**Montana Department of Corrections**

**Request for Program Approval**

**Facility/Program:** Click or tap here to enter text.

**Program/Curriculum Proposed:** Click or tap here to enter text.

**Program Description: (overview of curricula itself, not a description of how facility will use it)** Click or tap here to enter text.

**Explain how this program aligns with other programming and the overall philosophy and purpose of facility.** Click or tap here to enter text.

**Program Documented On:**

Pew’s Results First

Crime Solutions Click or tap here to enter text.

WSIPP Click or tap here to enter text.

OJJDP- Juvenile programs Click or tap here to enter text.

Other: Click or tap here to enter text.

**Quality of Research:**

Meta-analytic support: Click or tap here to enter text.

Number of studies in meta-analysis: Click or tap here to enter text.

Population studied: Click or tap here to enter text.

Summary of outcomes: Click or tap here to enter text.

Limitations of the study: Click or tap here to enter text.

Single objective, empirical support: Click or tap here to enter text.

Population studied: Click or tap here to enter text.

Summary of outcomes: Click or tap here to enter text.

Limitations of the study: Click or tap here to enter text.

**CPC components**Click or tap here to enter text.

Program targets criminogenic need area(s): *Please list*

Click or tap here to enter text.

Manualized curricula

Program is centered around social learning and cognitive-behavioral theory (teaches cognitive restructuring, social skills, and/or problem-solving techniques)

Includes role playing in group

Staff receive training prior to facilitation: *Description of training*

Click or tap here to enter text.

Quality assurance process in place for the program: *Please explain*

Click or tap here to enter text.

Enhancements to the program: *Please explain*

Click or tap here to enter text.

**Program Specifics-Operational Details:**

* **Program delivery and dosage**: Click or tap here to enter text.
  + **Specific Referral criteria (screening, clinical assessment, R/N scores):** Click or tap here to enter text.
  + **Number of group sessions, length of sessions, program length and dosage:** Click or tap here to enter text.
* **Population targeted?** (*age, sex, etc*.) Click or tap here to enter text.
* **Are you requesting this to be a core risk reducing program**: Yes  No
* **Facilitator education necessary**: Click or tap here to enter text.
* **Does the author of the curricula provide training**: Yes  No
* **What training will be acquired prior to implementation:** Click or tap here to enter text.
* **Cost associated for startup.** Click or tap here to enter text.
* **Cost associated per offender use.** Click or tap here to enter text.

**Initial Approval Process:**

**Program Administrator/Program Director/Program Manager approval:**

**Approved after considering staffing requirements and associated costs:**

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Administrator/Director/Manager Date

*Part B: For official use only.*

**Review Team Conclusion:** *Name of program/curriculum submitted to the review team and who submitted it for approval/review. Description of the process taken for approval or against. Answer/explain any questions that the committee may have had regarding the program and the steps taken to address those questions. Any suggestions the review team may for the program/curriculum submitted. Final decision, for or against approval (approved/denied).*

**Quality Assurance of Evidence-Based Practices and Programs (QAEBPP) Bureau Chief Decision:**

Approved: Click or tap here to enter text.

Pending: Provide explanation and additional information needed for decision

Click or tap here to enter text.

Denied: Explanation

Click or tap here to enter text.

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QAEBPP Bureau Chief Date