

# NCCFW/DVC Abuser Treatment Program Quarterly Statistical Report

**AGENCY:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**\*COUNTY SERVED:** \_\_\_\_\_

*\* Provide a separate form for each county served*

**Person completing this form:** \_\_\_\_\_

**REPORTING Quarter (check one) Year: 20** \_\_\_\_\_

- April – June (due July 15<sup>th</sup>)
- July – September (due Oct. 15<sup>th</sup>)
- October – December (due Jan. 15<sup>th</sup>)
- January – March (due April 15<sup>th</sup>)

**A. REFERRAL OUTCOME INFORMATION**

**1. Referrals received this quarter, counted by referring source**

**Male Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # referred**

**Female Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # referred**

**Spanish Speaking**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # referred**

**2. All referrals assessed and enrolled in group, counted by referring source** (Include in this count all referrals accepted, *even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups*)

**Male Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # accepted**

**Female Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # accepted**

**Spanish Only Group Enrollees**

- M\_\_\_ F\_\_\_ Criminal Court
- M\_\_\_ F\_\_\_ Civil Court
- M\_\_\_ F\_\_\_ DSS
- M\_\_\_ F\_\_\_ Mental Health
- M\_\_\_ F\_\_\_ Substance Abuse
- M\_\_\_ F\_\_\_ Self-referral
- M\_\_\_ F\_\_\_ Probation/Parole
- M\_\_\_ F\_\_\_ Total # Accepted**

**3. All referrals not enrolled, listed by referring source** (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

**Male Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # not enrolled**

**Female Clients**

- \_\_\_ Criminal Court
- \_\_\_ Civil Court
- \_\_\_ DSS
- \_\_\_ Mental Health
- \_\_\_ Substance Abuse
- \_\_\_ Self-Referral
- \_\_\_ Probation/Parole Initiated
- \_\_\_ **Total # not enrolled**

**Spanish Speaking Only**

- M\_\_\_ F\_\_\_ Criminal Court
- M\_\_\_ F\_\_\_ Civil Court
- M\_\_\_ F\_\_\_ DSS
- M\_\_\_ F\_\_\_ Mental Health
- M\_\_\_ F\_\_\_ Substance Abuse
- M\_\_\_ F\_\_\_ Self-referral
- M\_\_\_ F\_\_\_ Probation/Parole In
- M\_\_\_ F\_\_\_ Total not enrolled**

*NOTE: Total # not enrolled in question #3, plus total # enrolled in question #2, should equal the totals referred in question #1*

**4. Explanation of why referrals were not enrolled** (Count each client once using the main reason for non-enrollment)

**Male Clients**

\_\_\_ # Substance Abuse  
 \_\_\_ # Mental Health  
 \_\_\_ # Probation Revoked  
 \_\_\_ # New Charges  
 \_\_\_ # No Shows

**Female Clients**

\_\_\_ # Substance Abuse  
 \_\_\_ # Mental Health  
 \_\_\_ # Probation Revoked  
 \_\_\_ # New Charges  
 \_\_\_ # No Shows

**Spanish Speaking Clients**

\_\_\_ # Substance Abuse  
 \_\_\_ # Mental Health  
 \_\_\_ # Probation Revoked  
 \_\_\_ # New Charges  
 \_\_\_ # No Shows  
 \_\_\_ # No Spanish service to offer  
 \_\_\_\_\_ #Other, list

**B. PARTICIPANT OUTCOME** (STILL ENROLLED/COMPLETED/TERMINATED)

- 1. Total # of participants still enrolled in all groups this quarter:** \_\_\_\_\_ **Total # in all gps**  
 \_\_\_ Male \_\_\_ Female M\_\_\_ F\_\_\_ Enrolled in Spanish Speaking Groups
- 2. Total # of participants completing program this quarter:** \_\_\_\_\_ **Total # completing all gps**  
 \_\_\_ Male \_\_\_ Female M\_\_\_ F\_\_\_ Enrolled in Spanish Speaking Groups
- 3. Total # of participants terminated from program this quarter:** \_\_\_\_\_ **Total terminated all gps**  
 \_\_\_ Male \_\_\_ Female M\_\_\_ F\_\_\_ Enrolled in Spanish Speaking Groups
- 4. Reason for termination of each client counted in question 3:** (Count one reason per client terminated - *totals should equal the totals above in # B- 3*)

**Male Client**

\_\_\_ Excessive Absences  
 \_\_\_ Non-compliance w/gp rules  
 \_\_\_ Recurrence of Violence  
 \_\_\_ Substance Abuse  
 \_\_\_ Arrest/Probation Violation  
 \_\_\_ Non-Payment of Fees  
 \_\_\_ Other  
 \_\_\_ **Total # Terminated**

**Female Client**

\_\_\_ Excessive Absences  
 \_\_\_ Non-compliance w/gp rules  
 \_\_\_ Recurrence of Violence  
 \_\_\_ Substance Abuse  
 \_\_\_ Arrest/Probation Violation  
 \_\_\_ Non-Payment of Fees  
 \_\_\_ Other  
 \_\_\_ **Total # Terminated**

**Spanish Speaking Groups**

\_\_\_ Excessive Absences  
 \_\_\_ Non-compliance w/gp rules  
 \_\_\_ Recurrence of Violence  
 \_\_\_ Substance Abuse  
 \_\_\_ Arrest/Probation Violation  
 \_\_\_ Non-Payment of Fees  
 \_\_\_ Other  
 \_\_\_ **Total # Terminated**

**C. VICTIM SAFETY** (TOTAL NUMBERS SHOULD ROUGHLY CORRESPOND TO REFERRAL NUMBERS)

- Total of ATP program *information letters sent to victims*: \_\_\_\_\_
- Total *returned correspondence* (e.g.: unable to deliver, returned by sender): \_\_\_\_\_
- Number of victims *unable to contact* (e.g.: no contact information): \_\_\_\_\_
- Number of victims *requesting no contact*: \_\_\_\_\_
- Number of victims *spoken to via phone or in person*: \_\_\_\_\_
- Number of victims *notified after client completes* sessions: \_\_\_\_\_
- Number of *victims notified when client is terminated*: \_\_\_\_\_
- Number of *contacts made with Victim Service Provider* (DV agency) on court ordered cases: \_\_\_\_\_

<p><b>Due Dates</b>          Statistical Forms are due 2 weeks after the end of the reporting quarter:  <b>July 15<sup>th</sup></b>  <b>Oct. 15<sup>th</sup></b>  <b>Jan. 15<sup>th</sup></b>  <b>April 15<sup>th</sup></b></p>
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<p><b>E-mail, Fax, or mail to: NCCFW/DVC</b>  <i>Attn: Kathleen Balogh</i>          46 Haywood St. #309          Asheville, NC 28801          Fax: 828-251-6062  <a href="mailto:Kathleen.balogh@doa.nc.gov">Kathleen.balogh@doa.nc.gov</a> or  <a href="mailto:Deborah.compton@doa.nc.gov">Deborah.compton@doa.nc.gov</a></p>
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