TLP OVERVIEW PROGRAM SURVEY: PROGRAM STAFF INTERVIEW GUIDE

TLP Program Overview Survey: Program Staff Interview Guide

Contents

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[INTERVIEWER: PREFILL THE FOLLOWING]

Name of the agency: _____

Name of the TLP: _____

Location (City and State): _____

Name(s) of Interviewee(s): _____

Title(s) of Interviewee(s): _____

Introduction

[INTERVIEWER: INTRODUCE STUDY, THANK FOR PARTICIPATION, AND GIVE OVERVIEW OF PURPOSE OF SITE VISIT, INCLUDE THE FOLLOWING LANGUAGE:]

> *This interview is intended to gather information about your TLP program, such as who it serves, how it is structured, and what services it provides. We know that TLP programs differ with regard to how they are funded and structured. In some cases, an agency's FYSB TLP grant covers the entire cost of the program. In others, agencies combine multiple sources of funding to support their program, with FYSB funding used to cover a portion of the program's beds, units, or services. In this survey, we want to understand the design and functioning of the **transitional living program as a whole**, not just those beds or services funded through your FYSB TLP grant.]*

Respondent Roles

1. **What are your roles and responsibilities at [name of agency]? And for the TLP specifically?**

TLP Overview

2. **What would you say are the TLP's primary objectives?**

3. **Does the TLP target any particular population(s) of youth?**
   [INTERVIEWER ASK ABOUT ALL OF THE FOLLOWING POPULATIONS]
   - ☐ *Pregnant/parenting youth*
   - ☐ *GLBTQ youth*
   - ☐ *Migrant youth*
   - ☐ *Immigrant youth*
   - ☐ *Minority youth*
   - ☐ *Native American youth*
   - ☐ *Other (Please specify): _____*

4. **Does the TLP exclude any particular population(s) of youth? If so, please describe.**

Partnerships

5. **Does the agency partner or collaborate with any other organizations to deliver TLP program services? If so, what organizations and what are their roles?**
   [INTERVIEWER: COMPLETE TABLE BELOW]

Partner Agency	Role in TLP	Describe arrangement	Formal or informal arrangement? (Formal would entail an MOU, contract, or other signed document)

Staffing

6. **How is the TLP staffed?**
    [INTERVIEWER: LIST THE STAFF POSITIONS FOR THE TLP PROGRAM. THEN INDICATE THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES FOR EACH POSITION. FOR EXAMPLE, THREE HALF-TIME CASE MANAGERS EQUALS 1.5 FTE.]

	Title	Role	Area of expertise/specialization (or generalist)	# FTE
Position 1				
Position 2				
Position 3				
Position 4				
Position 5				
Position 6				

7. **Can you tell me about the supervisory structure among TLP staff? (What are the lines of supervision and accountability? Who you report to, and who reports to you?)**
    [INTERVIEWER: IT MAY BE USEFUL TO DIAGRAM AN ORG CHART (IN ADVANCE IF POSSIBLE) AND CONFIRM IT. IF THERE ARE PARTNERS WHOSE STAFF ADMINISTER THE PROGRAM, INCLUDE THEM IN THE ORG CHART]

8. **Given the youth population you serve, do you feel there are any staffing gaps in the program right now?**
    [IF YES:]
    > a. **Please describe.**

      b. **How do you go about filling those gaps?**

9. **Are there any trainings that are required of staff – either when they are first hired or on an ongoing basis? If so, what are types, amounts, and timing?**

10. **How involved are you in staffing the TLP?**
    [IF INVOLVED ASK:]
          a. **What are the criteria for selection?**
          b. **What qualifications and skills do you look for?**

Program Eligibility and Admission

11. **What criteria must youth meet to be eligible for the program?**
    [INTERVIEWER: ASK ABOUT ALL OF THE FOLLOWING ELIGIBILITY CRITERIA:]
    - *Age limitations (specify)*
    - *Gender (male only vs. female only)*
    - *Transgendered*
    - *Homeless (according to HHS definition)*
    - *Foster youth (i.e., "system" youth)*
    - *Pregnant or parenting*
    - *Clean and sober (if substance abuse history)*
    - *Length of sobriety*
    - *In substance abuse treatment (if substance abuse history)*
    - *No serious mental health history/acute symptomatology*
    - *In treatment for mental health issues (if diagnosed mental health condition)*
    - *Mental health treatment adherence*
    - *Employed*
    - *Enrolled in high school (if not yet graduated)*
    - *Completion or participation in program separate from TLP*
    - *Anything else*

12. **What are the most common referral sources?**

13. **What percentage of youth referred into the program typically complete the application process?**
          a. **Why do some drop out of the application process?**

14. **Of youth who complete the application process, what percentage is usually accepted into the program?**

15. **Does the program maintain a waiting list?**
    [IF YES, ASK:]

    >a. **How many youth are currently on the list?**
    >
    >b. **How are youth on the waiting list prioritized?**
    >
    >c. **Where do youth typically stay when they are on the wait list?**
    >
    >d. **Are any services provided to youth while they are on the wait list? If so, what are they?**

16. **On what basis and how are admission decisions typically made?**
    [IF NECESSARY, ASK:]

    >a. **If you have two candidates who are both eligible and who submit applications on the same day but only have one bed available on what basis will a decision about who is admitted be made?**

17. **Once youth are accepted into the program are there additional assessments that are conducted? If so, what are they and what do they entail?** [INTERVIEWER: PROBE FOR FULL TITLE OF INSTRUMENTS]

18. **What requirements must youth meet and maintain to participate in the program?**
    [INTERVIEWER: READ ALL; ASK FOR DESCRIPTION OF EACH REQUIREMENT]
    - *Attend high school/GED classes*
    - *Acquire and maintain employment*
    - *Place percentage of earnings in savings account*
    - *Pay rent*
    - *Anything else*

TLP Services

Housing

19. **What type of physical accommodations (housing options) are available to TLP youth?**
    [PROBES BELOW]
    - ☐ *Residents live in host family homes*
    - ☐ *Residents share bedrooms in group home with house parents*
    - ☐ *Residents share bedrooms in one facility*
    - ☐ *Residents have private bedrooms in one facility*
    - ☐ *Residents share apartments, units clustered in one building*
    - ☐ *Residents have private apartments, units clustered in one building*
    - ☐ *Residents share scattered site apartments*
    - ☐ *Residents have private scattered site apartments*
    - ☐ *Anything else*

[IF **SHARED BEDROOMS** ASK:]
> **a. How many residents per room? Does each room have an adjoining bathroom?**

[IF **PRIVATE BEDROOMS** ASK:]
> **b. Does each room have a private bathroom?**

[IF RESIDENTS **SHARE APARTMENTS** IN ONE BUILDING, ASK:]
> **c. What size units? How many youth per unit?**

[IF RESIDENTS ARE IN **SCATTERED-SITE APARTMENTS**, ASK:
> **d. Are youth clustered in certain buildings? How many in each building?**

[IF THE PROGRAM SERVES BOTH YOUTH UNDER AND OVER THE AGE OF 18, ASK:]
> **e. Are living units segregated by age? Please describe.**

[IF **FACILITY-BASED** HOUSING ASK:]
> **f. Who manages the facility [probe for TLP agency, other agency, private entity]?**

[IF **MORE THAN ONE** PHYSICAL ACCOMMODATION GIVEN, ASK NEXT TWO QUESTIONS, ELSE SKIP.]

20. **Does the TLP have a phased approach to housing in which youth move from supervised to more independent living as they move through the program?**

    a. If yes, what is this progression?
    [INTERVIEWER: ASK RESPONDENT TO RANK THE HOUSING OPTIONS AVAILABLE IN THE PROGRAM FROM THE MOST SUPERVISED ACCOMMODATION TO THE MOST INDEPENDENT. EXAMPLES OF HOUSING OPTIONS BELOW.]
    _____ *Residents live in host family homes*
    _____ *Residents share bedrooms in group homes with house parents*
    _____ *Residents have private bedrooms in group homes with house parents*
    _____ *Residents share bedrooms in one facility*
    _____ *Residents have private bedrooms in one facility*
    _____ *Residents share apartments, units clustered in one building*
    _____ *Residents have private apartments, units clustered in one building*
    _____ *Residents share scattered site apartments*
    _____ *Residents have private scattered site apartments*
    _____ *Other: _____*

    b. How is this phased approach to housing reflected in your program activities?

21. **Do youth pay rent? Security deposit? If so, how much?**
[INTERVIEWER: PROBE FOR WHETHER YOUTH PAY A PERCENTAGE OF THEIR INCOME AND WHAT THIS PERCENTAGE IS]

22. **If youth pay rent, is this money saved for youth and returned at exit?**

23. **Do youth sign a lease or housing agreement? If so, who is the lease/housing agreement with? What does it stipulate?**

Individual Service/Action Plans

[INTERVIEWER SCRIPT:]

We'd like to understand more about the service planning process that guides the delivery of services for each youth. Would you be willing to share a copy of a blank individual service plan (transitional living plan)?

24. **What areas does the individual service plan (transitional living plan) cover?**
[INTERVIEWER: PROBE FOR TRAUMA-INFORMED SERVICES]

25. **Who participates in the service planning process and what are their roles?**
[INTERVIEWER: PROBE FOR WHETHER THE YOUTH AND/OR OTHER MEMBERS OF THE YOUTH'S SERVICE TEAM (BOTH WITHIN AND EXTERNAL TO THE AGENCY) ARE INVOLVED]

26. **How much choice do youth have in the services they receive or how they receive them? Could you provide some specific examples of that?**
[PROBES BELOW]
- *Choice of provider gender, age, race/ethnicity, sexual orientation]*
- *Choice of timing, location of services*

27. **How is progress toward service plan goals and objectives/action steps monitored and tracked?**

Programming

28. **What types of services do you provide to assist TLP youth in advancing their educational goals and opportunities?**
   (Select all that apply.)

	Education Service
☐	a. GED classes
☐	b. Alternative high school classroom
☐	c. Education planning/counseling
☐	d. Education scholarships
☐	e. Education application and enrollment assistance (high school or post-secondary)
☐	f. Education center with access to computers, internet, and other education resources
☐	g. Other (Please specify): _____
☐	h. Other (Please specify): _____
☐	i. Other (Please specify): _____

29. **What types of services are provided to assist youth in preparing for, acquiring, and sustaining employment?**
   (Select all that apply.)

	Employment Service
☐	a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)
☐	b. Employment/career center with access to computers, internet, on-line job search, etc.
☐	c. Job training (e.g. certificate programs in entry level career track fields)
☐	d. Employment internships
☐	e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)
☐	f. Employment placement
☐	g. Employment retention support

	Employment Service
☐	h. Other (specify): _____
☐	i. Other (specify): _____
☐	j. Other (specify): _____

30. What other services are provided as a part of [name of TLP]?
(Select all that apply.)

	Other Service
☐	a. Case management
☐	b. Life skills classes/training
☐	c. Mental health counseling
☐	d. Substance abuse counseling
☐	e. Services to address trauma or traumatic stress
☐	f. Health screening
☐	g. Health care treatment/nurse
☐	h. Alternative medicine clinic/services
☐	i. Nutrition counseling
☐	j. Legal services
☐	k. Aftercare
☐	l. Other (specify): _____
☐	m. Other (specify): _____
☐	n. Other (specify): _____

31. Given the youth population you serve, do you feel there are any service gaps in the program right now?
[IF YES:]
    a. Please describe.
    b. How do you go about filling those gaps?

32. **How engaged are youth in the activities/content of the program? What aspects of the program are youth most/least responsive to?**

33. **TLPs differ in how they prioritize education and employment goals and the relative emphasis they place on one versus the other. Please describe your program's approach or philosophy.**
    [INTERVIEWER: RECORD THEIR ANSWER THEN SELECT THE STATEMENT THAT BEST REFLECTS THEIR ANSWER AND CONFIRM WITH "SO WOULD IT BE FAIR TO SAY THAT YOUR TLP….?"]
    - ☐ *Prioritizes/emphasizes employment over education*
    - ☐ *Prioritizes/emphasizes education over employment*
    - ☐ *Prioritizes/emphasizes education and employment equally*
    - ☐ *The relative priority of employment and education is determined on an individualized basis, as part of the service/action planning process, in response to the goals of each youth*
    - ☐ *Other: _____*

Education Services

34. I'd like to learn a little more about the education services you provide. Could you describe them for me?

Education Service	Description
a. GED classes	
b. Alternative high school classroom	
c. Education planning/counseling	
d. Education scholarships	
e. Education application and enrollment assistance (high school or post-secondary)	
f. Education center with access to computers, internet, and other education resources	
g. Other (specify): _____	
h. Other (specify): _____	
i. Other (specify): _____	

35. Is the service required for participants?

(Select yes or no for each.)

Education Service	Not applicable	Yes	No
a. GED classes	☐	☐	☐
b. Alternative high school classroom	☐	☐	☐
c. Education planning/counseling	☐	☐	☐
d. Education scholarships	☐	☐	☐
e. Education application and enrollment assistance (high school or post-secondary)	☐	☐	☐
f. Education center with access to computers, internet, and other education resources	☐	☐	☐
g. Other (Please specify): _____	☐	☐	☐
h. Other (Please specify): _____	☐	☐	☐
i. Other (Please specify): _____	☐	☐	☐

Employment Services

36. I'd like to learn a little more about the employment services you provide. Could you describe them for me?

Employment Service	Description
a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)	
b. Employment/career center with access to computers, internet, on-line job search, etc.	
c. Job training (e.g. certificate programs in entry level career track fields)	
d. Employment internships	
e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)	
f. Employment placement	
g. Employment retention support	
h. Other (specify): _____	
i. Other (specify): _____	
j. Other (specify): _____	

37. Is the service required for participants?
(Select yes or no for each.)

Employment Service	Not applicable	Yes	No
a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)	☐	☐	☐
b. Employment/career center with access to computers, internet, on-line job search, etc.	☐	☐	☐

c. Job training (e.g. certificate programs in entry level career track fields)	☐	☐	☐
d. Employment internships	☐	☐	☐
e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)	☐	☐	☐
f. Employment placement	☐	☐	☐
g. Employment retention support	☐	☐	☐
h. Other (specify): _____	☐	☐	☐
i. Other (specify): _____	☐	☐	☐
j. Other (specify): _____	☐	☐	☐

Other Services

38. I'd like to learn a little more about the employment services you provide. Could you describe them for me?

Other Service	Description
a. Case management	
b. Life skills classes/training	
c. Mental health counseling	
d. Substance abuse counseling	
e. Services to address trauma or traumatic stress	
f. Health screening	
g. Health care treatment/nurse	
h. Alternative medicine clinic/services	
i. Nutrition counseling	
j. Legal services	
k. Aftercare	
l. Other (specify): _____	
m. Other (specify): _____	
n. Other (specify): _____	
o. Anything else? (specify): _____	

39. Is the service required for participants?
(Select yes or no for each.)

Other Service	Not applicable	Yes	No
a. Case management	☐	☐	☐
b. Life skills classes/training	☐	☐	☐
c. Mental health counseling	☐	☐	☐
d. Substance abuse counseling	☐	☐	☐
e. Services to address trauma or traumatic stress	☐	☐	☐
f. Health screening	☐	☐	☐
g. Health care treatment/nurse	☐	☐	☐
h. Alternative medicine clinic/services	☐	☐	☐
i. Nutrition counseling	☐	☐	☐
j. Legal services	☐	☐	☐
k. Aftercare	☐	☐	☐
l. Other (specify): _____	☐	☐	☐
m. Other (specify): _____	☐	☐	☐
n. Other (specify): _____	☐	☐	☐

Life Skills

40. **My understanding is that your TLP works to build a number of life skills. Which of these are a major focus of your life skills service component?**
    [INTERVIEWER: REFER TO AND COMPLETE TABLE BELOW. PROBE FOR ANY SERVICES NOT MENTIONED; PROBE FOR "ANYTHING ELSE?"]

Service	Major focus?	
	Yes	No
Budgeting/money management and saving.		
Tenant rights and responsibilities.		
Housekeeping.		
Shopping on a budget		
Cooking		
Nutrition/healthy eating habits		
Time management		
Education planning (e.g., college search and application, financial assistance application)		
Study habits		
Employment search, resume writing, and interviewing		
Employment retention skills		
Social skills (e.g., conflict resolution)		
Emotion regulation/ constructive coping strategies		
Goal setting and planning for the future		
Other (specify): _____		
Other (specify): _____		

Service	Major focus?	
	Yes	**No**
Other (specify): _____		

41. **Please describe the methods or ways the program helps youth develop life skills?**
    a. Who is involved?
    b. Do you use group-based instruction (for example a life-skills class)?
    c. Do you use one-on-one instruction?
    d. Do you use hands-on experiences? *(e.g., staff shop or cook with participants)*
    e. Is peer-to-peer coaching or mentoring involved?
    f. Where do lessons and activities take place? *(Examples: Classroom only, outside classroom/real world experiences)*
    g. Are there opportunities for skill use or practice?

[IF GROUP-BASED INSTRUCTION/ LIFE SKILLS CLASSES MENTIONED, ASK:]
42. Does the program use a particular life skill curriculum? If so, please give title or describe.

Trauma-Informed Services

[INTERVIEWER SCRIPT:]

> *For the next set of questions, I want to ask you about your program's approach to providing services, especially to the extent that you may have incorporated a trauma-informed approach.*

Trauma-Informed Approach

43. Has your program implemented a trauma-informed approach to care?

44. Can you please describe the trauma-informed approach you use?

[INTERVIEWER: RECORD ANSWER AND USE THE CHECK LIST BELOW TO INDICATE CHARACTERISTICS OF THE APPROACH.ASK ABOUT ANY NOT MENTIONED. THIS HELPS TO UNDERSTAND THE KIND OF TRAUMA-INFORMED METHODS THE PROGRAM USES, AND IF THEIR DESIGN RELATES TO THE SPECIFIC POPULATION BEING SERVED.]

Trauma-Informed Approach Checklist:

Yes	No	Element
		Recognize the interrelation between trauma and symptoms of or responses to trauma
		Recognize the survivor's sense of physical and emotional safety
		Create safe and comforting physical environments
		Learn about and understand survivor's history with trauma
		Identify and support a survivor's trauma-related needs (supporting and guiding the heal process, while promoting wellness and resiliency)
		Collaborate with and empower survivor in their treatment
		Collaborate with family members to: • learn about and understand the family's history with trauma, and/or learned methods of coping that may cycle from generation to generation • promote family wellness and resiliency (as appropriate) • support the survivor in their treatment and the healing process
		Collaborate with survivor's friends and peers to: • support the survivor in their treatment and the healing process
		Recognize survivor's need to be respected, informed, connected, and hopeful regarding their own recovery and healing
		Offer effective, evidence-based treatments for trauma [SEE LIST BELOW FOR EXAMPLES]
		Partner with other agencies/organizations serving the survivor

Yes	No	Element
		Foster wellness and resiliency among program staff while preventing vicarious trauma and compassion fatigue

[IF NOT ALREADY DESCRIBED, ASK:]

45. Have you implemented a particular trauma-informed care model or trauma-specific intervention?
[INTERVIEWER SEE LIST BELOW OF THE MOST POPULAR AND RECOGNIZED TRAUMA-INFORMED CARE MODELS AND INTERVENTIONS]
Please describe.

a. How was the model or intervention selected?

b. Do you know if the trauma-informed model or intervention you use has gone through an evaluation to determine its effectiveness?

REFERENCE LIST: Examples Trauma-Specific Interventions
• Addiction and Trauma Recovery Integration Model (ATRIUM)   • Combined Parent Child Cognitive-Behavioral Approach for Children and Families At-Risk for Child physical Abuse   • Culturally Modified Trauma-Focused Treatment   • Essence of Being Real   • Heartland Health Outreach   • Integrative Treatment of Complex Trauma   • International Family Adult and Child Enhancement Services   • Multimodality of Trauma Treatment (aka Trauma-Focused Coping in Schools)   • Neurofeedback   • Parent-Child Interaction Therapy   • Real Life Heroes   • Risking Connection   • Sanctuary Model   • Seeking Sanctuary   • Sensory Motor Arousal Regulation Therapy   • Structured Psychotherapy for Adolescents Responding to Chronic Stress   • Trauma Affect Regulation: Guide for Education and Therapy (TARGET)   • Trauma Affect Regulation: Guide for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)   • Trauma Systems Therapy   • Trauma, Addiction, Mental Health, and Recovery; Trauma and Grief Component Therapy   • Trauma-Focused Cognitive Behavioral Therapy   • Trauma-Focused Cognitive Behavioral Therapy for Child Traumatic Grief   • Trauma-Informed Organizational Self-Assessment and Trauma Recovery and Empowerment Model (TREM and M-TREM)   • Trauma-Informed Yoga

Trauma Screening

46. Do you conduct a trauma screening as part of your normal intake or enrollment procedures?
   [IF YES, ASK:]
      a. Do all youth who enroll receive the screening – or just some? What prompts the screening for some but not others?
      b. Do you use a specific screening tool? If yes, which one?
      c. Can you please describe the key areas that are covered in your screening tool?
      [INTERVIEWER: USE THE CHECK LIST BELOW TO INDICATE THE AREAS COVERED BY THE SCREENING. ASK ABOUT DOMAINS NOT COVERED IN THE RESPONSE.]
   Screening Checklist:

Yes	No	Domain Assessed	Description/Explanation of What Would Be Assessed
		Violence, Abuse, and/or Neglect at Home	Assess extent to which witnessed or experienced violence, abuse (physical, verbal, or sexual), or neglect at home.
		Relationships at Home (Positive and/or Negative)	Determine if relationships at home are supportive or contribute to the trauma. (Looking into whether there is emotional support from the family, if family members are good caregivers?)
		Social Engagement (school, clubs, etc.)	Gauge social supports that provide connectedness, build resilience, and foster healing.
		Ability to Engage in Employment and/or Education	Assess the person's ability to gain and maintain employment and/or attend/stay in school (as applicable). (Determine whether there's a longer history of employment/education challenges and if trauma could be a contributing factor)
		Relationships/Friends (Positive or Negative)	Inquire about ability to connect with individuals in friendships or relationships, or if isolation is more prevalent. Consider whether relationships provide emotional support.
		Frequency of Relationship Turnover	Examine how often close or trusted relationships/friendships end, which can be an indicator of attachment concerns and trust issues.
		Change in Residence	Determining how often and how many times the person has moved residences
		Reason for Homelessness	Determine the circumstances that led to homelessness (run away, throw away, etc.)

Yes	No	Domain Assessed	Description/Explanation of What Would Be Assessed
		Smoking	Determine whether the person smokes cigarettes and if so the frequency of use (Prevalence of smoking is significant with young trauma survivors)
		Substance Use (alcohol and drugs)	Determine whether the person uses substances, and if so, the frequency of use and age of onset..(This can be helpful to address trauma as a co-occurring condition.)
		Parental Substance Use	Inquire about parent history of substance use. (This can indicate learned coping behavior and intergenerational substance abuse concerns that can complicate healing and recovery).
		Exercise	Ask how often, for how long, and the kind of exercise the individual engages in. (Exercise is useful to assess stress management and anxiety reduction.)
		Mental Health	Evaluate for prior mental health treatment and/or diagnosis. This should include a query about family members that may have struggled with mental health or depression. This area could also explore suicide attempts as a serious risk factor.
		Criminal Activity	Determine if the individual and/or anyone in his/her household committed a crime.
		Sexual Activity	Explore if promiscuous and self-destructive or abusive factors come out in intimate relationships. (This can be related to childhood sexual abuse)
		Aggression	Determine if the individual has a pattern of anger and aggression and if there was/is a family history of this.
		Safety	Determine whether there was a place the individual felt safe during childhood and if so how often they could be there. (Safe place does not have to be home)
		Self-Value	Determine whether there was a person or activity that boosted the survivor's esteem or who made them feel important or valued.

47. **How are the results of the trauma screening used—both for those who screen positive for trauma and for those who do not?**
[EXAMPLES BELOW]
- **Determine whether to conduct a comprehensive trauma-focused clinical assessment**
- **Use to inform individual service plan (transitional living plan)**
- **Use to determine other aspects of service delivery**

48. **Do you provide self-soothing items, tools, or spaces (e.g., weighted blankets, fidgets (or finger toys), a comfort room) for youth who experience trauma?**

Staff Training on Trauma

49. **Do program staff receive any training in trauma or trauma-informed care? If so, please describe the training, who receives it, and when it occurs.**
    [EXAMPLES BELOW]
    - *In-person training*
    - *Online training*
    - *Workshop participation*
    - *Consultant-assisted implementation*
    - *Mentoring from outside the organization*
    - *Staff check-ins to discuss TIC implementation and troubleshoot problems*
    - *Other*

Program Structure, Policies, and Rules
[INTERVIEWER SCRIPT:]
Now I'd like to ask you some questions about how the program works on a day-to-day basis and how certain issues and decisions are handled.

50. **Do youth receive a copy of a resident handbook or other document that outlines the program rules and expectations? If so, may we have a copy of the handbook?**
    [IF THE HANDBOOK IS NOT READILY FORTHCOMING, ASK:]
    a. What do these materials cover?

Structure

51. **Do youth have chores or daily responsibilities within the residential community?**
    a. If so, how are they determined and what types of chores/responsibilities are they?
    b. What happens when a youth fails to complete a given chore/responsibility?

52. **In what ways are youth involved in program design, implementation, and governance/decision making? If so, how?**
    [EXAMPLES BELOW]
    - *Youth advisory committee*
    - *Resident constitution or peer covenant*
    - *TLP Youth involved in service delivery within the agency*

Privileges and Rules

53. **Do youth gain more privileges during their time in the TLP program? If yes, what are these privileges?**
    [EXAMPLES BELOW]
    - *Use of personal car*
    - *Cellular phone use*
    - *Increased free time*
    - *Overnight/weekend passes*
    - *Later curfew or later wakeup*
    - *Increased program allowance*
    - *Visitor privileges*
    - *Anything else*

54. **What, if any, rules must a youth follow while staying at the TLP? Please describe.**
    [EXAMPLES BELOW; ASK IF TLP HAS A FORMAL LIST OF RULES. IF SO REQUEST A COPY.]
    - *Curfew*
    - *Visitor restrictions*
    - *Weapons prohibited*
    - *Alcohol or drugs prohibited on program property*
    - *Random drug screening*
    - *Smoking prohibited on program premises*
    - *Sexual activity between residents prohibited on premises*
    - *Cell phone restrictions*
    - *Searching of youth property by staff*
    - *Borrowing/lending of possessions among youth*
    - *Chores/cleanliness*
    - *Savings or budgeting requirement*
    - *Anything else*

55. **What happens when a youth fails to adhere to a given rule?** [INTERVIEWER: PROBE FOR WHETHER THE PROGRAM UTILIZES THERAPEUTIC TIME OUTS, OTHER SANCTIONS/PUNISHMENTS]

56. **What, if any, rules seem to generate the most friction between youth and staff?**

57. **Are there any rule violations that result in an automatic discharge? If yes, what are they?**
    [EXAMPLES BELOW]
    - *Fighting/assaulting on premises*
    - *Destroying property*

- *Possession of weapon*
- *Pregnancy*
- *Substance use on premises*
- *Positive drug test*
- *Verbal aggression*
- *Anything else*

58. **In these instances (of discharge), may the youth reapply to the program at a later date?**

59. **What is the grievance procedure for youth who feel unfairly treated?**

60. **When youth are expelled from the program, what, if any, assistance is provided to youth and how are they prepared for departure?**

Typical Day in TLP

61. **So far, we've talked a lot about the program's services, structure, and policies. Taking a step back, can you give me a sense of what a typical day or week would be like for a youth who has been in the TLP for some time?**

Program Discharge

62. **How does the program define a safe exit?**

63. **What criteria are used to determine when a youth has successfully completed the program and is ready to be discharged?**

64. **What process does the program follow for making discharge decisions?**
    [INTERVIEWER: PROBE FOR WHO IS INVOLVED IN THE DECISION; WHAT SUPPORT IS PROVIDED TO YOUTH IN PREPARING FOR DISCHARGE AND/OR HOW ARE THEY PREPARED FOR THEIR DAY OF EXIT]

65. **What process does the program follow for making and carrying out voluntary early departure decisions*?***
    [INTERVIEWER: PROBE FOR WHO IS INVOLVED IN THE DECISION; WHAT SUPPORT IS PROVIDED TO YOUTH IN PREPARING FOR DISCHARGE AND/OR HOW ARE THEY PREPARED FOR THEIR DAY OF EXIT]

After Care

66. **What, if any, aftercare services are provided to youth who exit the TLP? Please describe.**
    [EXAMPLES BELOW]

- *Staff-initiated check-in/follow-up phone calls*
- *Home visits*
- *Staff available as needed for follow-up support (youth-initiated)*
- *Alumni aftercare group*
- *Participation in other agency services*

67. **Do all, some, or none of exiting youth receive aftercare services?**
    [INTERVIEWER: IF NO, ASK:]

    a. What is the process for determining who will receive aftercare services and what these services will be?

68. **In what, if any, ways do youth remain involved with the TLP once they have exited the program? Please describe.**
    [EXAMPLES BELOW]
    - *Participate in alumni group*
    - *Serve on program committee or advisory group*
    - *Share their experiences at community meetings, life skills groups, or other program events*
    - *Invited to holiday events and graduation ceremonies*
    - *Serve as peer mentors*
    - *Speak at agency events (e.g., annual fundraisers)*
    - *Attend other program alumni events*

Program Outcomes

69. **How do you define success for the TLP?**

70. **How do you measure the program's level of success or effectiveness? Do you measure and track progress or**
    [IF RESPONDENT UNSURE:]
    a. For example, does the program have outcome targets by which it determines its effectiveness? If so, what are these targets?
    [EXAMPLES BELOW]
    - *Housing*
    - *Education*
    - *Employment*
    - *Health*
    - *Life Skills*
    - *Relationships or social functioning*

    b. Do you use a pre- and post-program youth assessment? If so, what is the full name of the assessment tool used?

71. **Are there factors that seem to contribute to a youth's likelihood of success, or the likelihood that they will exit to a safe housing location? If yes, please describe.**
[THESE COULD BE YOUTH'S PRIOR EXPERIENCES OR PERSONAL ATTRITBUTES AND/OR EXPERIENCES IN THE PROGRAM]

72. **Are there factors that seem to increase the likelihood that youth will become homeless again or leave the program without completing it? If yes, please describe?**
[THESE COULD BE YOUTH'S PRIOR EXPERIENCES OR PERSONAL ATTRITBUTES AND/OR EXPERIENCES IN THE PROGRAM]

Closing

73. **We're just about finished. Before we end, is there anything else that you feel it is important for us to understand about the program that we haven't asked about?**

[THANK INTERVIEWEE FOR THEIR TIME. ASK IF THERE ARE ANY QUESTIONS ABOUT THE INTERVIEW. PROVIDE YOUR CONTACT INFORMATION IN CASE OF ANY FOLLOW UP THEY'D LIKE TO DO.]

Program Data Tables

[INTERVIEWER: PREFILL WITH AVAILABLE RHYMIS DATA AND CONFIRM]

Budget

74. **What is the agency's total annual budget (from all sources)?**	$
75. **What is the budget for the TLP (from all sources)?**	$
76. **What is the total amount of FYSB TLP grant?**	$

Service Statistics

Looking back over the past few years of data….

77. **How many youth are referred to the TLP annually?**	
78. **How many youth are served by the TLP annually?**	
79. **How many youth enter the TLP annually?**	

80. **How many youth exit the TLP annually?**	
81. **What is the average length of stay in the TLP i?**	
82. **What is the average age at entry of youth served by the TLP?**	
83. **What is the age range of youth served by the TLP?**	
84. **What is the ethnic composition of the youth served by the TLP in the last fiscal year?**	_____ % Hispanic or Latino _____ % Not Hispanic or Latino _____ % Not Provided
85. **What is the racial composition of the youth served by the TLP?**	_____ % American Indian or Alaska Native _____ % Asian _____ % Black of African American _____ % Native Hawaiian or Other Pacific Islander _____ % White _____ % Not Provided
86. **What is the gender composition of the youth served by the TLP?**	_____ % Male _____ % Female _____ % Transgender Male to Female _____ % Transgender Female to Male _____ % Other _____ % Unknown

Housing

87. **What is the total number of <u>TLP beds</u> in the program?**	
88. **What is the total number of <u>TLP units</u> in the program?**	

Program Service Tables

Education Services Tables

89. Typically, where are your education services delivered? [REFERENCE ONLY THOSE ENDORSED BY EARLIER IN INTERVIEW]
 (Select all that apply.)

Employment Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
a. GED classes	☐	☐	☐	☐	☐ (Please specify): _____
b. Alternative high school classroom	☐	☐	☐	☐	☐ (Please specify): _____
c. Education planning/counseling	☐	☐	☐	☐	☐ (Please specify): _____
d. Education scholarships	☐	☐	☐	☐	☐(Please specify): _____
e. Education application and enrollment assistance (high school or post-secondary)	☐	☐	☐	☐	☐(Please specify): _____
f. Education center with access to computers, internet, and other education resources	☐	☐	☐	☐	☐(Please specify): _____
g. Other (Please specify): _____	☐	☐	☐	☐	☐(Please specify): _____
h. Other (Please specify): _____	☐	☐	☐	☐	☐(Please specify): _____

Employment Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
i. Other (Please specify): _____	☐	☐	☐	☐	☐(Please specify): _____

90. **Typically, who provides your education services?** [REFERENCE ONLY THOSE ENDORSED BY EARLIER IN INTERVIEW]
    (Select all that apply.)

Education Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
a. GED classes	☐	☐	☐	☐	☐	☐ (Please specify): _____
b. Alternative high school classroom	☐	☐	☐	☐	☐	☐ (Please specify): _____
c. Education planning/counseling	☐	☐	☐	☐	☐	☐ (Please specify): _____
d. Education scholarships	☐	☐	☐	☐	☐	☐ (Please specify): _____
e. Education application and enrollment assistance (high school or post-secondary)	☐	☐	☐	☐	☐	☐ (Please specify): _____
f. Education center with access to computers, internet, and other education resources	☐	☐	☐	☐	☐	☐ (Please specify): _____

Education Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
g. Other (Please specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
h. Other (Please specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
i. Other (Please specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____

91. **Typically, what is the frequency of the service?**
   (Select one for each row.)

Education Service	Not applicable	Less than 1 time a month	1 time a Month	2 or 3 times a month	1 time a week	More than 1 time a week
a. GED classes	☐	☐	☐	☐	☐	☐
b. Alternative high school classroom	☐	☐	☐	☐	☐	☐
c. Education planning/counseling	☐	☐	☐	☐	☐	☐
d. Education scholarships	☐	☐	☐	☐	☐	☐
e. Education application and enrollment assistance (high school or post-secondary)	☐	☐	☐	☐	☐	☐
f. Education center with access to computers, internet, and other education resources	☐	☐	☐	☐	☐	☐
g. Other (Please specify): _____	☐	☐	☐	☐	☐	☐
h. Other (Please specify): _____	☐	☐	☐	☐	☐	☐

	☐	☐	☐	☐	☐	☐
i. Other (Please specify): _____						

Employment Services Tables

92. Typically, where are your employment services delivered? [REFERENCE ONLY THOSE ENDORSED BY EARLIER IN INTERVIEW]
(Select all that apply.)

Employment Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)	☐	☐	☐	☐	☐ (Please specify): _____
b. Employment/career center with access to computers, internet, on-line job search, etc.	☐	☐	☐	☐	☐ (Please specify): _____
c. Job training (e.g. certificate programs in entry level career trck fields)	☐	☐	☐	☐	☐ (Please specify): _____
d. Employment internships	☐	☐	☐	☐	☐(Please specify): _____
e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)	☐	☐	☐	☐	☐(Please specify): _____
f. Employment placement	☐	☐	☐	☐	☐(Please specify): _____
g. Employment retention support	☐	☐	☐	☐	☐(Please specify):

Employment Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
					_____
h. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____
i. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____
j. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____

93. Typically, who provides these services?
(Select all that apply.)

Employment Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)	☐	☐	☐	☐	☐	☐ (Please specify): _____
b. Employment/career center with access to computers, internet, on-line job search, etc.	☐	☐	☐	☐	☐	☐ (Please specify): _____
c. Job training (e.g. certificate programs in entry level career track fields)	☐	☐	☐	☐	☐	☐ (Please specify): _____

Employment Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
d. Employment internships	☐	☐	☐	☐	☐	☐ (Please specify): _____
e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)	☐	☐	☐	☐	☐	☐ (Please specify): _____
f. Employment placement	☐	☐	☐	☐	☐	☐ (Please specify): _____
g. Employment retention support	☐	☐	☐	☐	☐	☐ (Please specify): _____
h. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
i. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
j. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____

94. Typically, what is the frequency of the service?
(Select one for each row.)

Employment Service	Not applicable	Less than 1 time a month	1 time a Month	2 or 3 times a month	1 time a week	More than 1 time a week
a. Employment readiness preparation (e.g., resume development, presentation and interviewing guidance, job search strategies and resources)	☐	☐	☐	☐	☐	☐
b. Employment/career center with access to computers, internet, on-line job search, etc.	☐	☐	☐	☐	☐	☐
c. Job training (e.g. certificate programs in entry level career track fields)	☐	☐	☐	☐	☐	☐

d. Employment internships	☐	☐	☐	☐	☐	☐
e. Transitional jobs program (i.e. time-limited, subsidized employment with services to address employment barriers)	☐	☐	☐	☐	☐	☐
f. Employment placement	☐	☐	☐	☐	☐	☐
g. Employment retention support	☐	☐	☐	☐	☐	☐
h. Other (specify): _____	☐	☐	☐	☐	☐	☐
i. Other (specify): _____	☐	☐	☐	☐	☐	☐
j. Other (specify): _____	☐	☐	☐	☐	☐	☐

Other Service Tables

95. Typically, where are your other services delivered? [REFERENCE ONLY THOSE ENDORSED BY EARLIER IN INTERVIEW]
(Select all that apply.)

Other Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
a. Case management	☐	☐	☐	☐	☐ (Please specify): _____
b. Life skills classes/training	☐	☐	☐	☐	☐ (Please specify): _____
c. Mental health counseling	☐	☐	☐	☐	☐ (Please specify): _____
d. Substance abuse counseling	☐	☐	☐	☐	☐(Please specify): _____
e. Services to address trauma or traumatic stress	☐	☐	☐	☐	☐(Please specify): _____

Other Service	Not applicable	On-site at residential program	At TLP agency offices	At participants' apartments	At other community locations
f. Health screening	☐	☐	☐	☐	☐(Please specify): _____
g. Health care treatment/nurse	☐	☐	☐	☐	☐(Please specify): _____
h. Alternative medicine clinic/services	☐	☐	☐	☐	☐(Please specify): _____
i. Nutrition counseling	☐	☐	☐	☐	☐(Please specify): _____
j. Legal services	☐	☐	☐	☐	☐(Please specify): _____
k. Aftercare	☐	☐	☐	☐	☐(Please specify): _____
l. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____
m. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____
n. Other (specify): _____	☐	☐	☐	☐	☐(Please specify): _____

96. Typically, who provides these services?
   (Select all that apply.)

Other Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
a. Case management	☐	☐	☐	☐	☐	☐ (Please specify): _____
b. Life skills classes/training	☐	☐	☐	☐	☐	☐ (Please specify): _____
c. Mental health counseling	☐	☐	☐	☐	☐	☐ (Please specify): _____

Other Service	Not applicable	TLP Staff	Other Staff or Programs within the your agency	Partner Agency	Referral (not partner)	Other service provider
d. Substance abuse counseling	☐	☐	☐	☐	☐	☐ (Please specify): _____
e. Services to address trauma or traumatic stress	☐	☐	☐	☐	☐	☐ (Please specify): _____
f. Health screening	☐	☐	☐	☐	☐	☐ (Please specify): _____
g. Health care treatment/nurse	☐	☐	☐	☐	☐	☐ (Please specify): _____
h. Alternative medicine clinic/services	☐	☐	☐	☐	☐	☐ (Please specify): _____
i. Nutrition counseling	☐	☐	☐	☐	☐	☐ (Please specify): _____
j. Legal services	☐	☐	☐	☐	☐	☐ (Please specify): _____
k. Aftercare	☐	☐	☐	☐	☐	☐ (Please specify): _____
l. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
m. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____
n. Other (specify): _____	☐	☐	☐	☐	☐	☐ (Please specify): _____

97. Typically, what is the frequency of the service?
   (Select one for each row.)

Other Service	Not applicable	Less than 1 time a month	1 time a Month	2 or 3 times a month	1 time a week	More than 1 time a week
a. Case management	☐	☐	☐	☐	☐	☐

Other Service	Not applicable	Less than 1 time a month	1 time a Month	2 or 3 times a month	1 time a week	More than 1 time a week
b. Life skills classes/training	☐	☐	☐	☐	☐	☐
c. Mental health counseling	☐	☐	☐	☐	☐	☐
d. Substance abuse counseling	☐	☐	☐	☐	☐	☐
e. Services to address trauma or traumatic stress	☐	☐	☐	☐	☐	☐
f. Health screening	☐	☐	☐	☐	☐	☐
g. Health care treatment/nurse	☐	☐	☐	☐	☐	☐
h. Alternative medicine clinic/services	☐	☐	☐	☐	☐	☐
i. Nutrition counseling	☐	☐	☐	☐	☐	☐
j. Legal services	☐	☐	☐	☐	☐	☐
k. Aftercare	☐	☐	☐	☐	☐	☐
l. Other (specify): _____	☐	☐	☐	☐	☐	☐
m. Other (specify): _____	☐	☐	☐	☐	☐	☐
n. Other (specify): _____	☐	☐	☐	☐	☐	☐