**Introduction and Consent:**

“Hello, my name is _____ and I’m calling from [provider agency]. This is a follow up call for [youth name]. We are calling to check in with the youth and families six months after youth receive services because we are interested in how they are doing. Your answers may help us to improve services for youth. The survey will only take 10-15 minutes of your time.

Is [youth name] currently in your care?”

➔ If response is ‘no:’ “When was the last time you were in contact with the youth?”

“Your participation is voluntary and you may end your participation at any time. Your decision to participate will not affect any services that you receive. Your responses are confidential and will not be attributed to you or [youth name]. Some of the questions may touch on sensitive or upsetting issues in relation to the youth in your care. If you are uncomfortable with any question and don’t want to answer, just let me know and we can skip ahead.

If you agree to participate, we will ask you some questions about [youth name]. We ask the same set of questions to everyone we call. Are you willing to participate?”

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SURVEY QUESTIONS:

1. What is your relationship to [youth name]?
   - Parent (biological or adoptive)
   - Grandparent
   - Other relative
   - Foster parent (current or former)
   - Family friend (including parent’s significant other)
   - Youth/self
   - Treatment staff
   - Non-treatment staff
   - Clergy
   - Other: ________________________________

2. How old is [youth name] today? _____ years
Living Situation

3. Let’s start with living environment. Where is [youth name] living now?

- Family Home setting
  - Parent home
  - Relative home
  - Family friend home
  - Foster home
    - Is this a specialized foster home setting? (Probe: has the parent received treatment in an evidence-based model? Is the foster parent paid to provide full-time care and supervision?)

- Treatment setting
  - Group home
  - Residential treatment facility
  - Psychiatric hospital
  - Inpatient rehabilitation
  - Nursing facility

- Lock-up setting
  - Detention (after arrest or violation)
  - Incarceration (after sentencing)

- Independent living
  - Independent living alone
  - Independent living with a friend
  - Supervised independent living, including a transitional living program
  - School dormitory

- Unstable living/homeless
  - Homeless shelter
  - Street
  - Car
  - Other: __________________________________________

- Other: __________________________________________

4. How long has [youth name] been living in the setting listed in #3?

- One week or less
- One month or less
- 1-3 months
- 4-6 months
- 6-12 months
- 1-2 years
- More than 2 years

5. In how many places has [youth name] lived in the last six months? _________
6. Has [youth name] been homeless at any point in the last six months?
   ☐ Yes
   ☐ No (skip to #8)
   ☐ Don’t know (skip to #8)

7. If [youth name] has been homeless at any point in the last six months:
   a. approximately how many nights in the last six months was [youth name] homeless? ___________
   b. how many consecutive nights was [youth name] homeless during his/her longest homeless spell? _________________

School/Education

8. Let’s move on to school. (If over age 5) Does [youth name] attend school on a regular basis? (note: if on summer break, refer to last term in session).
   ☐ No (go to #10)
   ☐ Yes, attends regularly
   ☐ Yes, but not regularly
   ☐ Don’t know
   ☐

9. Academically, (if over age 5), is [youth name] doing well in school?
   ☐ Yes
   ☐ No
   ☐ Don’t know

10. (If over age 17) Has [youth name] earned a high school diploma or equivalency (G.E.D)?
    ☐ Yes
    ☐ No
    ☐ Don’t know

11. (If over age 15) In the last six months, has the [youth name] been employed?
    ☐ Yes
    ☐ No
    ☐ Don’t know
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12. (If over age 17) In the last six months, has the youth served in the military?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

Risk Factors

I’m going to ask you some sensitive questions, because it is important for us to get an idea of what’s happening in the life of ______. If you’re uncomfortable answering any of these questions please let me know.

13. In the last six months, has the [youth name]:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Been pregnant or fathered a child?</td>
<td></td>
<td></td>
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<tr>
<td>b. Been arrested? (if no, skip to “d”)</td>
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<tr>
<td>c. Been arrested for a felony?</td>
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<tr>
<td>d. Used alcohol or other drugs?</td>
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<tr>
<td>e. Exhibited behavior problems that are dangerous?</td>
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<tr>
<td>f. Been the victim of child maltreatment (abuse or neglect)?</td>
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<tr>
<td>g. Been the victim of commercial sexual exploitation?</td>
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</tbody>
</table>

Treatment

Now I’m going to ask about treatment that ______ may have received during the last six months.

14. In the last six months, has the [youth name]:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Received treatment for drug or alcohol related problems?</td>
<td></td>
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<td></td>
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<tr>
<td>b. Received outpatient treatment for mental health problems?</td>
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<tr>
<td>c. Been hospitalized for psychiatric reasons?</td>
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<tr>
<td>d. Spent time in a residential treatment facility?</td>
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</tbody>
</table>

Community Engagement and Support

15. Does the [youth name] have friends with whom he/she enjoys spending time?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know
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16. Does [youth name] have an adult, (family member, friend, teacher, etc.) that can be counted on for support, including emotional, financial, or basic needs?
   - Yes
   - No (skip to 17)
   - Don’t know (skip to 17)

17. In the last six months, has [youth name] sought or received support from an adult for any of the following (check all that apply)?
   - Emotional
   - Practical (housing, food)
   - Financial
   - Spiritual
   - Other: ____________________________

18. Does [youth name] attend religious/spiritual services?
   - Never
   - Occasionally
   - Monthly
   - Weekly
   - Don’t know

19. Does [youth name] participate in any of the following community or school activities? Check all that apply.
   - Sports
   - Music
   - Drama
   - Clubs
   - Volunteer work
   - Faith-based groups
   - None
   - Don’t know
   - Other: ____________________________

Access to Services

20. Does [youth name] currently have health care coverage, like medical insurance or Medicaid?
   - Yes
   - No
   - Don’t know
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21. I’m going to read a list of service types. Please indicate with a “Yes” or “No” whether you or [youth’s name] know how to obtain each of the following services, in the event that you need them:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td></td>
<td></td>
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<tr>
<td>Counseling/mental health treatment</td>
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<tr>
<td>Employment support</td>
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<td></td>
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<tr>
<td>Housing support</td>
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<tr>
<td>Independent living skills training or support</td>
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<tr>
<td>Legal aid</td>
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<tr>
<td>Other social services (e.g., food stamps)</td>
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</tbody>
</table>

If “no,” please indicate the reason(s) you have not been able to obtain this service:

- Haven’t known where to get the service
- No insurance/can’t pay for service
- No time to obtain service
- No way to get to the service (transportation problem)
- No authorization to obtain the service for [youth name]
- Other Reason:
Those are all the questions I have. We really appreciated that you participated in the survey! Do you have any questions or concerns for me?

For more information, if requested.

• If you need additional assistance or referrals, please feel free to contact me at ____________.

• About the survey, please contact:
  Illinois - redacted, IL Dept of Children & Family Services
  Tennessee - redacted, TN Dept of Children's Services

• If you are in need of immediate assistance for issues related to child safety, please contact:
  Illinois 800-252-2873
  Tennessee 877-237-0004