

## LifeSet Staff Survey

### INSTRUCTIONS:

We would like to invite you to participate in an online survey that will take about 20 minutes to complete. As part of our efforts to understand how the LifeSet program operates we are asking LifeSet specialists to complete this survey. Your answers will help us learn more about some features of the services you provide. The time you take to answer these questions will also help us to prepare for the in-person focus groups we will be conducting [month year].

After asking you about your educational and employment background, most of the questions will ask you to provide some details about the time you spend with supervisors and your work with LifeSet participants. This is not an audit, nor are we “checking up” on you. We are simply interested in getting a better idea of who you are and what your position entails.

Your participation in this survey is voluntary. You can choose not to answer any question or not participate in the interview at all. There will be no consequences to you if you choose not to participate. All information will be kept private by the research team and will not be shared with your employer, the New Jersey Department of Children and Families, or Youth Villages. Additionally, federal law states that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this data collection is 0970-0577 and the expiration date is XX/XX/XXXX. Thank you in advance for your time!

### A. Staff Member Background

**We will ask you a few questions about your educational and work background.**

1. What is the highest degree you have earned?
  - a. High school diploma/GED
  - b. Associate's
  - c. Bachelor's
  - d. Master's
  - e. Doctorate
2. [If 1 ≠ A] What field or area of study is it in?  
(write in answer)

---

3. When did you receive your degree?
  - a. (drop down month, drop down year)
  - b.
4. What is the name of your current employer?  
(Drop down of LS provider agencies, option to choose one)
5. When did you start working as a LifeSet Specialist with [response from 7]?
  - a. (drop down month, drop down year )
  - b.
6. Including your current position, how many years have you been employed in a social services setting?
  - a. \_\_\_\_ years [validation check, whole number between 0-40]
7. Prior to becoming a LifeSet Specialist, did you have experience working with adolescents or young adults?
  - a. Yes
  - b. No

## A. Supervision

### *Group meetings with LifeSet Team Supervisors*

14. How many times per week do you have regular group meetings with your team supervisor?  
\_\_\_\_ / week – Drop down number (range 0-7)

15. How long do these meetings typically last?  
\_\_\_\_ minutes / meeting (validation check that anything over 240 is invalid)

16. Briefly describe the goals of these meetings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. How often do you find these meetings useful?

Never	only sometimes	usually	always			
1	2	3	4	5	6	7

18. Briefly describe your usefulness rating for group supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Individual meetings with LifeSet Team Supervisors*

19. How many times per week do you have regular individual meetings with your team supervisor?  
\_\_\_\_ / week – drop down number (range 0-14)

20. How long do these meetings typically last?  
\_\_\_\_ minutes / meeting (validation check that anything over 120 is invalid)

21. Briefly describe the goals of these meetings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. How often do you find these meetings useful?

Never		Half of the time		Always		
1	2	3	4	5	6	7

23. Briefly describe your usefulness rating for individual supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Meetings with LifeSet Licensed Program Experts*

24. How frequently do you have regular meetings with your Licensed Program Expert?

\_\_\_\_ / week – drop down number (range 0-7)

25. How long do these meetings typically last?

\_\_\_\_ minutes / meeting (validation check that anything over 240 is invalid)

26. Briefly describe the goals of these meetings: \_\_\_\_\_

---

---

27. How often do you find these meetings useful?

Never

Half of the time

Always

1

2

3

4

5

6

7

28. Briefly describe your usefulness rating for meetings with LifeSet Program Experts: \_\_\_\_\_

---

---

## B. LS Sessions

30. Approximately how many youth are on your **current** caseload?

31. Thinking about those young adults in your **current** caseload, where do you most frequently conduct LifeSet sessions? (option to select one)

School

Youth's home

At youth's work

At your offices

By phone (not using video)

By video chat (Zoom, Facetime, etc.)

In the community, please specify type of location: \_\_\_\_\_

Other: \_\_\_\_\_

32. Thinking about your current caseload, select the three topic areas that you cover with clients most frequently:

Financial issues

High school/GED education

Physical health

Housing

Employment

Legal issues

Substance use/abuse

Other life skills

Relationship management

Other: \_\_\_\_\_

Community safety

Post-secondary education

Behavioral/mental health

Domestic violence

Transportation

Delinquent/criminal behavior

Sexual and reproductive health

Parenting skills

Community supports or connections to caring adults

33. About how often do you use assessment/diagnostic tools or interventions directly from the GuideTree Toolbox during weekly LifeSet sessions?

Never			Half of the time		Always
1	2	3	4	5	6 7

34. Select the three clinical tools that you use most frequently in LifeSet sessions:

Psychoeducation	Cognitive Coping	Challenging Automatic Thoughts
Parenting Skills	Preparing Adolescents for Young Adulthood (PAYA)	
Emotional Thermometer	Positive Self Talk	Transition Toolkit
Functional Analysis	Exit and Wait Plan	
Other: _____		

**C. Outside Service Providers and Referrals**

34. Please indicate how often you interact with the following individuals on behalf of youth in LifeSet

*Probation officers, parole officers, or other staff from the juvenile or adult corrections systems:*

Never		Monthly		Weekly		Daily
1	2	3	4	5	6	7

*Law Guardian, Deputy Attorney General, Court Appointed Special Advocate (CASA), or other court officials:*

Never	only sometimes		somewhat frequently		very frequently
1	2	3	4	5	6 7

*Staff from the local high school (i.e. teachers, guidance counselors, principles):*

Never		Monthly		Weekly		Daily
1	2	3	4	5	6	7

*Staff from a college, university, or trade school:*

Never		Monthly		Weekly		Daily
1	2	3	4	5	6	7

*Staff from the local workforce development board:*

Never		Monthly		Weekly		Daily
1	2	3	4	5	6	7

*Other outside service providers in the community (such as behavioral health services, employment services, etc.):*

Never		Monthly		Weekly		Daily
1	2	3	4	5	6	7

*Youths' CP&P caseworker*

Never		Monthly		Weekly		Daily
-------	--	---------	--	--------	--	-------

1                      2                      3                      4                      5                      6                      7

*Youths' CMO care manager*

Never			Monthly		Weekly		Daily
1	2	3	4	5	6	7	

*If there are other individuals (outside of other staff within your employer) with whom you interact frequently please give their role(s): \_\_\_\_\_*

35. Thinking about all the young adults that have been on your caseload, please indicate what percentage you have referred to outside service providers for the following service areas and to which provider you most frequently refer:

*High School/GED Education:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Post-secondary Education:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Employment:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Housing:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Behavioral/mental health:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Financial issues:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Substance use/abuse:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Legal issues:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Delinquent behavior:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Domestic violence:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Pregnancy or reproductive health:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Parenting skills:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Recreational and personal enrichment activities (sports leagues, hobby groups, cultural events, etc.):*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Religious or spiritual activities:*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Civic engagement activities (voting registration, volunteerism, etc.):*

Slider that goes from 0-100%

Most frequent service provider: \_\_\_\_\_

*Please give the service types and providers for other services you frequently refer young adults to:*

\_\_\_\_\_

## **E. Thank you**

Thank you for taking the time to complete this survey! Your input is very valuable to us. If you have questions about the survey or the Young Adult Services Study, please contact the study's co-Principal Investigator, Dr. Michael Pergamit, at [mpergamit@urban.org](mailto:mpergamit@urban.org).

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the programs and services provided to young adults who are currently or were previously in foster care. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0577, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at [mpergamit@urban.org](mailto:mpergamit@urban.org)*