|  |  |
| --- | --- |
| **BH-ASO:** | Click or tap here to enter text. |
| **BH-ASO Contact Person:** | Click or tap here to enter text. |
| **BH-ASO Contact Person Phone Number:** | Click or tap here to enter text. |
| **BH-ASO Contact Person Email:** | Click or tap here to enter text. |
| **Juvenile Court Treatment Program** | Click or tap here to enter text. |
| **Quarter Reporting (Quarter/Year):** | Click or tap here to enter text. |
| **Date of Report Submission to HCA:** | Click or tap here to enter text. |

*Provide the requested information in the column below on the right. Submit completed reports to HCABHASO@HCA.WA.GOV*

*Provide totals for this reporting period in the table below:*

|  |  |
| --- | --- |
| **Program capacity:** | Click or tap here to enter text. |
| **Program enrollment:** | Click or tap here to enter text. |
| **Program completions (successful) this reporting period:** | Click or tap here to enter text. |
| **Program discharges (unsuccessful):** | Click or tap here to enter text. |

*Provide the number of state-funded activities for this reporting period:*

|  |  |
| --- | --- |
| **Assessments** | Click or tap here to enter text. |
| **Mental Health Treatment** | Click or tap here to enter text. |
| **Substance Use Disorder Treatment** | Click or tap here to enter text. |
| **Case Management** | Click or tap here to enter text. |

*Provide a written narrative on page 2 of this template that addresses the elements listed below:*

1. Describe briefly how Juvenile Court Treatment Program participants are provided the following services: community engagement to broaden the support structure to ensure success such as referrals to; a) mentors; b) support groups; c) pro-social activities; and d) Evidence-Based Practices such as Functional Family Therapy and Aggression Replacement Training.

2. Describe briefly how the region tracks attendance, documents completion of activities, offers incentives for compliance, and addresses lack of engagement, for individuals involved with the Juvenile Court Treatment Program.

*Write narrative on this page. If additional narrative pages are written include the pages with this template.*

Begin typing here..