

## **Survey on Providers for the Working Group on Youth Interventions (CCRHF1830)**

***This survey is being done in response to research question 1:***

***Describe community-based programming, various treatment models, how programs operate, and the types of these services currently being provided in the state, including licensure model.***

***Provide data specific to current total capacity, availability, level of care, outcomes, and costs.***

Q01) To better identify the respondents of this survey, please provide the following information:

- License number(s) \_\_\_\_\_
- Program name \_\_\_\_\_
- Location (city, county) \_\_\_\_\_
- Name of respondent \_\_\_\_\_
- Role/title \_\_\_\_\_
- Criteria for placement (if any)

Q02) Would you or someone from your organization be willing to be contacted to provide additional feedback on your experience?

Please provide contact information if 'Yes'

- Yes (*please provide contact information*)
- No

- Contact name \_\_\_\_\_
- Role/title \_\_\_\_\_
- Phone number \_\_\_\_\_
- Email address \_\_\_\_\_

Q03) Does this program serve/accept youth (under 18yo)?

- Yes
- No (*survey is ended since this research focuses on programs serving youth under 18yo*)

Q04) Does this program provide services for youth who have been adjudicated as child in need of protective services (CHIPS) or delinquent?

- Yes, for CHIPS only
- Yes, for delinquent youth only
- Yes, for both CHIPS and delinquent youth
- No (*survey is ended since this research focuses on these two subsets of youth*)

Q05) Does this program accept youth from other counties?

- Yes
- No

- Q06) What type(s) of services does this program provide?
- Residential (*continue filling in questions 7 to 22*)
  - Non-residential (*skip to questions 23 to 28*)
  - Both, residential and non-residential (*please fill in all questions 7 to 28*)

**For programs providing RESIDENTIAL SERVICES**

Q07) What is the security of this facility? (check all that apply)

- Secure
- Non-secure

Q08) What is your licensed capacity? \_\_\_\_\_

Q09) What type of therapeutic interventions does this facility provide? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> SUD treatment                             | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Mental health treatment                   | <input type="checkbox"/> Health services                    |
| <input type="checkbox"/> Group cognitive behavioral interventions  | <input type="checkbox"/> Employment                         |
| <input type="checkbox"/> Wraparound                                | <input type="checkbox"/> Group home                         |
| <input type="checkbox"/> Correctional secure residential treatment | <input type="checkbox"/> Shelter/housing                    |
| <input type="checkbox"/> Correctional non-secure                   | <input type="checkbox"/> Non-secure detention/ shelter care |
| <input type="checkbox"/> Sex offender programming                  | <input type="checkbox"/> Foster care                        |
| <input type="checkbox"/> Family parenting skills                   | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Educational programming                   |   |

*Additional comments or details*

Q10) What percentage of youth sent to your facility come from the following placement agencies?

- \_\_\_\_\_ % Parent placement
- \_\_\_\_\_ % Child welfare placement
- \_\_\_\_\_ % Correctional placement
- \_\_\_\_\_ % Voluntary holds
- \_\_\_\_\_ % 72hr holds

Q11) How often do youth referred to your facility present with the following?

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

*Additional comments or details*

Q12) How often have these factors been a barrier to entry/program acceptance?

Behavioral factors	Never	Rarely	Half the time	Often	Always	I don't know
Physical aggressive/assaultive behavior						
Sexually aggressive/assaultive behavior						
Property destruction						
Suicidal ideation/self injury behavior						
Other						

*Additional comments or details*

Programmatic factors	Never	Rarely	Half the time	Often	Always	I don't know
Insufficient staffing to operate at full licensed capacity						
Insufficient staff training/skill levels						
Lack of funding/compensation						
Other						

*Additional comments or details*

Q13) Currently, what is the number of youths in your program? \_\_\_\_\_

Q14) Currently, what is the number of youths on your waiting list? \_\_\_\_\_

Q15) What is the typical wait time for a youth to be accepted into your facility? \_\_\_\_\_

Q16) How often do the youth in your waiting list present with the following?

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

*Additional comments or details*

Q17) How is your facility funded? (check all that apply)

- Federal
- State
- County
- City

Q18) What is your program's per diem cost? (please list all cost options if there are several)

Q19) What percentage of the following payor sources do your typical per diem fees come from?

- |                              |                                |
|------------------------------|--------------------------------|
| _____ % MA                   | _____ % Grants                 |
| _____ % PMAP                 | _____ % Disability waiver      |
| _____ % Commercial insurance | _____ % Fee for service        |
| _____ % County subsidy       | _____ % Charge back to parents |

Q20) How often are the following reason(s) for discharge prior to program completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Staffing limitations						
Facility limitations						
Funding limitations						
Youth charged with delinquency offense						

*Additional comments or details*

Q21) How often are the following a barrier to discharge post-completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Placement agency was not involved in case planning						
Family was not involved in case planning						
Lack of appropriate placement option						
Youth ran away/eloped						
No adequate step-down programming available						
Youth was unwilling to participate in programming						
Family was unwilling to participate in programming						
Family not allowed to participate in programming						
Transportation						
Other						

*Additional comments or details*

Q22) Where are youth typically discharged to post-completion?

	Never	Rarely	Half the time	Often	Always	I don't know
Home						
Shelter						
Step-down program						
Other						

*Additional comments or details*

**For programs providing NON-RESIDENTIAL SERVICES**

Q23) What type of therapeutic interventions does this program provide? (check all that apply)

Apply the same selections as residential program above on Q09 (skip to next question)

- |  |   |
|--|---|
| <input type="checkbox"/> SUD treatment                             | <input type="checkbox"/> Mentoring                          |
| <input type="checkbox"/> Mental health treatment                   | <input type="checkbox"/> Health services                    |
| <input type="checkbox"/> Group cognitive behavioral interventions  | <input type="checkbox"/> Employment                         |
| <input type="checkbox"/> Wraparound                                | <input type="checkbox"/> Group home                         |
| <input type="checkbox"/> Correctional secure residential treatment | <input type="checkbox"/> Shelter/housing                    |
| <input type="checkbox"/> Correctional non-secure                   | <input type="checkbox"/> Non-secure detention/ shelter care |
| <input type="checkbox"/> Sex offender programming                  | <input type="checkbox"/> Foster care                        |
| <input type="checkbox"/> Family parenting skills                   | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Educational programming                   |   |

*Additional comments or details*

Q24) What percentage of youth sent to your program come from the following placement agencies?

Apply the same percentages as residential program above on Q10 (skip to next question)

- \_\_\_\_\_ % Parent placement  
 \_\_\_\_\_ % Child welfare placement  
 \_\_\_\_\_ % Correctional placement  
 \_\_\_\_\_ % Voluntary holds  
 \_\_\_\_\_ % 72hr holds

Q25) How often do youth sent to your program present with the following?

Apply the same answer as residential program above on Q11 (skip to next question)

	Never	Rarely	Half the time	Often	Always	I don't know
History of trauma/trauma related conditions						
History of sexual abuse/sex trafficking victim						
Suicidal ideation/self injury behavior						
Substance use						
Development disabilities						
Other						

*Additional comments or details*

Q26) How often have these factors been a barrier to entry/program acceptance?

Apply the same answer as residential program above on Q12 (skip to next question)

Behavioral factors	Never	Rarely	Half the time	Often	Always	I don't know
Physical aggressive/assaultive behavior						
Sexually aggressive/assaultive behavior						
Property destruction						
Suicidal ideation/self injury behavior						
Other						

*Additional comments or details*

Programmatic factors	Never	Rarely	Half the time	Often	Always	I don't know
Insufficient staffing to operate at full licensed capacity						
Insufficient staff training/skill levels						
Lack of funding/compensation						
Other						

*Additional comments or details*

Q27) What is your program's per diem cost? (please list all cost options if there are several)

Q28) What percentage of the following payor sources do your typical per diem fees come from?

Apply the same percentages as residential program above on Q19 (skip to next question)

- |                              |                                |
|------------------------------|--------------------------------|
| _____ % MA                   | _____ % Grants                 |
| _____ % PMAP                 | _____ % Disability waiver      |
| _____ % Commercial insurance | _____ % Fee for service        |
| _____ % County subsidy       | _____ % Charge back to parents |

**End of survey! Thank you for taking the time to completing this!**