# Child In Need of Aid (CINA) Therapeutic Court

# FY25 Treatment and Recovery Grant

Quarter Program Report

**To:** DOH Finance & Management Services Grants & Contracts Section

**Attention:**

**Agency:**

**Grant Number:**

**Form submitted by:**

**Date:** Submitted on  **Quarter:** Select quarter reported

**Instructions:**

Step 1: Complete the Cumulative Financial Report (CFR) in GEMS. If expenditures are over or under budget for the quarter, the reason must be noted in the narrative section of the CFR form.

Step 2: Complete the CINA Therapeutic Court Quarter Program reporting questions below.

Step 3: Submit and upload this CINA Therapeutic Court Quarter Program Report into GEMS.

*\*Including any relevant attachments*

# Child In Need of Aid (CINA) Therapeutic Court Quarter Program Reporting Questions:

## Census

1. Number of participants in treatment at beginning of the:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
2. Number of participants in treatment at the end of the quarter:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
3. Number of participants who completed treatment:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
4. Number of participants administratively/clinically discharged:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:

## Assessment

1. Number of individuals referred:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
2. Number of assessments conducted:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
3. Average # of days from referral to assessment:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
4. Number of individuals meeting treatment eligibility criteria:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
5. Number of referrals not accepted into treatment program:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
6. Number of referrals assessed as needing detox services:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
7. Number of individuals needing adjunctive medications:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
8. Number of individuals assessed as needing co-occurring services & who are the individuals:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
9. Explanation of barriers for any assessments conducted more than 5 days from the date of referral. Reasons referrals not accepted into treatment. Any changes to the assessment process, forms, screening tools, etc.:

## Treatment

1. Number of participants receiving detox services:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
2. Number of participants receiving adjunctive medications:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
3. Number of participants receiving co-occurring services at Akeela:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
4. Number of hours of individual sessions provided:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
5. Number of hours of group provided not including family groups:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
6. Number of hours of individual Family Counseling sessions provided and who are the individuals:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
7. Number of hours of group Family sessions provided:
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
8. Number of participants whose treatment plans were reviewed and/or revised this quarter
   1. First Quarter:
   2. Second Quarter:
   3. Third Quarter:
   4. Fourth Quarter:
9. Explanation for any discrepancy in number of participants assessed and receiving detox services, participants identified as needing and actually receiving adjunctive medication and participants assessed as needing and actually receiving co-occurring services:
10. Treatment interventions implemented for current participants with verified substance use/relapse:

## Trainings

Please indicate trainings:

## Staffing

Please indicate Staffing:

## Policy Revisions/Changes

Please indicate Policy Revisions/Changes:

## Service Delivery

Please indicate Service Delivery:

## AKAIMS

AKAIMS – data being entered within 48 hours of service delivery:

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

Are there any current challenges your agency is dealing with that could impact the program’s sustainability through the fiscal year? select one

If yes, describe the challenges: