

The Supreme Court of Ohio

Judicial and Court Services Division, Specialized Dockets Section

FAMILY DEPENDENCY TREATMENT COURT DOCKET QUARTERLY REPORT

<i>County</i>	<i>Report Quarter and Year</i>
<i>Program Coordinator Name</i>	<i>Program Coordinator Phone</i>

This quarterly report is required to be submitted to the Supreme Court pursuant to the Grant Award Agreement Section 4(C). In addition, the family dependency treatment court docket is required to be a certified specialized docket (Sup. R. 36.20 through 36.28) pursuant to the Grant Award Agreement Section 3(F). As a certified specialized docket submitting this quarterly report during the Grant Award Agreement term complies with Sup. R., Appx. I, Standard 12(A). This quarterly report may also be used by the family dependency treatment court docket to satisfy Sup. R., Appx. I, Standard 12(B). Also responses provided demonstrate compliance with Sup. R., Appx. I, Standards as indicated.

INSTRUCTIONS: This is an aggregate document. After the first quarterly report, you will need to include the data from the current quarter **and** all of the previous quarters for the year on this document. For the last quarterly report of the year, you will need to fill in the **data for the current quarter, data from each of the previous quarters, and the aggregate column**. Failure to include all of the data for the current and preceding quarters will result in the report being returned with a request to complete and could possibly result in suspension of payment of requested grant reimbursement.

PROGRAM INFORMATION

TREATMENT TEAM ACTIVITIES		
<p>1. List each affiliated group that participates in your treatment team and indicate the number of times in this quarter a representative from each affiliated group attended weekly treatment team meetings and status review hearings (treatment team is required by Sup. R., Appx. I, Standard 1(B))</p>		
<i>Affiliated Group</i>	<i>Number of Times Attended Weekly Treatment Team Meetings</i>	<i>Number of Times Attended Weekly Status Review Hearings</i>
TRAININGS RECEIVED		
<p>2. Describe any training events that the Program Coordinator and other treatment team members attended this quarter on specialized docket programs, substance dependency, or mental health treatment (attach additional sheets if necessary) (professional education is required by Sup. R., Appx. I, Standard 11)</p>		

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PROGRAM ENROLLMENT				
3. Number of participants currently enrolled at the beginning of this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
4. Number of affected children involving participants currently enrolled at the beginning of this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
5. Number of new participants enrolled in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
6. Number of affected children involving new participants enrolled in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
7. Number of participants enrolled at the end of this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
8. Number of affected children involving participants enrolled at the end of this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
PROGRAM COMPLETIONS				
9. Number of SUCCESSFUL participant completions in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
10. Number of affected children involving SUCCESSFUL participant completions in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
11. Number of SUCCESSFUL participant completions in this quarter where custody rights were maintained or restored upon completion				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
12. Number of affected children involving SUCCESSFUL participant completions in this quarter where custody rights were maintained or restored upon completion				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
13. Number of UNSUCCESSFUL participant completions in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
14. Number of affected children involving UNSUCCESSFUL participant completions in this quarter				
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>

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PROGRAM COMPLETIONS

15. Identify common reasons for unsuccessful participant completions this quarter and identify any leading indicators hinting that there would be an unsuccessful completion (attach additional sheets if necessary)

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JAIL AS A SANCTION

16. If jail was used as a sanction this quarter, indicated number of jail days imposed for each affected participant (attach additional sheets if necessary)

<i>Participant No.</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
1					
2					
3					
4					
5					
6					

PROGRAM RETENTION

17. Number of participants enrolled in program, by length of time, at the end of this quarter

<i>Length of Time</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
1 to 30 days					
31 to 60 days					
61 to 90 days					
91 to 120 days					
121 to 150 days					
151 to 180 days					
181 to 210 days					
211 to 240 days					
241 to 270 days					
271 to 300 days					
301 to 330 days					
331 to 365 days					
More than 1 year					

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CASE INFORMATION

PLACEMENT					
18. Number of participants with children in out of home or kinship placement at the end of this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
19. Number of affected children in out of home or kinship placement, by length of time, at the end of this quarter					
<i>Length of Time</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
1 to 30 days					
31 to 60 days					
61 to 90 days					
91 to 120 days					
121 to 150 days					
151 to 180 days					
181 to 210 days					
211 to 240 days					
241 to 270 days					
271 to 300 days					
301 to 330 days					
331 to 365 days					
More than 1 year					
20. Number of participants enrolled into the program in this quarter in which out of home placement was avoided as result of enrollment					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
21. Number of affected children of participants enrolled into the program in this quarter in which out of home placement was avoided as result of enrollment					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
REUNIFICATION					
22. Number of participants reunified with their children in this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	

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REUNIFICATION					
23. Number of affected children reunified with participants in this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
24. Number of affected children in out home placement prior to reunification in this quarter, by length of time spent in out of home placement at time of reunification					
<i>Length of Time</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
1 to 30 days					
31 to 60 days					
61 to 90 days					
91 to 120 days					
121 to 150 days					
151 to 180 days					
181 to 210 days					
211 to 240 days					
241 to 270 days					
271 to 300 days					
301 to 330 days					
331 to 365 days					
More than 1 year					

TREATMENT INFORMATION

TREATMENT STATUS					
25. Number of participants in residential treatment at any time in this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
26. Number of participants in outpatient treatment at any time in this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	
27. Number of participants who completed treatment at any time in this quarter					
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>	

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SUBSTANCE OF CHOICE

28. Number of participants in program in this quarter who identify the following substances as their substance of choice

<i>Substance</i>	<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Aggregate at Year End</i>
Heroin					
Opiates					
Crack/cocaine					
Marijuana					
Alcohol					
Other (specify)					

RESOURCES AND SERVICES

29. Describe local treatment resources available to children (attach additional sheets if necessary)

30. Describe any other ancillary services available and used by your participants such as education, vocational training, employment, transportation, housing, domestic violence programming, physical, mental, and dental health (attach additional sheets if necessary) (providing ancillary services complies Sup. R., Appx. I, Standard 5, Recommend Practice (B))

PROGRAM DEVELOPMENT INFORMATION

GENERAL ACTIVITIES AND IMPRESSIONS

31. Describe generally your activities for your program and any particular impression you have (attach additional sheets if necessary)

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GENERAL ACTIVITIES AND IMPRESSIONS

32. Describe any unique successes or provide information unique to your program (attach additional sheets if necessary)

CHALLENGES AND OBSTACLES

33. Identify challenges to your program. What actions did you take to address them? To what extent were those actions successful? What actions will you take to address these challenges in the future? (Attach additional sheets if necessary)

34. What obstacles or concerns do you anticipate in the future regarding program development? (Attach additional sheets if necessary)

TECHNICAL ASSISTANCE NEEDS

35. Identify any specific technical assistance you may need to address the challenges facing your program (Attach additional sheets if necessary)