

**Exhibit 3**  
**Evidence-Based Delinquency Interventions and Group Treatment Sessions**

**Contract number and name:**

Curriculum	Curriculum Type	Duration	Dosage	Group Type	Group Size		Session Length	Staffing	Exposure	Cycles per Year	Fidelity Monitoring Plan	Service Delivery Documentation
					Min.	Max						
Clinical Non-clinical												Group notes Journals Progress notes Sign-in sheets Tracker Workbooks
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## Evidence-Based Delinquency Interventions and Group Treatment Sessions

### Instructions:

1. **Contract number and name:** Enter the contract number and program name.
2. **Curriculum:** Enter the name of each proposed curriculum, including the version. Indicate whether the curriculum is clinical or non-clinical.
3. **Curriculum Type:** Select the curriculum type from the dropdown list. \*Select and edit "other" and edit for a type not listed.
4. **Duration:** Select the number of months required to complete the curriculum from the dropdown list. \*Select and edit "other" for a duration not listed.
5. **Dosage:** Select the number of sessions to be offered per week. The daily activities schedule must reflect this. \*Select and edit "other" for a dosage not listed.
6. **Group Type:** Indicate whether the group is open or closed. A closed group is defined as a group to which no new youth may attend be or added during the current cycle.
7. **Group Size:** Enter the proposed minimum and maximum number of youth expected to attend each session.
8. **Session Length:** Select the session length from the dropdown list.
9. **Staffing:** Select position type of the staff who will deliver the curriculum and provide supervision during each group session. Certification and/or licensure requirements must be in keeping with the curriculum and all other pertinent statute, rule and administrative code. \*Select and edit "other" for staff not listed.
10. **Exposure:** Select from the dropdown list which youth will receive the intervention or treatment. \*Select and edit "other" for those not listed.
11. **Number of Cycles per Year:** Select from the dropdown list the minimum number of cycles to be offered per year. A cycle is defined as the delivery of a curriculum in its entirety, beginning with lesson 1 through the completion of the final lesson. \*Select and edit "other" for a figure not listed.
12. **Fidelity Monitoring Plan:** Enter the proposed frequency for conducting observations and submittal timeframes for written fidelity monitoring reports. Enter the proposed number and position titles of staff responsible for conducting the fidelity monitoring. Certifications received by each identified monitoring staff must be clearly documented in the certification and fidelity monitoring forms of the exhibits section.
13. **Service Delivery Documentation:** Select all the document types that will affirm service delivery. Include examples of these forms in the exhibits section.
14. **Saving the form:** Save the completed form as a .pdf using this naming convention: Contract(or ITN)Number.ProgramName.Exhibit#.pdf

\*If "other" is selected for the Curriculum Type, Duration, Dosage, Staffing, Exposure or Number of Cycles per Year, the entry must be limited to what is visible in the form without scrolling.