

ANNUAL FACILITY PROGRAM NEEDS ASSESSMENT

The following information will be submitted annually to Program Services as defined in OP-090101:

Facility/unit heads will assess programmatic needs of their respective facility, complete and submit Attachment F entitled "Annual Facility Program Needs Assessment" by the end of July annually.

Please complete and return to Program Services via email to the Administrator of Programs

Facility Name: _____ Capacity: _____ Current Inmate Population: _____

CORE PROGRAMS currently offered at this facility: (Check all that apply and indicate the name/ title of the facilitator. If additional space is required, please use an additional form.)

Education – Literacy

Correctional Teachers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Education - Pre-High School
Equivalency/Adult Basic Education
(PHSE/ABE)

Correctional Teachers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Education – High School
Equivalency (HSE)

Correctional Teachers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Aggression
Replacement Training (ART)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Anger
Management (SAMHSA)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Associates
for Success (A4S)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Moral Reconciliation Therapy (MRT)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Cognitive/Behavioral – Thinking for a Change (T4C)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Substance Abuse Treatment (SAT)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Vocational Training – Career Tech, Metro Tech, Cosmetology, The Last Mile

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Reentry – Principal Life Skills (PLS)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Reentry – Life Skills (LCF Only)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Reentry – Victim Impact-Listen and Learn (VI)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Victim Impact (VI)

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

Texas Christian University (TCU)

Brief Interventions

Trained Facilitators:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Number of Groups: _____

List **ALL** other programs and support groups offered and total number of groups provided by each facilitator. (If additional space is required, please use an additional form.)

PROGRAM	FACILITATOR(S) (Name/title)	# GROUPS
(EXAMPLE) Alcoholics Anonymous (AA)	John Doe/Volunteer	4
Alcoholics Anonymous (AA)	Jane Doe/Case Manager	3
Partners in Parenting	Luke Anyone/Unit Manager	1

INMATE PROGRAM FACILITATOR/STAFF TRAINING: (Check all training needs and indicate total staff/volunteer participants.)

	How Many		How Many
<input type="checkbox"/> Anger Management (SAMHSA)	_____	<input type="checkbox"/> Texas Christian University (TCU) Brief Interventions	_____
<input type="checkbox"/> Associates for Success (A4S)	_____	<input type="checkbox"/> Thinking for a Change (T4C)	_____
<input type="checkbox"/> Life Management Skills (LMS)	_____	<input type="checkbox"/> Victim Impact (VI)	_____
<input type="checkbox"/> Core Correctional Practices (CCP)	_____	<input type="checkbox"/> Other: _____	_____

INMATE PROGRAM PARTICIPATION REPORTING:

CURRENT: Provide name and title of staff person(s) responsible for recording inmate program participation.

ACCESS REQUEST: Provide name and title of staff person(s) in need of access to record inmate program participation.

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.