

JUVENILE JUSTICE SYSTEM SCREENING, ASSESSMENT & TREATMENT SERVICES INVENTORY

INTRODUCTION

Until about 10 years ago, there was a general sense that “nothing works” for youth in the juvenile justice system. Since that time, significant research advances have shown that effective treatments and interventions do in fact exist. Much of this work has centered on the development of demonstrated, effective interventions, commonly referred to as evidence-based practices (EBPs). In general, the term “evidence-based practices” refers to clinical treatments, preventive programs, screening/assessment or service practices that have been carefully evaluated using rigorous research designs, and which have demonstrated effectiveness. The availability of evidence-based practices represents a real opportunity for improving the effectiveness of the juvenile justice system, while simultaneously improving the lives of the youth who come in contact with the system.

A system founded on evidence-based practices must be able to: a) identify the variety of needs of youth who come in contact with the juvenile justice system through utilization of scientifically sound screening and assessment instruments; and b) refer youth to a range of evidence-based services to meet their identified needs.

The goal of this survey is to provide your local Planning Board with an inventory of the screening and assessment procedures and existing services and programs available – a critical first step to developing a plan for the adoption and expansion of evidence-based practices in your parish.

GENERAL INSTRUCTIONS

Thank you for participating in this important survey of the services available to youth in contact with the juvenile justice system in your parish. We ask that the Child & Youth Planning Board Coordinator facilitate the collection of these data from agency leadership, facility administrators, and provider supervisors that offer treatment and intervention services to juvenile justice involved youth and families. There are two parts to this survey:

Part 1 - Screening and Assessment

- ☐ Justice system survey
- ☐ Service provider survey

Part 2 - Programs and Services

Please note that because this survey is being distributed to a range of stakeholders, not all questions will be applicable to all participants. For example, if you are a provider, you would not need to complete the screening/assessment section unless you provide that service to the juvenile justice system.

Information collected from the various respondents in your parish will be merged and summarized in an inventory of services and programs. This inventory will be used by your local Planning Board to identify gaps in services, assess the extent to which services being provided are research based, and identify opportunities for expansion or implementation of evidence-based practices. As the planning board begins to analyze the results and develop a plan for the expansion of evidence-based practices, they may need additional information about some of the programs and services included in this survey. ***For each program you describe, please identify a contact person. This individual should be able to answer additional questions about the structure, funding, and operation of the program and the services it provides.***

SCREENING AND ASSESSMENT – JUSTICE SYSTEM SURVEY

Instructions

This portion of the survey is intended to collect information about the justice system's use of screening and assessment instruments and practices at each point of contact with the juvenile justice system. Of particular interest is the extent to which scientifically sound screening and assessment instruments are used. Please complete the following questions for each point of contact with the juvenile justice system listed in Question 1 below in your parish for which you are responding. Following your completion of this portion of the survey for the point of contact about which you are providing information on screening and assessment practices, you will have the option to add information about another point of contact by returning to the main menu or to end the survey.

Parish: _____

1) Select the point of juvenile justice system contact for which you are describing screening/assessment practices (SELECT ONLY ONE POINT):

- | | |
|---|---|
| ☐ Prevention (e.g., school, community, etc.) | ☐ Detention |
| ☐ FINS (Early Intervention) | ☐ Secure Corrections |
| ☐ TASC | ☐ Non-secure Residential Placement |
| ☐ Court | ☐ Re-entry/Aftercare |
| ☐ Probation | ☐ Other (please specify _____) |
| ☐ Parole | |

2) Are standardized screening and/or assessment instruments currently used to collect information on youth at this point of contact?

- ☐ Yes
☐ No (skip to Question 3)

2a) If yes, please complete the following questions for each instrument:

- 1) Name of instrument: _____
- 2) Does your facility administer the screening and/or assessment instrument or refer out to another organization/provider?
☐ Yes, our program administers the screening or assessment instrument
☐ No, our program refers youth to another organization/provider for the screening or assessment instrument
Agency/provider to which program refers youth: _____
If NO, complete above and skip to QUESTION 3
- 3) Is this a: ☐ standard published/purchased instrument OR ☐ a locally developed/created instrument
- 4) Has this instrument been tested in research? ☐ Yes ☐ No
- 5) What agency/group administers the instrument for this point of contact? (Select all that apply)

☐ Juvenile Justice	☐ Education
☐ Mental Health	☐ Private agency / Private Provider (Specify: ☐ For profit OR ☐ Non-profit)
☐ Child Welfare	☐ Other (please specify: _____)

6) Type of information collected (select all that apply):

- ☐ public safety risks ☐ educational issues
☐ mental health problems ☐ vocational/work problems
☐ substance use problems ☐ aggressive behavior/delinquency
☐ suicide risk ☐ social/peer risk
☐ family relationship issues ☐ other (please specify: _____)

7) For what populations is this instrument used to screen or assess? **FOR EACH CATEGORY, PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF YOUTH. IF UNSURE, PLEASE APPROXIMATE AS CLOSELY AS POSSIBLE. [Note: the total of %s listed in each category should sum to 100%]**

Age Range		Ethnicity	
0-5 years	___ %	Hispanic	___ %
6-10 years	___ %	Non-Hispanic	___ %
11-12 years	___ %		
13-14 years	___ %	Race	
15-16 years	___ %	White/Caucasian	___ %
17+ years	___ %	Black/African-American	___ %
		Asian/Pacific Islander	___ %
		American Indian	___ %
		Other	___ % (please specify _____)

Gender	
Male	___ %
Female	___ %

- 8) Is this instrument available for administration in any other language than English? ☐ Yes ☐ No
If yes, what language(s)? _____
- 9) Actual # of justice involved youth evaluated/served in the past year with this instrument: _____
[Justice involved youth = TASC, FINS, Diversion, Court, Probation, Detention, etc.] *If unsure of exact amount, please approximate as closely as possible.*
- 10) Number of staff trained to perform this screening/assessment: _____
- 11) Required credentials of staff administering the instrument (select all that apply):
☐ No degree or specialty required ☐ Ph.D.
☐ Bachelor's ☐ Specialty License
☐ Master's ☐ Certificate
- 12) Are data collected and maintained from this instrument? ☐ Yes ☐ No
If yes, how are the data maintained? ☐ In aggregate form (e.g. in a database) ☐ At individual case level (e.g. in a youth/family file) ☐ Both
- 13) The majority of funds for the administration of this screening/assessment instrument come from (select all that apply):
☐ Local Government ☐ Medicaid
☐ State Government ☐ Third Party Insurance
☐ Federal Government ☐ Program Fees
☐ Foundation Grant ☐ Other Source(s) (please specify _____)

ARE THERE ANY OTHER SCREENING OR ASSESSMENT INSTRUMENTS FOR WHICH YOU WISH TO ENTER INFORMATION AT THIS POINT OF CONTACT?

- ☐ Yes [GO TO NEXT SCREEN “Add another screening or assessment instrument – begin a new record, repeating Q1a1-Q1a13]
☐ No [GO TO NEXT QUESTION]
-

3) What other sources/methods are used to collect information about youth at this point of contact? (Check all that apply)

- | | |
|--|--|
| ☐ structured youth interview | ☐ unstructured parent/caretaker interview |
| ☐ unstructured youth interview | ☐ review of records and documents |
| ☐ structured parent/caretaker interview | ☐ other (please specify _____) |

4) Is the information that is collected at this point of contact used to guide treatment/service decisions about youth? ☐ Yes ☐ No

4a) If yes, please identify who receives and/or has access to the information: (Select all that apply)

- | | | | |
|--|--|---|---|
| ☐ Case Manager | ☐ Program Treatment Staff | ☐ Education Staff | ☐ District Attorney |
| ☐ Public Defender | ☐ Judge | ☐ Probation Staff | ☐ Detention Staff |
| ☐ State (OCS, OYD, OMH) | ☐ Residential Placement | ☐ Private Provider | ☐ Other (please specify _____) |

Primary local contact for this point of contact:

Note: The primary local contact should be able to answer follow-up questions about the information collection procedures described above.

Name _____
Organization _____
Phone _____
Email _____

WOULD YOU LIKE TO ENTER INFORMATION ABOUT SCREENING AND ASSESSMENT PROCEDURES AT ANOTHER POINT OF CONTACT?

- ☐ Yes [RETURN TO Question 1]
☐ No [TERMINATE THE INTERVIEW AND RETURN TO MAIN MENU]
-

SCREENING AND ASSESSMENT – SERVICE PROVIDER SURVEY

Instructions

This portion of the survey is intended to collect information about your use of screening and assessment instruments and practices. Of particular interest is the extent to which scientifically sound screening and assessment instruments are used. Please complete the following questions for all screening and assessment instruments and practices used by your program to collect information about youth involved with the juvenile justice system in your parish. For purposes of this survey, a “program” is defined as a program site, private practice or provider organization that delivers interventions/provides services directly to justice-involved youth. In addition to those programs that exclusively serve juvenile justice youth, those in other child serving systems (e.g. mental health, education) that serve youth involved with the juvenile justice system should be listed as well. Programs may use multiple screening/assessment instruments at one program site or location. To provide information about more than one screening or assessment instrument used by a program, you will have the option to “add another screening or assessment instrument”. When you are finished entering information about all of the instruments used by the program listed below, you will be brought back to the main menu.

Parish: _____

Program Name: _____

Program Address: _____

1) Are standardized screening and/or assessment instruments currently used to collect information on youth in your program?

- ☐ Yes
☐ No (skip to Question 2)

1a) If yes, please complete the following questions for each instrument:

- 1) Name of instrument: _____
- 2) If yes, does your program administer the screening and/or assessment instrument or refer out to another organization/provider?
☐ Yes, our program administers the screening or assessment instrument
☐ No, our program refers youth to another organization/provider for the screening or assessment instrument
Agency/provider to which program refers youth: _____

If NO, complete above and skip to *QUESTION 2*

3) Is this: ☐ a standard published/purchased instrument OR ☐ a locally developed/created instrument

4) Has this instrument been tested in research? ☐ Yes ☐ No

5) What agency/group administers the instrument? (Select all that apply)

- ☐ Juvenile Justice ☐ Education
☐ Mental Health ☐ Private agency / Private Provider (Specify: ☐ For profit OR ☐ Non-profit)
☐ Child Welfare ☐ Other (please specify: _____)

6) Type of information collected (select all that apply):

- ☐ vocational/work problems
- ☐ aggressive behavior/delinquency
- ☐ social/peer risk
- ☐ other (please specify: _____)

- | | | | | |
|------------------------|---|---|---|--------------------|
| Age Range | | | | |
| 0-5 years | — | — | % | |
| 6-10 years | — | — | % | |
| 11-12 years | — | — | % | |
| 13-14 years | — | — | % | |
| 15-16 years | — | — | % | |
| 17+ years | — | — | % | |
| Gender | | | | |
| Male | | | % | |
| Ethnicity | | | | |
| Hispanic | — | — | — | % |
| Non-Hispanic | — | — | — | % |
| Race | | | | |
| White/Caucasian | — | — | — | % |
| Black/African-American | — | — | — | % |
| Asian/Pacific Islander | — | — | — | % |
| American Indian | — | — | — | % |
| Other | — | — | — | % (please specify) |

- 8) Is this instrument available for administration in any other language than English? ☐ Yes ☐ No
If yes, what language(s)? _____
- 9) Actual # of justice involved youth evaluated/served in the past year with this instrument: _____
[Justice involved youth = TASC, FINS, Diversion, Court, Probation, Detention, etc.] If unsure of exact amount, please approximate as closely as possible.
- 10) Number of staff trained to perform this screening/assessment: _____
- 11) Required credentials of staff administering the instrument (select all that apply):
☐ No degree or specialty required ☐ Ph.D.
☐ Bachelor's ☐ Specialty License
☐ Master's ☐ Certificate
- 12) Are data collected and maintained from this instrument? ☐ Yes ☐ No
If yes, how are the data maintained? ☐ In aggregate form (e.g. in a database) ☐ At individual case level (e.g. in a youth/family file) ☐ Both
- 13) The majority of funds for the administration of this screening/assessment instrument come from (select all that apply):
☐ Federal Government ☐ Medicaid
☐ State Government ☐ Third Party Insurance
☐ Local Government ☐ Program Fees
☐ Foundation Grant ☐ Other Source(s) (please specify _____)

14) From where does your program receive referrals for this screening/assessment practice? Select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: The total percentage of referrals across all referral sources selected must add to 100%

☐ Prevention (e.g., school, community, etc.)	___ %	☐ Detention	___ %
☐ FINS (Early Intervention)	___ %	☐ Secure Corrections	___ %
☐ TASC	___ %	☐ Non-secure Residential Placement	___ %
☐ Court	___ %	☐ Re-entry/Aftercare	___ %
☐ Probation	___ %	☐ Other	___ %
☐ Parole	___ %	Please specify _____	

ARE THERE ANY OTHER SCREENING OR ASSESSMENT INSTRUMENTS FOR WHICH YOU WISH TO ENTER INFORMATION?

☐ Yes [GO TO NEXT SCREEN "Add another screening or assessment instrument" – begin a new record, repeating Q1a1-Q1a13]
☐ No [GO TO NEXT QUESTION]

2) What other sources/methods are used to collect information about youth by your program?

2a) Structured youth interview?

☐ Yes
☐ No (go to Question 2b)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: The total percentage of referrals across all referral sources selected must add to 100%.

☐ Prevention (e.g., school, community, etc.)	___ %	☐ Detention	___ %
☐ FINS (Early Intervention)	___ %	☐ Secure Corrections	___ %
☐ TASC	___ %	☐ Non-secure Residential Placement	___ %
☐ Court	___ %	☐ Re-entry/Aftercare	___ %
☐ Probation	___ %	☐ Other	___ %
☐ Parole	___ %	Please specify _____	

Is the information that is collected used to guide treatment/service decisions about youth?

☐ Yes
☐ No (go to Question 2b)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

☐ Case Manager	☐ Program Treatment Staff	☐ Education Staff	☐ District Attorney
☐ Public Defender	☐ Judge	☐ Probation Staff	☐ Detention Staff
☐ State (OCS, OYD, OMH)	☐ Residential Placement	☐ Private Provider	☐ Other (please specify _____)

2b) Unstructured youth interview?

- ☐ Yes
☐ No (go to Question 2c)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: *The total percentage of referrals across all referral sources selected must add to 100%.*

☐ Prevention (e.g., school, community, etc.)	___ %	☐ Detention	___ %
☐ FINS (Early Intervention)	___ %	☐ Secure Corrections	___ %
☐ TASC	___ %	☐ Non-secure Residential Placement	___ %
☐ Court	___ %	☐ Re-entry/Aftercare	___ %
☐ Probation	___ %	☐ Other	___ %
☐ Parole	___ %	Please specify _____	

Is the information that is collected used to guide treatment/service decisions about youth?

- ☐ Yes
☐ No (go to Question 2c)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

- ☐ Case Manager ☐ Program Treatment Staff ☐ Education Staff ☐ District Attorney
☐ Public Defender ☐ Judge ☐ Probation Staff ☐ Detention Staff
☐ State (OCS, OYD, OMH) ☐ Residential Placement ☐ Private Provider ☐ Other (please specify _____)

2c) Structured parent/caretaker interview?

- ☐ Yes
☐ No (go to Question 2d)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: *The total percentage of referrals across all referral sources selected must add to 100%.*

☐ Prevention (e.g., school, community, etc.)	___ %	☐ Detention	___ %
☐ FINS (Early Intervention)	___ %	☐ Secure Corrections	___ %
☐ TASC	___ %	☐ Non-secure Residential Placement	___ %
☐ Court	___ %	☐ Re-entry/Aftercare	___ %
☐ Probation	___ %	☐ Other	___ %
☐ Parole	___ %	Please specify _____	

Is the information that is collected used to guide treatment/service decisions about youth?

- ☐ Yes
☐ No (go to Question 2d)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

- ☐ Case Manager ☐ Program Treatment Staff ☐ Education Staff ☐ District Attorney
☐ Public Defender ☐ Judge ☐ Probation Staff ☐ Detention Staff
☐ State (OCS, OYD, OMH) ☐ Residential Placement ☐ Private Provider ☐ Other (please specify _____)

2d) Unstructured parent/caretaker interview?

- ☐ Yes
☐ No (go to Question 2e)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: The total percentage of referrals across all referral sources selected must add to 100%.

☐ Prevention (e.g., school, community, etc.)	_____ %	☐ Detention	_____ %
☐ FINS (Early Intervention)	_____ %	☐ Secure Corrections	_____ %
☐ TASC	_____ %	☐ Non-secure Residential Placement	_____ %
☐ Court	_____ %	☐ Re-entry/Aftercare	_____ %
☐ Probation	_____ %	☐ Other	_____ %
☐ Parole	_____ %	Please specify _____	

Is the information that is collected used to guide treatment/service decisions about youth?

- ☐ Yes
☐ No (go to Question 2e)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

- ☐ Case Manager ☐ Program Treatment Staff ☐ Education Staff ☐ District Attorney
☐ Public Defender ☐ Judge ☐ Probation Staff ☐ Detention Staff
☐ State (OCS, OYD, OMH) ☐ Residential Placement ☐ Private Provider ☐ Other (please specify _____)

2e) Review of records and documents?

- ☐ Yes
☐ No (go to Question 2f)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: The total percentage of referrals across all referral sources selected must add to 100%.

☐ Prevention (e.g., school, community, etc.)	_____ %	☐ Detention	_____ %
☐ FINS (Early Intervention)	_____ %	☐ Secure Corrections	_____ %
☐ TASC	_____ %	☐ Non-secure Residential Placement	_____ %
☐ Court	_____ %	☐ Re-entry/Aftercare	_____ %
☐ Probation	_____ %	☐ Other	_____ %
☐ Parole	_____ %	Please specify _____	

Is the information that is collected used to guide treatment/service decisions about youth?

- ☐ Yes
☐ No (go to Question 2f)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

- ☐ Case Manager ☐ Program Treatment Staff ☐ Education Staff ☐ District Attorney
☐ Public Defender ☐ Judge ☐ Probation Staff ☐ Detention Staff
☐ State (OCS, OYD, OMH) ☐ Residential Placement ☐ Private Provider ☐ Other (please specify _____)

2f)

Other sources? Please Specify: _____

- ☐ Yes
☐ No (go to Contact Information)

If YES, select the source(s) of referrals for this method/practice. Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. *NOTE: The total percentage of referrals across all referral sources selected must add to 100%.*

- | | | | |
|---|---------|---|---------|
| ☐ Prevention (e.g., school, community, etc.) | _____ % | ☐ Detention | _____ % |
| ☐ FINS (Early Intervention) | _____ % | ☐ Secure Corrections | _____ % |
| ☐ TASC | _____ % | ☐ Non-secure Residential Placement | _____ % |
| ☐ Court | _____ % | ☐ Re-entry/Aftercare | _____ % |
| ☐ Probation | _____ % | ☐ Other | _____ % |
| ☐ Parole | _____ % | Please specify _____ | |

Is the information that is collected used to guide treatment/service decisions about youth?

- ☐ Yes
☐ No (go to Contact Information)

If yes, please identify who receives and/or has access to the information: (Select all that apply)

- ☐ Case Manager ☐ Program Treatment Staff ☐ Education Staff ☐ District Attorney
☐ Public Defender ☐ Judge ☐ Probation Staff ☐ Detention Staff
☐ State (OCS, OYD, OMH) ☐ Residential Placement ☐ Private Provider ☐ Other (please specify _____)

Primary local contact for questions regarding the screening and assessment practices of this program:

Note: The primary local contact should be able to answer follow-up questions about the information collection procedures described above.

Name _____
Organization _____
Phone _____
Email _____

ONCE COMPLETED, RETURN TO MAIN MENU

PROGRAMS AND SERVICES

Instructions

This portion of the survey is intended to collect information about the programs available for juvenile justice youth in your parish and the specific interventions and services that each program provides. Of particular interest is the extent to which evidence-based practices are used in each program.

The following questions should be completed for each program that provides services available to youth involved with the juvenile justice system in your parish. In addition to listing those programs that exclusively serve juvenile justice youth, those programs in other child serving systems (e.g. mental health, education) that serve youth in contact with the juvenile justice system should be listed as well. For purposes of this survey, a “program” is defined as a program site or organization that delivers interventions/provides services directly to justice-involved youth. Programs may deliver multiple interventions and/or provide a number of services at one program site or location.

Following your entry of each program, you will be asked to provide information about the specific interventions, services and practices that are delivered at that program site and/or within the organization. To provide information about more than one intervention/service/practice provided by a program, you will have the option to “add another intervention/service”. When you are finished entering information about all of the interventions/services provided by the program listed below, you will have the option to “add another program” or to end the survey.

PROGRAM

Parish: _____

Program Name: _____

Program Address: _____

Primary local contact for this program:

Note: The primary local contact should be able to answer follow-up questions about the program's funding, structure, and operation of the program.

Name _____

Organization _____

Phone _____

Email _____

1) From what source(s) does your program get its referrals? Please select all that apply and for those selected, indicate the approximate percentage of referrals received from that source. NOTE: The total percentage of referrals across all referral sources selected must add to 100%

☐	Prevention (e.g., school, community, etc.)	___ %	☐	Detention	___ %
☐	FINS (Early Intervention)	___ %	☐	Secure Corrections	___ %
☐	TASC	___ %	☐	Non-secure Residential Placement	___ %
☐	Court	___ %	☐	Re-entry/Aftercare	___ %
☐	Probation	___ %	☐	Other	___ %
☐	Parole	___ %	Please specify: _____		

2) What agency or group implements the program?

☐	Juvenile Justice	☐	Private Non-Profit
☐	Mental Health	☐	Private For-Profit
☐	Child Welfare	☐	Other (please specify: _____)
☐	Education		

3) Briefly describe the major goals/objectives of the program:

4) Targeted Issue(s):

☐	public safety risks	☐	educational issues
☐	mental health problems	☐	vocational/work problems
☐	substance use problems	☐	aggressive behavior/delinquency
☐	suicide risk	☐	social/peer risk
☐	family relationship issues	☐	other (please specify: _____)

5) Targeted Domain(s): ☐ Individual ☐ Peer ☐ Family ☐ School ☐ Community

6) Population served: FOR EACH CATEGORY, PLEASE INDICATE THE APPROXIMATE PERCENTAGE OF YOUTH. IF UNSURE, PLEASE APPROXIMATE AS CLOSELY AS POSSIBLE. [Note: the total of %s listed in each category should sum to 100%]

Age Range				
0-5 years	___ %			
6-10 years	___ %			
11-12 years	___ %			
13-14 years	___ %			
15-16 years	___ %			
17+ years	___ %			

Male	___ %
Female	___ %

Ethnicity			
Hispanic	___ %		
Non-Hispanic	___ %		

Race			
White/Caucasian	___ %		
Black/African-American	___ %		

Gender

Asian/Pacific Islander _____ % Other _____ % (please specify _____)
 American Indian _____ %

7) Is this program/service available to be delivered in any other language than English? ☐ Yes ☐ No (If yes, what language(s)? _____)

8) Actual # of juvenile justice youth served by the program in the past year: _____

9) The majority of funds to sustain this program come from (select all that apply):

- ☐ Federal Government ☐ Medicaid
☐ State Government ☐ Third Party Insurance
☐ Local Government ☐ Program Fees
☐ Foundation Grant ☐ Other (please specify _____)

SERVICES

1) Name of Service: _____ [model: e.g. CBT, MST, FFT, etc.]

2) Does the intervention/service/practice being described include any of the following? (Check all that apply)

- ☐ Internally developed treatment manual
☐ Externally acquired treatment manual (i.e. replication of an existing model)
☐ Structured staff training on specific service/intervention methodology
☐ Written training curriculum
☐ Process monitoring method and/or fidelity tracking procedures
☐ Service delivery documentation procedures (standardized)
☐ Routine structured supervision
☐ Specific training for practice supervisors
☐ Outcome monitoring
☐ Quality improvement process

3) If yes, is the intervention/service model considered to be:

- ☐ An evidence-based practice?
☐ A promising practice?

For examples, go to ...

www.colorado.edu/cspv/blueprints/matrix/matrix.pdf

4) Has this intervention/service model been tested in research?

- ☐ Yes
☐ No [SKIP TO QUESTION 7]

5) Does external research exist regarding the effectiveness of the intervention/service/practice? Here we are asking primarily about the existence of nationally recognized/published research on the practice and its effectiveness on producing targeted outcomes.

- ☐ Yes
☐ No

Definitions

Evidence-based practices are those that have been tested using rigorous research designs (usually randomized trials or controlled quasi-experimental designs and standardized outcome assessments); have demonstrated consistent positive effects in favor of the experimental treatment; and for which there is a high level of standardization (a manual or standardized training materials is available).

Promising practices are those for which positive results have been demonstrated through research, but either less rigorous study designs were utilized or there is inconsistency in the results; or there is documented consensus among experts in the field that, given current knowledge, the program is likely to produce positive outcomes.

6) **Is internal (locally generated) research data available on the practice?**

- ☐ Yes (If yes, please describe below)
☐ No

7) **Are performance measurement and/or outcome data collected and maintained from the delivery/provision of this intervention/service?** ☐ Yes ☐ No

If yes, how are the data maintained? ☐ In the aggregate (e.g. database) ☐ At individual case level (e.g. youth's file) ☐ Both

8) **Number of staff trained to deliver the intervention/service?** _____

9) **Credentials of staff delivering the intervention/service (check all that apply)** (Select all that apply)

- ☐ No degree or specialty required ☐ Bachelor's ☐ Master's ☐ PhD ☐ Specialty License ☐ Certificate

10) **The majority of funds to sustain this intervention/service come from** (select all that apply):

- ☐ Federal Government ☐ Medicaid
☐ State Government ☐ Third Party Insurance
☐ Local Government ☐ Program Fees
☐ Foundation Grant ☐ Other (please specify _____)

ARE THERE ANY OTHER INTERVENTIONS/SERVICES THAT THIS PROGRAM PROVIDES?

- ☐ Yes [GO TO NEXT SCREEN "Add another intervention/service" – begin a new record, repeating 1-10]
☐ No [GO TO NEXT QUESTION]

ARE THERE ANY OTHER PROGRAMS FOR WHICH YOU WISH TO ENTER INFORMATION?

- ☐ Yes [GO TO NEXT SCREEN "Add another program" and begin Program Survey again]
☐ No [TERMINATE INTERVIEW AND RETURN TO MAIN MENU]
-