

Coordinated Services Plan Team Member Survey

(Web version: <http://vtcsp.blogspot.com>)



Dear Vermont Parents, Youth, Providers, Educators, and other CSP Team Members,

You are invited to complete this survey if you are a member of a team that developed a Coordinated Services Plan (CSP) for a youth in Vermont. Team members include *parents, youth, relatives, service providers, educators, advocates* – and anyone else that helped develop the CSP.

The Vermont Department of Education and Agency of Human Services want to improve CSPs for youth and families. To do this, it is incredibly important that we hear from CSP team members like you.

Instructions – There are two ways to complete this survey:

1. *Web Version:* Please visit the following website: <http://vtcsp.blogspot.com> and follow the instructions at the top of the page.
2. *Paper Version:* Please complete and return in the self-addressed envelope. If you do not have the envelope, please return to:

Jesse Suter CDCI / University of Vermont 208 Colchester Ave Burlington, VT 05405

Key points for the survey:

- The survey should take about 10 minutes.
- It is your choice to complete this survey or not, and whatever you decide, it will not effect the youth or family's services.
- Your feedback is confidential. No names will be connected to the information you provide.
- There are no right or wrong answers. We are asking for your personal perspectives and experiences on your team.
- If you have been on more than one CSP team, please complete *a separate survey for each team that you are providing feedback.*
- The information will be used to create regional and statewide reports.

Questions or concerns:

- Please contact Jesse Suter at 802-656-1130 or jesse.suter@uvm.edu

Thank you very much for your help in improving CSPs in Vermont!

Sincerely,

Jesse Suter
Evaluator, Interagency Agreement Implementation Team

CSP Team Member Survey



D1. Today's date: _____

D2. Date Coordinated Services Plan began (from CSP form or best guess): _____

D2b. If you don't know the date of the CSP, how many months ago did the CSP begin? _____

D3. Region where the CSP was written (please check one):

<input type="checkbox"/> Barre	<input type="checkbox"/> Bennington	<input type="checkbox"/> Brattleboro	<input type="checkbox"/> Chittenden
<input type="checkbox"/> Hartford	<input type="checkbox"/> Middlebury	<input type="checkbox"/> Morrisville	<input type="checkbox"/> Newport
<input type="checkbox"/> Rutland	<input type="checkbox"/> Springfield	<input type="checkbox"/> St. Albans	<input type="checkbox"/> St. Johnsbury

D4. What is the youth's age? _____ D5. What is the youth's gender? _____

D6. About how many times has your CSP team met? _____

D7. Who has legal custody of the youth?

<input type="checkbox"/> Biological parent(s)	<input type="checkbox"/> Relative(s)	<input type="checkbox"/> Adoptive parent(s)	<input type="checkbox"/> DCF
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other, please describe:		

D8. Who is on your CSP team & what is your role? (please check only one choice for each row)

Team Members	Your role (check one)	On team	Don't know if on team
a. Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other relative, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Family friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family Support or Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. DCF Family Services provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental Disabilities worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Early Childhood staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Education teacher or representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental Health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Post-Adoption Services provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Substance Abuse Treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Vocational Rehabilitation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Someone else, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CSP Team Member Survey

D9. What is the lead agency for the youth's CSP? (*choose only one*)

Every CSP team chooses a lead agency that has the responsibility for taking a lead role to ensure that services are coordinated.

<input type="checkbox"/> Agency of Human Services	<input type="checkbox"/> Corrections	<input type="checkbox"/> Department for Children & Families	<input type="checkbox"/> Developmental Services
<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Education	<input type="checkbox"/> Family Support & Advocacy	<input type="checkbox"/> Health provider
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Post-Adoption Agency	<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Other, please describe:			

D10. **At school**, does the youth have a... (*check only one*)

<input type="checkbox"/> Individualized Education Program (IEP)?	<input type="checkbox"/> 504 Plan?	<input type="checkbox"/> Educational Support Team (EST) plan?	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Youth not in school, please describe why not:			

D11. What other **primary** services or supports does the youth receive? (*please describe*)

D12. What are the youth's primary disabilities, disorders, or challenges that are the focus of the CSP? (*check all that apply*)

- Autism Spectrum Disorder
- Developmental disability
- Intellectual disability (i.e., Learning Impairment)
- Learning disability
- Mental health disorder
- Alcohol or substance abuse
- Don't know
- Other, please describe _____

D13. What are **your** primary goals for the youth's CSP? (*check all that apply*)

- Better coordinate services between providers.
- Come up with a new plan for meeting the goals of the youth and family.
- Get services that the youth and family have not been able to access.
- Resolve a crisis.
- Get a residential placement for the youth.
- Don't know
- Other, please describe _____

Has the youth's CSP been referred to the...	Yes	No	Don't Know
D14. Local Interagency Team (LIT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15. State Interagency Team (SIT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16. Case Review Committee (CRC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following statements, please check the response that best fits what HAS happened on the CSP team (rather than what you feel SHOULD have happened).

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Don't Know</i>
1. The CSP process was fully explained to the family including their rights and the choices they could make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CSP team members were chosen with the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The CSP team has members who can make decisions and get needed resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The family has been given an opportunity to meet with other families who have been through the CSP process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Family members are treated as equal team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Team members actively participated in making the youth's plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The family spoke about their hopes and goals for the youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The strengths and resources of the youth and family were used to create the youth's CSP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The CSP team reviewed what has been tried before to make the youth's CSP more effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The services and supports in the CSP are a good match for the youth's specific needs and strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Team members hold each other responsible and follow through on activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. CSP team meetings are more helpful than other planning meetings this youth has had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Data is collected from team members on an ongoing basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Data is used to make team decisions, change the plan when needed, and track progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I believe the CSP team will reach the goals in the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

① Please complete this page only if the youth's CSP began at least three months ago or has finished.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
16. The CSP team made good progress toward reaching the goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The CSP team made changes to the plan when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Any concerns or questions I've had were resolved quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The youth received the services and supports in the CSP.	No, none of them <input type="checkbox"/>	Some of them <input type="checkbox"/>	Most of them <input type="checkbox"/>	Yes, all of them <input type="checkbox"/>	Don't know if they were received or not <input type="checkbox"/>

20. If <u>any</u> of the services and supports in the CSP <u>were not received</u> , please check why not. (check all that apply)
<input type="checkbox"/> a. Family decided they were not needed. <input type="checkbox"/> d. People were not available to provide service(s) or support(s).
<input type="checkbox"/> b. Service providers decided they were not needed. <input type="checkbox"/> e. Money was not available to pay for service(s) or support(s).
<input type="checkbox"/> c. The services were not available in region. <input type="checkbox"/> f. Don't know
<input type="checkbox"/> g. Other reason(s), please describe:

Since the CSP team first met, how much progress has the youth made in the following areas?	Worse	No better	A little better	A lot better	Don't Know	Not a CSP goal
21. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. School performance (e.g., grades, discipline, attendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Behaviors & emotions (e.g., behavior problems, mood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Social & recreational (e.g., friendships, hobbies, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Other area, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you so much for completing this survey!

Please feel free to add any other comments on a separate sheet of paper and return with this survey.