

EVIDENCED BASED PROGRAM INTERVENTION ASSESSMENT

NAME OF PROGRAM: _____

PROGRAM LOCATION (S): _____

APPROXIMATE NUMBER OF OFFENDERS SERVED ANNUALLY: _____

LENGTH OF PROGRAM: _____

COSTS/FEEES: _____

ASSESSMENT COMPLETED BY: _____

DATE: _____

RISK ASSESSMENT

1. Is a validated risk assessment conducted to determine criminogenic need?
YES____; NO____ (If YES, specify instrument used & source of validation)

2. Does the program address one of the top four LSI identified needs (Alcohol/Drugs, Emotional/Personal, Attitude/Orientation, Employment)?:
YES____; NO____ If Yes, specify which needs are addressed.

3. Describe the criteria for program placement (risk based, dosage/duration of treatment based on risk, reassessed for risk reduction)

RESPONSIVITY

4. Is intrinsic motivation enhanced (motivational interviewing, incentives, rewards, etc.)? YES____; NO____ If yes, briefly describe how.

5. Is treatment matched with offender characteristics? YES ____; NO ____ If YES, briefly describe how.

6. Are staff matched with treatment type? YES ____; NO ____ If YES, briefly describe how.

COGNITIVE BEHAVIORAL INTERVENTIONS

7. Are cognitive behavioral interventions used (thinking, feelings, behavior; skill training with directed practice; modeling, use of structured time booster sessions/aftercare)? YES ____; NO ____ If YES, briefly describe.

CONTINUING SUPPORT

8. Is sustaining community support addressed, including the use of mentors, support groups, etc.? YES ____; NO ____ If YES, briefly describe.

PROGRAM MEASUREMENT/FEEDBACK

9. Has the program had an external evaluation? YES _____ NO _____ If YES, by whom, when, attach summary of findings

10. Is internal program performance or evaluation data collected (CPAI, certification or license, etc)? YES _____; NO _____ If YES, by whom, when, what was result

CLINICAL SUPERVISION

11. Has the program supervisor been trained in Evidence-based Practices, motivational interviewing or program specific intervention skills? YES _____, NO _____
12. Has the program supervisor been trained in clinical supervision skills/techniques? YES _____, NO _____