Juvenile Residential Facility Census

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

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<thead>
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<th>Name</th>
<th>E-mail address</th>
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<tr>
<td>Title</td>
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Business address – Number and street/or P.O. Box/Route number

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<tr>
<th>Area code</th>
<th>Number</th>
<th>Extension</th>
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Telephone

Fax Number

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<th>Area code</th>
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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?

- [ ] Preprinted facility name, mailing address and telephone number on the BACK cover page of this form are correct
- [ ] 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 –

- [ ] a part of one building
- [ ] all of one building
- [ ] more than one building at a single site or on one campus
- [ ] 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?

- [ ] Yes
- [ ] No

**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".

- [ ] Yes
- [ ] 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.

[ ] Yes

[ ] No → **STOP HERE and mail this form**

5b. 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.

[ ] Yes

[ ] No → **STOP HERE and mail this form**

7b. 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 the 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 not 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.
- 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.
- Young 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.
- 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.
- 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. 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.

[ ] Yes

[ ] No → **Go to Question 9a on page 4**

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 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.
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.

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.

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

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<th></th>
<th>Yes</th>
<th>No</th>
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b. What kind of treatment is provided INSIDE this facility? Mark (X) all that apply.

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<thead>
<tr>
<th></th>
<th>Mental health treatment</th>
<th>Substance abuse treatment</th>
<th>Sex offender treatment</th>
<th>Treatment for arsonists</th>
<th>Treatment specifically for violent offenders</th>
<th>Other - Specify</th>
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11. Does this facility provide foster care?

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<th>Yes, for all young persons</th>
<th>Yes, for some but not all young persons</th>
<th>No</th>
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12. Does this facility provide independent living arrangements for any young persons?

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

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<th></th>
<th>Detention center</th>
<th>Training school/Long-term secure facility</th>
<th>Reception or diagnostic center</th>
<th>Group home/Halfway house</th>
<th>Boot camp</th>
<th>Ranch, forestry camp, wilderness or marine program, or farm</th>
<th>Runaway and homeless shelter</th>
<th>Other type of shelter</th>
<th>Other - Specify</th>
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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).
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?

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?

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

Note: Questions 15 and 16 ask who OWNS this facility. Later you will be asked who OPERATES this facility. Questions 17 and 18 ask who OPERATES this facility. Questions 17 and 18 ask who OPERATES this facility.
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

b. 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

4b. 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

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

   Mark (X) all that apply.
   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
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
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
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

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**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

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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?

Mark (X) all that apply.

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

GO TO NEXT COLUMN ➔

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.

<table>
<thead>
<tr>
<th>PERSONS PROVIDING URINE SAMPLE</th>
<th>CIRCUMSTANCES OF TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>After initial arrival in this facility</td>
<td>Each time young persons reenter the facility during their stay</td>
</tr>
</tbody>
</table>

a. Young persons who are suspected of recent drug or alcohol use
   - 01
   - 02
   - 03
   - 04
   - 05

b. Young persons with substance abuse problems
   - 01
   - 02
   - 03
   - 04
   - 05

c. ALL young persons assigned beds here
   - 01
   - 02
   - 03
   - 04
   - 05
Section 3 – SUBSTANCE ABUSE SERVICES – Continued

NOTE
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

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

NOTE: Questions 11 through 15 ask about substance abuse services provided at a location OUTSIDE this facility.
Section 4 – SEPTEMBER 2002

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.

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