FY24-25 CLJ Therapeutic Courts Q3 Report

For reporting period 01/01/2025 – 03/31/2025

*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 1/1/25 – 3/31/25

*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 Q3?

We realize not all participants referred are utilizing those services. What referred services have been utilized by participants in Q3?

**Contract Deliverables: Community Partners**

Describe any efforts made so far to develop or maintain MOUs/contracts with local community partners or agencies. Include information on any meeting you've held or plan to hold with your community partners to increase awareness of your program

**Contract Deliverables: Program Sustainability**

Describe how your court has used data collection efforts, process evaluations/reviews, and/or meetings & trainings to scale up your program and track its performance

**Contract Deliverables: Program Challenges & Successes**

For reporting period 1/1/25 – 3/31/25

Please describe any operational challenges your court faced during Q3 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 Q3, please submit the A19 form along with all required backup documents to [CLJTherapeuticCourtsApplications@courts.wa.gov; Payables@courts.wa.gov](mailto:Payables@courts.wa.gov;%20CLJTherapeuticCourtsApplications@courts.wa.gov)

Did you submit at least one A19 for Q3 (1/1/25 – 3/31/25)?

* 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 Q3