

**DCJS Standards for Funded  
Alternative to Incarceration (ATI), Alternative to Detention (ATD)  
and Jail Based Programs**

**Program Administration** (applies to all programs receiving DCJS funding)

1. **Staff Training**: Staff are trained in the specific evidence-based practices and interventions used by the program. Initial training is provided before new staff begin delivering interventions. Ongoing training is provided for all staff. All assessments are conducted by individuals who have completed training recommended by the developer of the specific instrument used.
2. **Target Population**: The program has written eligibility and exclusionary criteria to assist staff in determining which prospective participants are admitted into the program and to identify situations where an individual should be referred to an alternate program.
3. **Referral Mechanism**: The program maintains a referral network and referring organizations are aware of the criteria for eligibility and exclusion from the program.
4. **Completion Criteria**: Clear criteria for program discharge considers an individual's progress in developing pro-social behaviors and attitudes, completion of individual case plans, and completion of group curricula.
5. **Record Keeping**: Complete and accurate records include assessment results, case plans with progress notes, and discharge plans with referrals for continued services.
6. **Quality Assurance System**: Quality Assurance methods include file reviews and regular observation of and feedback to staff delivering services.

**Screening, Assessment, and Case Planning** (applies to programs seeking to reduce recidivism)

1. **Risk Assessment**: Use validated instruments to assess risk of recidivism or failure to appear.
2. **Criminogenic Needs Assessment**: Use validated instruments to assess criminogenic needs.
3. **Target Behaviors**: For behaviors targeted by the program, conduct pre/post assessments to measure progress.
4. **Motivation**: Assess level of motivation using a validated instrument.
5. **Specialized Assessments**: If program provides mental health or substance use disorder treatment, assessment tools are approved by appropriate oversight agency.
6. **Case Plan**: Prior to developing a case plan, evaluate participant for risk, needs, and responsivity factors. Case plans address assessed criminogenic needs and responsivity factors, and reflect a developmentally and culturally appropriate approach for each participant.

**Intervention** (applies to programs seeking to reduce recidivism)

1. **Higher Risk Participants**: Risk assessment scores are considered to ensure that at least 70% of the participants accepted into the program are within the moderate to high risk range.
2. **Consider Risk**: Whenever possible, moderate to high risk individuals are treated separately from low risk participants.
3. **Intervention Intensity**: The intensity of the intervention is informed by risk and needs levels. Higher risk/needs individuals should receive more intensive services.
4. **Intervention Length**: Length of program participation is of sufficient dosage/duration to affect behavior change.
5. **Intervention**: Social learning and cognitive behavioral approaches are reflected in the curricula, group interventions, case management sessions, and in all interactions with participants. The majority of intervention components target criminogenic needs.
6. **Behavior Change**: Program has a formal behavioral modification system to assist in the modification of participant behavior. The system includes a written policy that outlines the range of reinforcers and sanctions available to staff and provides guidance regarding their use. Reinforcers are used more frequently than sanctions.
7. **Participant Feedback**: Participants are provided with regular feedback about their progress in the program, including progress towards goals outlined in case plans and progress in meeting the criteria for program completion.
8. **Program Discharge**: Formal discharge plans are developed with and provided to the participant upon discharge from the program to summarize progress in meeting goals, identify areas that need continued work, and provide referrals to community-based service providers.

**Groups** (applies to programs conducting group interventions)

1. **Group Curricula**: Curricula are implemented as intended by the developer. For example, the size of the group, length and frequency of sessions, and delivery mechanism are as recommended by the developer.
2. **Gender**: Programs serving both males and females separate services by gender when feasible.