FY24-25 CLJ Therapeutic Courts Q4 Report

For reporting period 04/01/2025 – 06/30/2025

*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 4/1/25 – 6/30/25

*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 Q4?

We realize not all participants referred are utilizing those services. What referred services have been utilized by participants in Q4?

**Contract Deliverables: Washington Therapeutic court Evaluation and Review (WATER)**

Has your court completed Module 2 of the WATER?

Yes

No

If your court hasn't completed the WATER Module 2 yet, describe why below

Reflecting on your collected data, overall program efforts, and past WATER results, describe what has been achieved this quarter. If objectives went unmet, describe why

**Contract Deliverables: Program Challenges & Successes**

For reporting period 4/1/25 – 6/30/25

Please describe any operational challenges your court faced during Q4 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 Q4 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 Q4 (4/1/25 – 6/30/25)?

* Yes
* No

**Feedback for the AOC**

Please include any comments, feedback, concerns, or suggestions you have about the AOC Behavioral Health team and overall program.

*We'll be sending out an anonymous survey at the end of the fiscal year if you'd prefer to save your comments for that.*