

PROPOSED survey questions for Working Group on Youth Interventions

This survey will be used as one tool in our work to assess the current approach to addressing the therapeutic and rehabilitative needs of youth adjudicated either children in need of protection services or delinquent.

This survey is being created in response to Research Question 1: Describe community-based programming, various treatment models, how programs operate, and the types of services currently being provided in the state, including licensure model. Provide data specific to current total capacity, availability, level of care, outcomes, and costs.

To be collected for each survey: Name, organization, role, location (city/county).

Q1: Do you provide services for youth who have been adjudicated children in need of protective services or delinquent?

- Yes
- No (Survey is ended)

Q2: Do you accept youth from other counties?

- Yes
- No

Q3: What type(s) of services do you provide? (check all that apply)

- Residential services
- Non-residential services

If answer is residential, follow-up questions:

Q4: What is the security of this facility? (check all that apply)

- Secure
- Non-secure

Q5: What type of on-site or contracted residential service(s) do you offer? (check all that apply)

- Group Home
- SUD Treatment
- Mental health treatment
- Correctional residential treatment
- Sex Offender Treatment

- Shelter
- Foster care
- Other

Q6: How often do residential treatment youth present with the following needs? (linkert scale)

| | Never | Rarely | Sometimes | Often | Always |
|----------------------------------|-------|--------|-----------|-------|--------|
| Mental health | | | | | |
| Substance use | | | | | |
| School | | | | | |
| Family (caregiver) relationships | | | | | |
| Personality problems | | | | | |
| Anti-social behavior | | | | | |
| Developmental Disabilities | | | | | |
| Other | | | | | |

Q7: How often are the following a primary barrier to re-entry? (linkert scale)

| | Never | Rarely | Sometimes | Often | Always |
|--|-------|--------|-----------|-------|--------|
| Placement agency was not involved in case planning | | | | | |
| Family was not involved in case planning | | | | | |
| Lack of housing | | | | | |
| Youth absconded | | | | | |
| No adequate step-down programming available | | | | | |
| Youth was not willing to participate in programming | | | | | |
| Family was not willing to participate in programming | | | | | |
| Transportation | | | | | |
| Other | | | | | |

Q8: What is your licensed capacity?

Q9: Do you have sufficient staff to operate at full licensed capacity?

- Yes
- No

Q10: Right now, what is the number of youth on your wait list?

Q11: In the past month, what is the average wait time for a youth to be accepted to your facility?

Q12: What are the therapeutic needs of the youth on the wait list? (same list as Q6 above)

Q13: What is the cost of your program?

Q14: What is/are your payor sources?

- MA
- PMAP
- Commercial
- County
- Grants
- Fee for service

Q15: Probability of where youth are typically sent upon discharge (should total 100%)

- _____ Back home
- _____ Shelter
- _____ Step-down program
- _____ Other (specify: _____)

If non-residential, follow-up questions:

Q16: What type of non-residential therapeutic interventions does your agency provide?

- SUD treatment
- Mental Health Individual
- Mental Health Family Counseling
- Group Cognitive Behavioral Interventions
- Wraparound
- Family Parenting skills
- Educational programming
- Sex Offender Programming
- Mentoring
- Health services
- Employment
- Housing
- Other

Q17: How often do residential treatment youth present with the following needs? (linkert scale)

| | | | | | |
|--|-------|--------|-----------|-------|--------|
| | Never | Rarely | Sometimes | Often | Always |
|--|-------|--------|-----------|-------|--------|

| | | | | | |
|----------------------------------|--|--|--|--|--|
| Mental health | | | | | |
| Substance use | | | | | |
| School | | | | | |
| Family (caregiver) relationships | | | | | |
| Personality problems | | | | | |
| Anti-social behavior | | | | | |
| Development Disabilities | | | | | |
| Other | | | | | |

For all respondents:

Q18: Are you or someone in your organization willing to be contacted to provide additional feedback on your experience?

DRAFT