



Conducted by
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
FOR
OFFICE OF JUVENILE JUSTICE AND
DELINQUENCY PREVENTION
U.S. DEPARTMENT OF JUSTICE

Juvenile Residential Facility Census

QUESTIONNAIRE FOR

This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, October 23, 2002.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 27, 2002

**Return the completed form to: U.S. Census Bureau
P O Box 5000
Jeffersonville, IN 47199-5000**

Fax: 1-888-891-2099

EMAIL: govs.JRFC@census.gov

**If you have any questions, call Art Ciampa or Regina Yates,
U.S. Census Bureau, 1-800-352-7229.**

1. PERSON COMPLETING THIS QUESTIONNAIRE

Name			E-mail address		
Title					
Business address – Number and street/or P.O. Box/Route number			Telephone		
			Area code	Number	Extension
			Fax Number		
City	State	ZIP Code	Area code	Number	

Section 1 – GENERAL FACILITY INFORMATION

IMPORTANT INSTRUCTIONS

Complete this questionnaire for just the one facility listed on the cover. If additional questionnaires are needed for other facilities for which you report, call 1-800-352-7229 to request more forms.

A juvenile residential facility is a place where young persons who have committed offenses may be housed overnight. A facility has living/sleeping units, such as wings, floors, dorms, barracks, or cottages on one campus or in one building.

Any buildings with living/sleeping units that are not on the same campus should be considered separate facilities and should be recorded on separate questionnaires in this census.

1. Is the PREPRINTED facility name, mailing address and telephone number on the BACK cover page of this form correct, or do they need to be corrected?

- 01 Preprinted facility name, mailing address and telephone number on the BACK cover page of this form are correct
- 02 Preprinted facility name or mailing address and telephone number need to be corrected – *Please make necessary corrections on the BACK cover page of this form.*

2. Which of the following best describes the physical layout of this facility?

Mark (X) **ONLY ONE** response.

This facility is –

- 01 a part of one building
- 02 all of one building
- 03 more than one building at a single site or on one campus
- 04 Other – *Specify* ↓

3. Are there any other buildings with living/sleeping units that are associated with this facility that are not next to this facility building or on the same campus?

- 01 Yes
- 02 No

IMPORTANT INSTRUCTIONS

Please call 1-800-352-7229 to request an additional questionnaire for each building with living/sleeping units associated with this facility that is not at the site of this facility building or campus.

4. On Wednesday, October 23, 2002, did this facility house any overflow detention population? "Overflow detention population" refers to those young persons who, because of the unavailability of beds in a detention center, are placed temporarily in a non-detention facility.

If this is a detention center, mark "No".

- 01 Yes
- 02 No

IMPORTANT INSTRUCTIONS

The following items ask you to use your records to provide counts of persons who had assigned beds in this facility at the end of the day on Wednesday, October 23, 2002. This date has been chosen carefully to give a standardized count of persons in facilities like yours across the country. You will be asked to classify your facility population into two age groups:

1. those persons under age 21; and
2. those persons age 21 and older.

You will then be asked to classify each person UNDER THE AGE OF 21 into just one of the two following categories:

1. those here because they have been charged with or court-adjudicated for an offense. An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults.
2. those here for reasons other than offenses

Section 1 – GENERAL INFORMATION – Continued

5a. According to your records, at the end of the day on October 23, 2002, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 23. Do NOT include staff.

01 Yes

02 No → **STOP HERE and mail this form**

b. According to your records, at the end of the day on October 23, 2002, how many persons had assigned beds in this facility?

Persons

6. How many of the persons who had assigned beds at the end of the day on Wednesday, October 23, 2002 were AGE 21 or older? Include persons who were temporarily away, but had assigned beds on October 23.

Do NOT include staff. Please write "0" if there are NO persons age 21 or older.

Persons 21 or older

7a. At the end of the day on Wednesday, October 23, 2002, did ANY persons UNDER AGE 21 have assigned beds in this facility? INCLUDE juveniles being tried as adults in criminal court. Do NOT include staff.

01 Yes

02 No → **STOP HERE and mail this form**

b. According to your records, at the end of the day on Wednesday, October 23, 2002, how many young persons under age 21 had assigned beds in this facility? Include young persons who were temporarily away but had assigned beds on October 23. Do NOT include staff.

Young persons under the age of 21

NOTE: As a check, the sum of question 6 (persons 21 and older) and 7b (young persons under age 21) should equal the sum reported in question 5b (number of persons assigned beds in the facility).

8a. At the end of the day on Wednesday, October 23, 2002, did ANY of the young persons UNDER AGE 21 have assigned beds in this facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE? An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults.

INCLUDE in your count persons UNDER AGE 21 here BECAUSE THEY WERE CHARGED WITH OR ADJUDICATED FOR:

- ANY offense that is illegal for both adults and underage persons.
- AN offense that is ILLEGAL IN YOUR STATE for underage persons but not for adults. Examples are running away, truancy, incorrigibility, curfew violation, and underage liquor violations. Count persons with these behaviors here ONLY IF THE BEHAVIORS ARE ILLEGAL IN YOUR STATE. This includes those CHINS (Children in Need of Services) and PINS (Persons in Need of Services) who are here BECAUSE of an offense.
- ANY offense being adjudicated in juvenile or criminal court, including a probation or parole violation.

DO NOT INCLUDE here:

- Young persons under age 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON OCTOBER 23 FOR REASONS OTHER THAN OFFENSES.
- Young persons under 21 assigned beds here BECAUSE OF REASONS OTHER THAN OFFENSES, such as neglect, abuse, dependency, abandonment, mental health problems, substance abuse problems. These persons will be counted in questions 9a and 9b.
- Young persons under 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE. These young persons will be counted in questions 9a and 9b.
- Those persons who are PINS (Persons in Need of Services) or CHINS (Children in Need of Services) who have assigned beds because of REASONS OTHER THAN OFFENSES. These young persons will be counted in questions 9a and 9b.

01 Yes

02 No → **Go to Question 9a on page 4**

b. According to your records for the end of the day on Wednesday, October 23, 2002, HOW MANY YOUNG PERSONS UNDER AGE 21 had assigned beds in the facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE, as defined in question 8a?

Include young persons who were temporarily away but had assigned beds on October 23. Do NOT include staff.

Young persons under age 21 here because they were charged with or court-adjudicated for an offense.

Section 1 – GENERAL INFORMATION – Continued

9a. At the end of the day on Wednesday, October 23, 2002, did ANY of the young persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff.

INCLUDE here:

- Young persons under age 21 assigned beds here for NON-OFFENSE REASONS, such as neglect, abuse, dependency, abandonment, mental health problems, substance abuse problems, or another non-offense reason
- Young persons under age 21 who have committed one or more offenses in the past, BUT ARE ASSIGNED BEDS HERE ON OCTOBER 23 FOR REASONS OTHER THAN THESE OFFENSES
- Young persons under age 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE.
- Young persons assigned beds here due to voluntary or non-offense related admissions.

Do NOT INCLUDE:

- Young persons assigned beds here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. These persons are counted in questions 8a and 8b.

01 Yes

02 No → **Go to note below**

b. According to your records for the end of the day on Wednesday, October 23, 2002, HOW MANY YOUNG PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES, AS DEFINED IN 9a?

Include young persons who were temporarily away but had assigned beds on October 23. Do NOT include staff.

Young persons under age 21 here because of non-offense reasons.

NOTE: As a check, the sum of questions 8b (young persons under 21 with offenses) and 9b (young persons under 21 with reasons other than offenses) should equal 7b (the number of young persons under age 21)

10a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?

01 Yes

02 No → **Go to Question 11 below**

b. What kind of treatment is provided INSIDE this facility? Mark (X) all that apply.

01 Mental health treatment

02 Substance abuse treatment

03 Sex offender treatment

04 Treatment for arsonists

05 Treatment specifically for violent offenders

06 Other – *Specify* ↓

11. Does this facility provide foster care?

01 Yes, for all young persons

02 Yes, for some but not all young persons

03 No

12. Does this facility provide independent living arrangements for any young persons?

01 Yes

02 No

13. What type of residential facility is this facility (the one listed on the front cover)? Mark (X) all that apply.

01 Detention center

02 Training school/Long-term secure facility

03 Reception or diagnostic center

04 Group home/Halfway house

05 Boot camp

06 Ranch, forestry camp, wilderness or marine program, or farm

07 Runaway and homeless shelter

08 Other type of shelter

09 Other – *Specify* ↓

Section 1 – GENERAL FACILITY INFORMATION – Continued

14a. Does this facility have one or more living/sleeping units, such as wings, floors, dorms, barracks, or cottages, designed to keep any young persons separate in housing and activities from other residents for specialized care or security? Do NOT include time-out rooms, isolation rooms or infirmaries.

If the only reason for separate housing and activities are sex or age, answer NO.

01 Yes

02 No → **Go to NOTE A in next column**

b. Do any of these separate living/sleeping units differ in terms of –

Mark (X) all that apply.

01 average length of stay of young persons?

02 physical security and/or monitoring of young persons?

03 number of staff per young person?

04 type of treatment program?

05 characteristics of young persons?

06 specialized criteria for staff selection?

07 other? – Specify ↓

c. What is the purpose for having separate living/sleeping units? Mark (X) all that apply.

01 To provide two or more types of specialized care in separate living/sleeping units

02 To provide a series of separate living/sleeping units with different specialized care that all young persons move through from the time they enter until the time they leave

03 To provide two or more levels of security

04 Some other reason – Specify ↓

d. Do the separate living/sleeping units within this facility share any of the following –

Mark (X) all that apply.

01 The same agency affiliation

02 The same mailing address

03 The same on-site administrators

04 One or more staff directly caring for the young persons

05 One or more security staff

06 The same school rooms

07 The same dining room at the same time

08 The same recreational areas at the same time

09 The same laundry services

10 None of the above services are shared

NOTE A

Questions 15 and 16 ask who OWNS this facility. Later you will be asked who OPERATES this facility.

15a. Is this facility OWNED by –

01 a private non-profit or for-profit agency?

02 a government agency? → **Go to Question 16 below**

b. What is the name of the private non-profit or for-profit agency that OWNS this facility?

→ **Go to NOTE B below**

16. What is the level of the government agency that OWNS this facility?

Mark (X) those that apply.

01 A Native American Tribal Government

02 State

03 County

04 Municipal (includes Washington, DC)

05 Other – Specify ↓

NOTE B

Questions 17 and 18 ask who OPERATES this facility.

17a. Is this facility OPERATED by –

01 a private non-profit or for-profit agency?

02 a government agency? → **Go to Question 18 below**

b. What is the name of the private non-profit or for-profit agency that OPERATES this facility?

→ **Go to Question 19a on page 6**

18. What is the level of the government agency that OPERATES this facility?

Mark (X) those that apply.

01 A Native American Tribal Government

02 State

03 County

04 Municipal (includes Washington, DC)

05 Other – Specify ↓

Section 1 – GENERAL FACILITY INFORMATION – Continued

19a. Are ANY young persons in this facility locked into their sleeping rooms by staff at ANY time to confine them?

- 01 Yes
- 02 No → **Go to Question 20 below**

b. When are young persons in this facility locked into their sleeping rooms by staff?

Mark (X) all that apply.

- 01 When they are out of control
- 02 When they are suicidal
- 03 Rarely, no set schedule
- 04 During shift changes
- 05 Whenever they are in their sleeping rooms
- 06 At night
- 07 Part of each day
- 08 Most of each day
- 09 All of each day
- 10 Other – Specify ↓

20. Does this facility have any of the following features intended to confine young persons within specific areas? Mark (X) all that apply.

- 01 Doors for secure day rooms that are locked by staff to confine young persons within specific areas?
- 02 Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas?
- 03 Outside doors that are locked by staff to confine young persons within specific buildings?
- 04 External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons?
- 05 External gates in fences or walls WITH razor wire that are locked to confine young persons?
- 06 Other – Specify ↓

- 07 The facility has none of the above features.

21a. Are outside doors to any buildings with living/sleeping units in this facility ever locked?

- 01 Yes
- 02 No → **Go to Question 22 in next column**

21b. Why are outside doors to buildings with living/sleeping units in this facility locked?

Mark (X) all that apply.

- 01 To keep intruders out
- 02 To keep young persons inside this facility

c. WHEN are outside doors to buildings with living/sleeping units in this facility locked?

Mark (X) all that apply.

- 01 Rarely, no set schedule
- 02 At night
- 03 Part of each day
- 04 Most of each day
- 05 All of each day
- 06 When the facility is unoccupied
- 07 Other – Specify ↓

22. What was the TOTAL NUMBER OF STANDARD BEDS for young persons in this facility on the night of Wednesday, October 23, 2002?

Do NOT include staff beds.

- A single bed is one standard bed
- A double bunked bed is two standard beds

Total number of standard beds

23a. On the night of Wednesday, October 23, 2002, were there ANY OCCUPIED MAKESHIFT BEDS in this facility?

Makeshift beds are:

- Roll-out mats
- Fold-out cots
- Roll-away beds
- Pull-out mattresses
- Sofas
- Any other beds that are put away or moved during non-sleeping hours

- 01 Yes
- 02 No → **Go to Section 2 on page 7**

b. How many makeshift beds were occupied that night?

Occupied makeshift beds

Section 2 – MENTAL HEALTH SERVICES

IMPORTANT INSTRUCTIONS

Mental health services include –

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

"Mental health professionals" are limited in this census to –

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

"Counselors" in this census are –

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

1. After arrival in this facility, are ANY young persons evaluated to determine whether they are at risk for suicide?

- 01 Yes
02 No → **Go to NOTE E in next column**

2. When are young persons evaluated for suicide risk?

Mark (X) all that apply.

- 01 Within less than 24 hours after arrival
02 Between 24 hours and less than 7 days after arrival
03 Seven or more days after arrival
04 Other – Specify ↓

3. Who evaluates young persons for suicide risk?

Mark (X) all that apply.

- 01 Counselors/intake workers who have NOT been trained by a mental health professional
02 Counselors/intake workers who have been trained by a mental health professional
03 A mental health professional, as defined in the box above
04 Some other person – Specify ↓

4a. Are ALL young persons evaluated after arrival in this facility to determine whether they are at risk for suicide?

- 01 Yes → **Go to NOTE E below**
02 No → **Continue with Question 4b**

b. Which young persons are evaluated for suicide risk after arrival here?

Mark (X) all that apply.

- 01 Young persons who come directly from home, rather than from another facility
02 Young persons who display or communicate suicide risk
03 Young persons known to have prior suicide attempts
04 Young persons for whom no mental health care record is available
05 Other young persons not listed above – Specify ↓

NOTE E

Questions 5 through 15 ask about mental health services provided at a location **INSIDE** this facility. Later you will be asked about mental health care services provided at a location **OUTSIDE** this facility.

5. Do young persons assigned beds here receive mental health services other than a suicide evaluation INSIDE this facility?

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

- 01 Yes
02 No → **Go to Question 12 on page 8**

6. Which forms of ongoing COUNSELING for mental health problems are provided INSIDE this facility by a COUNSELOR?

Counselors are limited to:

- persons with a Master's degree in a field other than psychology or social work
- persons, whose highest degree is a Bachelor's in any field.

Mark (X) all that apply.

- 01 Individual counseling
02 Group counseling
03 Family counseling
04 Other – Specify ↓

Section 2 – MENTAL HEALTH SERVICES – Continued

7. Are ANY young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL at a location INSIDE this facility?

Evaluations and appraisals are conducted by mental health professionals to diagnose or to identify mental health needs.

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01 Yes

02 No → **Go to Question 10a in next column**

8. When are young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?

Mark (X) all that apply.

- 01 Within less than 24 hours after arrival
- 02 Between 24 hours and less than 7 days after arrival
- 03 Seven or more days after arrival
- 04 Other – Specify ↓
-

9a. Are ALL young persons evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?

01 Yes → **Go to Question 10a in next column**

02 No → **Continue with Question 9b below**

b. Which young persons are evaluated or appraised by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?

Mark (X) all that apply.

- 01 Young persons who come directly from home, rather than from another facility
- 02 Young persons who are ordered by the court to get an evaluation
- 03 Young persons whom staff identify as needing an evaluation
- 04 Young persons known to have mental health problems
- 05 Young persons for whom no mental health record is available
- 06 Other young persons not listed above – Specify ↓
-

10a. Is ongoing THERAPY for mental health problems provided to young persons by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01 Yes

02 No → **Go to Question 12 below**

b. Which forms of ongoing THERAPY for mental health problems are provided INSIDE this facility by MENTAL HEALTH PROFESSIONALS?

Mark (X) all that apply.

- 01 Individual therapy
- 02 Group therapy
- 03 Family therapy
- 04 Other – Specify ↓
-

11. Which of the following best describes facility policy on providing THERAPY by a MENTAL HEALTH PROFESSIONAL INSIDE this facility?

Mark (X) **ONLY ONE** response.

- 01 All young persons receive some therapy at some point during their stay
- 02 Young persons receive therapy only as needed on a case-by-case basis
- 03 Other – Specify ↓
-

12. Do MEDICAL health professionals INSIDE this facility prescribe and/or monitor psychotropic medication for young persons assigned beds here?

01 Yes

02 No

Section 2 – MENTAL HEALTH SERVICES – Continued

13a. Are there one or more special living/sleeping unit(s) in this facility reserved just for young persons with mental health problems that are separate from other living/sleeping units?

01 Yes

02 No → **Go to Question 14a below**

b. Do any of these special living/sleeping units reserved just for young persons with mental health problems differ from the other living/sleeping units in –

Mark (X) all that apply.

01 average length of stay?

02 physical security and/or monitoring of young persons?

03 number of staff per young person?

04 type of treatment program?

05 characteristics of young persons?

06 specialized criteria for staff selection?

07 specialized curriculum of treatment for the residents of these units?

08 Other? – *Specify* ↓

14a. Is there a specialized SEX OFFENDER treatment program located inside this facility?

01 Yes

02 No → **Go to Question 15 in next column**

b. Are any of the following provided INSIDE this facility to young persons charged with or adjudicated for a sex offense?

Mark (X) all that apply.

01 A curriculum of treatment designed specifically for sex offenders

02 Individual therapy/counseling specifically for sex offenders

03 Group therapy in which all members of the group are sex offenders

04 Family therapy/counseling specifically for sex offenders

05 Other – *Specify* ↓

15. Are there one or more special living/sleeping units reserved just for sex offenders that are separate from other living/sleeping units?

01 Yes

02 No

**NOTE
F**

QUESTIONS 16 through 19 ask about mental health care provided at a location **OUTSIDE** this facility.

16. Do ANY young persons assigned beds here receive mental health services (other than a suicide screening) OUTSIDE this facility?

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
- ongoing mental health therapy
- ongoing counseling

01 Yes

02 No → **Go to Section 3 on page 11**

17a. Do ANY young persons assigned beds here receive mental health services provided by a COUNSELOR at a location OUTSIDE this facility?

Counselors are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

01 Yes

02 No → **Go to Question 18a on next page**

b. Which of the following mental health services are provided by a COUNSELOR at a location OUTSIDE this facility?

Mark (X) all that apply.

01 Individual counseling

02 Group counseling

03 Family counseling

04 Other – *Specify* ↓

Section 2 – MENTAL HEALTH SERVICES – Continued

18a. Do ANY young persons assigned beds here receive mental health services provided by a MENTAL HEALTH PROFESSIONAL at a location OUTSIDE this facility?

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

01 Yes

02 No → **Go to Question 19 in next column**

b. Which of the following mental health services are provided by a MENTAL HEALTH PROFESSIONAL at a location OUTSIDE of this facility?

Mark (X) all that apply.

01 Mental health evaluation/appraisal

02 Individual counseling

03 Group counseling

04 Family counseling

05 Other – Specify ↓

19. Do MEDICAL health professionals at a location OUTSIDE this facility prescribe and/or monitor psychotropic medication to young persons assigned beds here?

01 Yes

02 No

Section 3 – SUBSTANCE ABUSE SERVICES

1a. After arrival in this facility, are ANY young persons evaluated to determine whether they have substance abuse problems?

Substance abuse problems include problems with drugs and/or alcohol.

- 01 Yes
 02 No → **Go to Question 4a below**

b. Which of the following methods are used to evaluate persons after arrival in this facility to determine whether they have substance abuse problems?

Mark (X) all that apply.

- 01 Visual observation
 02 Standardized self-report instruments, such as the SASSI, JASI, ACDI, ASI
 03 Self-report check list inventory which asks about substance use and abuse
 04 A staff-administered series of questions which asks about substance use and abuse
 05 None of these methods are used
 06 Other – Specify ↓

GO TO NEXT COLUMN →

2. When are young persons evaluated to determine whether they have substance abuse problems?

Mark (X) all that apply.

- 01 Within less than 24 hours after arrival
 02 Between 24 hours and less than 7 days after arrival
 03 Seven or more days after arrival
 04 Other – Specify ↓

3a. Are ALL young persons evaluated after arrival in this facility to determine whether they have substance abuse problems?

- 01 Yes → **Go to Question 4a below**
 02 No → **Continue with Question 3b**

b. After arrival in this facility, which young persons are evaluated for substance abuse problems?

Mark (X) all that apply.

- 01 Young persons charged with or adjudicated for a drug or alcohol-related offense
 02 Young persons identified by the court or a probation officer as potentially having substance abuse problems
 03 Young persons identified by facility staff as potentially having substance abuse problems
 04 Other young persons not listed above – Specify ↓

4a. Are ANY young persons required to provide urine FOR DRUG ANALYSIS after arrival IN THIS FACILITY?

- 01 Yes → **Go to Question 4b below**
 02 No → **Go to NOTE G on page 12**

b. Which statements below describe the circumstances under which young persons are required to provide urine INSIDE this facility FOR DRUG ANALYSIS? Mark (X) all that apply.

PERSONS PROVIDING URINE SAMPLE	CIRCUMSTANCES OF TESTING				
	After initial arrival in this facility (1)	Each time young persons reenter the facility during their stay (2)	At randomly scheduled times (3)	When drug use is suspected or drug is present (4)	At the request of the court or probation officer (5)
a. Young persons who are suspected of recent drug or alcohol use	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b. Young persons with substance abuse problems	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c. ALL young persons assigned beds here	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

Section 3 – SUBSTANCE ABUSE SERVICES – Continued

NOTE G

Questions 5 through 10 ask about substance abuse services provided at a location **INSIDE** this facility. Later you will be asked about substance abuse services provided **OUTSIDE** this facility.

IMPORTANT INSTRUCTIONS

Substance abuse services include:

- developing a substance abuse treatment plan
- assigning a case manager to oversee substance abuse treatment
- assigning young persons to special living units just for those with substance abuse problems
- ongoing substance abuse therapy or counseling
- substance abuse education

Substance abuse treatment professionals are limited in this census to:

- CERTIFIED substance abuse or addictions counselors
- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

Counselors who are NOT substance abuse treatment professionals are limited to:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

5. **Do ANY young persons assigned beds here receive substance abuse services INSIDE this facility other than urinalysis or a substance abuse screening?**

01 Yes

02 No → **Go to NOTE H on page 13**

6. **Which of the following SUBSTANCE ABUSE services are provided INSIDE this facility?**

Mark (X) all that apply.

01 Substance abuse education

02 Assignment of a case manager to oversee substance abuse treatment

03 Development of a treatment plan to specifically address substance abuse problems

04 Special living units in which all young persons have substance abuse offenses and/or problems

05 None of these services are offered

7. **Which of the following self-led, self-help groups are provided INSIDE this facility?**

Mark (X) all that apply.

01 Alcoholics Anonymous

02 Narcotics Anonymous

03 Other – *Specify* ↓

04 None of these are provided

8. **Which forms of ongoing COUNSELING for substance abuse problems are provided INSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional?**

Counselors who are NOT substance abuse treatment professionals are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

Mark (X) all that apply.

01 Individual counseling

02 Group counseling

03 Family counseling

04 None of these are provided

9. **Which forms of ongoing THERAPY for substance abuse problems are provided INSIDE this facility to young persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?**

Substance abuse treatment professionals are limited to:

- CERTIFIED substance abuse/addictions counselors
- psychiatrists
- psychologists with at least a Master's degree in psychology
- social workers with a Master's degree in SOCIAL WORK (MSW, LCSW)

Mark (X) all that apply.

01 Individual therapy

02 Group therapy

03 Family therapy

04 None of these are provided

Section 3 – SUBSTANCE ABUSE SERVICES – Continued

10. Which of the following describes facility policy on providing ongoing therapy for substance abuse problems INSIDE this facility to persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?

Mark (X) **ONLY ONE** response.

- 01 All young persons receive specialized therapy or counseling for substance abuse problems
- 02 Young persons receive specialized therapy or counseling for substance abuse problems only as needed on a case-by-case basis
- 03 Other – Specify ↓

NOTE H Questions 11 through 15 ask about substance abuse services provided at a location **OUTSIDE** this facility.

11. Do ANY young persons assigned beds here receive substance abuse services OUTSIDE this facility other than urinalysis or substance abuse evaluation?

- 01 Yes
- 02 No → Go to Section 4 on page 14

12. Which of the following SUBSTANCE ABUSE services are provided OUTSIDE this facility for young persons assigned beds here?

Mark (X) all that apply.

- 01 Substance abuse education
- 02 Assignment of a case manager to oversee substance abuse treatment
- 03 Development of a treatment plan to address substance abuse problems specifically
- 04 None of these services are offered

13. Which of the following self-led, self-help meetings are provided OUTSIDE this facility for persons assigned beds here?

Mark (X) all that apply.

- 01 Alcoholics Anonymous
- 02 Narcotics Anonymous
- 03 Other – Specify ↓

- 04 None of these are provided

14. Which forms of ongoing COUNSELING for substance abuse problems are provided OUTSIDE this facility to young persons by a COUNSELOR who is NOT a substance abuse treatment professional, as defined in the instruction box on page 12?

Mark (X) all that apply.

- 01 Individual counseling
- 02 Group counseling
- 03 Family counseling
- 04 None of these are provided

15. Which forms of ongoing THERAPY for substance abuse problems are provided OUTSIDE this facility to young persons by a SUBSTANCE ABUSE TREATMENT PROFESSIONAL?

Substance abuse treatment professionals are limited to:

- CERTIFIED substance abuse/addictions counselors
- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with a masters degree in SOCIAL WORK (MSW, LCSW).

Mark (X) all that apply.

- 01 Individual therapy
- 02 Group therapy
- 03 Family therapy
- 04 None of these are provided

IMPORTANT INSTRUCTIONS

The following items ask you to answer questions about different events that may have occurred at this facility over a 30-day period.

The 30-day REFERENCE PERIOD for this section covers the time between the beginning of the day, September 1, 2002 and the end of the day on September 30, 2002.

1. During the month of September 2002, were there ANY UNAUTHORIZED DEPARTURES of any young persons who were assigned beds at this facility?

An "unauthorized departure" includes any incident in which a young person leaves without staff permission or approval for more than 10 minutes from:

- the perimeter physical security of the facility
- the mandatory supervision of a staff member when there is no physical security
- the mandatory supervision of transportation staff
- any other approved area

01 Yes

02 No

2a. During the month of September 2002, were ANY young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?

01 Yes

02 No → **Go to Question 3 in next column**

2b. For what reason(s) were the young persons transported to a hospital emergency room DURING THIS 30 DAY PERIOD in September?

Mark (X) all that apply.

- 01 Sports-related injury
- 02 Work or chore-related injury
- 03 An injury that resulted from interpersonal conflict between one or more young persons, not including a sports-related injury
- 04 Other injuries
- 05 Illness
- 06 Pregnancy complications
- 07 Suicide attempt
- 08 A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call
- 09 A non-emergency injury or illness that occurred when no doctor's appointment could be obtained in the community
- 10 Other – Specify ↓

3. During the month of September 2002, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical device?

Mechanical restraints include handcuffs, legcuffs, waist bands, leather straps, restraining chairs, strait jackets or other mechanical devices

Answer NO if the facility staff ONLY used mechanical restraints during transportation to and from this facility.

01 Yes

02 No

4. During the month of September 2002, were ANY of the young persons assigned beds here locked for more than four hours alone in an isolation, seclusion, or sleeping room to regain control of their unruly behavior?

Answer NO if:

- young persons were locked in their sleeping rooms as part of the facility routine
- OR
- young persons were locked in their rooms ONLY for purposes of quarantine, suicide watch, facility-wide lockdown, or self-requested seclusion

01 Yes

02 No

Section 5 – THE LAST YEAR

1. During the YEAR between October 1, 2001 and September 30, 2002, did ANY young persons die while assigned a bed at this facility?

01 Yes

02 No → **Go to Section 6 on page 16**

2. How many young persons died while assigned beds at this facility during the year between October 1, 2001 and September 30, 2002?

Person(s)

3. What was/were the cause(s) of death and where did the death(s) occur? Please fill in the numbers of each type of death in the locations where they occurred during this time period.

Cause of death	Inside this facility (1)	Outside this facility (2)
a. Illness/natural causes (excluding AIDS)	01	02
b. Injury suffered prior to placement here	01	02
c. AIDS	01	02
d. Suicide	01	02
e. Homicide by another resident	01	02
f. Homicide by non-resident(s)	01	02
g. Accidental death	01	02
h. Other – <i>Specify</i> ↘	01	02

Section 6 – GENERAL INFORMATION

1a. Are there any other juvenile facilities located within the same building or on the same campus as the facility being reported on here?

01 Yes

02 No → **Go to NOTE K below**

b. How many OTHER juvenile facilities are located within the same building or on the same campus as the facility being reported on here?

Juvenile facilities

2. Does the facility being reported on here share any of the following with the other facilities located in the same building or on the same campus?

Mark (X) all that apply.

01 The same agency affiliation

02 The same mailing address

03 The same on-site administrators

04 One or more staff directly caring for the young persons

05 One or more security staff

06 The same school rooms

07 The same infirmary

08 The same food services

09 The same dining room

10 The same laundry services

11 None of the above services are shared

**NOTE
K**

Thank you for completing this questionnaire. If you would like to give us any comments on this form, please write them at the bottom of this page or attach another sheet.

Please make a copy of this questionnaire for your records so that if we need to contact you about a response, you will be able to refer to your copy.

Please mail the completed form in the enclosed postage-paid envelope to –

**U.S. Census Bureau
P O Box 5000
Jeffersonville, IN 47199-5000**

or FAX toll free to: 1-888-891-2099.

Comments

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