’ button after submitting.*

**Court Program Information**

Submitter Email

Please provide one email address we can use as the main contact for this reporting submission

Contract Number

Click add contract, then start typing the name of your court or the contract number to search existing contract, click to select

Program Type

Enter this court’s therapeutic court program type below

*(e.g. DUI, SUD/Drug Court, BH/MH Court)*

**Therapeutic Court Staff**

Please list names and titles of any staff currently working on your court’s therapeutic court program below

(i.e. include anyone in your program who benefits from this funding source)

|  |  |
| --- | --- |
| Name | Title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Other Staff

List any additional staff names and titles here

**Program Services**

For reporting period 7/1/24 – 9/30/24

*If none, enter zero (0)*

Referrals

Screenings

Entries

Active Participants

Court-decided Terminations

Participant-decided Terminations

Other Withdrawals

*Include opt-outs, transfers, deaths, etc.*

Graduations

What services have participants been referred to during Q1?

We realize not all participants referred are utilizing those services. What referred services have been utilized by participants in Q1?

**Contract Deliverables: Operations**

Describe your efforts so far to develop, review, or update your therapeutic court guidelines, policies, and/or procedures to better align with best practice standards

**Contract Deliverables: WATER**

Has your court completed Module 1 of the WATER?

Yes No

Logic: if yes

Reflecting on Module 1 WATER results, collected data, and/or overall program efforts, describe what has been achieved so far. If past objectives went unmet, explain why and include your plans on implementing best practice standards in your court

Module 1 focused on addressing court documents, eligibility & referrals, screenings & assessments, and time to entry

Logic: if no

If your court hasn't completed the WATER Module 1 yet, explain why below

(e.g. SIM court, new court/program, access issues, etc.)

**Contract Deliverables: Meetings & Trainings**

Please list any meetings, trainings, and/or evaluations hosted or recommended by the AOC BH team that your court attended so far and include what roles attended

*(e.g. "Case Manager completed applicable All Rise Best Practice Standards modules", "Team attended AOC Contract Introductions", "Coordinator completed Othering & Belonging Series")*

**Program Challenges & Successes**

For reporting period 7/1/24 – 9/30/24

Please describe any operational challenges your court faced during Q1 and include any support the AOC BH team could provide that would assist your efforts going forward

Please share one program or participant success story that highlights the direct impact of the funding provided

**Quarterly Reimbursement Attestation**

Did you submit at least one A19 for Q1 (7/1/24 – 9/30/24)?

Yes

No

If you did not submit at least one A19 for Q1, please submit complete A19 packet to [CLJTherapeuticCourtsApplications@courts.wa.gov; Payables@courts.wa.gov](mailto:Payables@courts.wa.gov;%20CLJTherapeuticCourtsApplications@courts.wa.gov)

**Anything else you want us to know?**

Use this space to describe any other activities, concerns, progress made on goals, etc. you may have from Q1