

State of Alaska
Department of Health and Social Services / Behavioral Health
FY22 Therapeutic Court Quarterly Report Form

Agency: _____

Date: _____

	Total/Percentage/ or Amount
Total capacity for your program	
Number of participants since the start of the grant to the end of the current quarter	
Number of graduates since the start of the grant to the end of the current quarter	
Percentage of participants who have not recidivated since the beginning of the grant to the end of the current quarter	
Program cost per client this quarter	
Program cost per client since the start of the grant to the end of the current quarter	

Census	Reporting Period			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
# of participants served this quarter				
# of participants receiving assistance this quarter that are now self-supporting				
# of graduates this quarter who received assistance during their time in court				
Percentage of participants who received assistance this quarter who are still active in the program				
# of participants who graduated this quarter				
Percentage of graduates who have not recidivated this quarter				
# of dismissals this quarter				
# of opt-outs this quarter				

Treatment	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Average # of days from the referral to case management services				
# of participants who were referred to Residential SUD treatment				
# of participants who were referred to outpatient SUD treatment				
# of participants that were engaging with multiple agencies and had a coordinated treatment plan with all agency services				
# of participants using Vivitrol this quarter				
# of participants using other FDA approved medication for the treatment of opioid use disorder				
# of participants using adjunctive medications this quarter				
# of participants who were referred to parenting classes (if applicable)				
# of participants who engaged in parenting classes (if applicable)				
# of participant and their families that were assessed for services (if applicable)				

Treatment (continued)	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
# of participants and their families that were referred to services (if applicable)				
# of participants and their families that engaged in family services (if applicable)				
Note: Explanation of barriers or challenges to treatment, successes, efforts to coordinate with other agencies.				

Self Supporting Skills	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
# of participants who used employment, money management services				
# of participants who used Ready to Rent services offered at Partners for Progress (if applicable)				
# of participants who obtained self-supporting employment				
# of participants who obtained temporary housing				
# of participants who obtained permanent housing				
# of participants who engaged in peer support services				
Note: Explanation of barriers or challenges to treatment, successes, efforts to coordinate with other agencies.				

Trainings Attended

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Staffing - challenges, successes

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Outreach - to other agencies and challenges, barriers or successes

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Any Additional Information you would like to provide about your program:

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