FY24-25 CLJ Therapeutic Courts Q2 Report

For reporting period 10/01/24 - 12/31/24

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

**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, then click to select add contract

Program Type

Enter this court's therapeutic court program type below

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

**Program Services**

For reporting period 10/1/24 - 12/31/24

*if none, enter zero (0)*

Referrals

Screenings

Entries

Active Participants

Court-decided Terminations

Participant-decided Terminations

Other Withdrawals

*e.g. opt-outs, transfers, death, etc.*

Graduation

What services have participants been referred to during Q2?

We realize not all participants referred are utilizing those services. What referred services have been utilized by participants in Q2?

**JIS: Therapeutic Case Condition Codes**

Is your court using the appropriate therapeutic case condition codes in JIS?

*If Yes, select the codes you are using from the lists below*

* Yes
* No

Select all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| Court TypeCMC – Community CourtDUI – DUI CourtDVC – Domestic Violence CourtFDC – Family Drug CourtFRC – Family Recovery CourtGMC – Gambling CourtGNC – Gang CourtHOC – Homeless CourtMCO – Mental Health CourtOther | Court EntryOPI – Opt InOPO – Opt OutSCO – Not Eligible for ProgramOther | Court ProcessCEO – Competency Eval OrderedFCR – Found Competent after RestorationOther | Court ExitDAR – Dismissed after RestorationDOR – Dismissed without RestorationGRD – GraduationOther |

**Data Tracking**

Which data do you regularly track?

Select all that apply

At Entry

* Entries
* Participant Demographics
* Referral Sources
* Referrals
* Screenings

During the Program

* Active Participants
* Services Provided
* Services Utilized

At Exit

* Court-decided Terminations
* Graduations
* Participant-decided Terminations
* Reason for Termination

What programs do you use to track data?

*(e.g. Word, Excel, Case Management System)*

**Mid-Year Spending**

The AOC Behavioral Health Team will be reviewing contract expenditure rates for the purpose of enacting the Revenue Sharing clause to reallocate funds among courts. If the team determines the Court may not spend all monies available, then AOC may reduce the contract agreement amount. If the team determines the Court may spend more money than in the original contract agreement, then AOC may increase the contract agreement amount.

Reflecting on year-to-date expenditures in each category, is your program expenditure rate as expected? If not, please explain any discrepancies

Does your program have need for additional funds? If so, please provide a detailed outline of cost needs, category, and justification for additional funds

**Contract Deliverables: Program Challenges & Successes**

For reporting period 10/1/24 – 12/31/24

Please describe any operational challenges your court faced during Q2 and include any support AOC Behavioral Health 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**

If you did not submit at least one A19 for Q2, please submit the A19 form along with all required backup documents to CLJTherapeuticCourtsApplications@courts.wa.gov; Payables@courts.wa.gov

Did you submit at least one A19 for Q2 (10/1/24 - 12/31/24)?

* Yes
* No

**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 Q2