

2017 Community Support Program (CSP) Survey Worksheet F-02112 (03/2018)

Instructions

The Community Support Program (CSP) Survey asks a variety of questions about the operations of your CSP in calendar year 2017. The survey is completed annually by CSPs. Results will be used by the Wisconsin Department of Health Services to inform improvements to Wisconsin's CSPs and direct training and technical assistance efforts. The topics in the survey for which you will need to collect information include:

1. Enrollment Information
2. Participant Discharge Status
3. Participant Discharge - Transition to Other Services
4. Participant Demographic Information
5. Medical Conditions and Substance Use
6. Use of Evidence-Based Practices
7. Waiting List
8. Suicide Risk Assessment
9. Staff Turnover
10. Recommendations for 2018

- The survey requires some research and data collection. You can record your answers on this worksheet first and use it for data entry of your responses in the web survey. Please do not submit copies of this worksheet in place of completing the web survey.
- Complete only one survey per certified CSP. If you manage more than one CSP, please complete a separate survey for each program. If your CSP serves multiple counties, please complete just one survey for your entire CSP.
- All questions with a star (*) after them require a response.
- If you cannot record your web survey responses all at once, you may click the "Save and Continue" button at the bottom of each page and return to the web survey later to complete it.
- The link to the web survey is:

<https://www.surveymzmo.com/s3/4241954/2017-CSP-Survey>

Please complete the web survey by **Friday, April 27**. If you have any questions or difficulties with the survey, please contact Tim Connor at Tim.Connor@dhs.wisconsin.gov. Thank you!

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Enrollment Information

1. Please list the name of the county or region within which your certified CSP operates.*

2. Please enter the four-digit DQA program certification number for your CSP.*

3. Please enter the formal name of the county agency or contracted private agency that operates your CSP.*

4. How many active CSP participants did you have on December 31, 2016? *

5. How many new admissions to your CSP did you have in 2017? *

6. How many discharges from your CSP did you have in 2017? *

7. How many of the continuing 2016 CSP participants plus new 2017 CSP participants were concurrently enrolled in Family Care? *

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Participant Discharge Status

Please provide information describing the reasons why participants were discharged from your CSP in 2017. If there was more than one reason for a participant's discharge, please choose the primary reason. If no participants were discharged for one of the reasons, you must enter a zero. If a participant was discharged because they "recovered to the extent that CSP-level services were no longer needed," please always choose this reason over others.

How many participants were discharged in 2017 for the following reasons: * <i>[The sum of the numbers entered must equal the total number of discharges recorded in Question #6.]</i>	
	# of Participants
8. Moved from the CSP geographic service area	
9. Recovered to the extent that CSP-level services were no longer needed	
10. Funding or authorization ended for the participant	
11. Needed services beyond what CSP can offer (inpatient, etc.)	
12. Decided to withdraw	
13. Sent to jail	
14. Sent to prison	
15. Deceased	
16. Unknown reasons	
17. Other known reasons not listed above	

18. If applicable, please describe the other known reasons that participants were discharged from your CSP?

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Participant Discharge - Transition to Other Services

For all CSP participants discharged in 2017 for each reason listed in this section, please provide the number of participants who transitioned to one of the following services. Participants should only be counted once for each question. If no participants fit the criteria specified, please enter a '0,' otherwise the online survey question will produce an error.

Please make sure that the total participants entered across categories for each discharge reason matches the number of participants you reported in the previous questions as the total discharged for that reason. For example, if you reported 100 participants discharged because they moved from your CSP geographic service area, the sum of participants across all categories below should equal 100.

19. For all participants discharged in 2017 because <u>they moved from your CSP geographic service area</u> , how many transitioned to each of the following services? *	
	# of Participants
Another CSP	
Outpatient Therapy/Psychiatry	
Targeted Case Management (TCM) or other CM program	
Comprehensive Community Services (CCS)	
Nursing Home	
Group Home/CBRF	
Inpatient/IMD	
Participant did not transition to other services	
Unknown	
Other services, please describe:	

20. For all participants discharged in 2017 because <u>they recovered to the extent that CSP-level services were no longer needed</u> , how many transitioned to each of the following services? *	
	# of Participants
Outpatient Therapy/Psychiatry	
Targeted Case Management (TCM) or other CM program	
Comprehensive Community Services (CCS)	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other services, please describe:	

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

21. For all participants discharged in 2017 because <u>funding or authorization ended for the participant</u> , how many transitioned to each of the following services? *	
	# of Participants
Outpatient Therapy/Psychiatry	
Targeted Case Management (TCM) or other CM program	
Comprehensive Community Services (CCS)	
Nursing Home	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other services, please describe:	

22. For all participants discharged in 2017 because <u>they needed services beyond what CSP can offer</u> , how many transitioned to each of the following services? *	
	# of Participants
Nursing Home	
Group Home/CBRF	
Inpatient/IMD	
Participant did not transfer to other services	
Unknown	
Other services, please describe:	

23. For all participants discharged in 2017 because <u>the participant decided to withdraw</u> , how many transitioned to each of the following services? *	
	# of Participants
Another CSP	
Outpatient Therapy/Psychiatry	
Targeted Case Management (TCM) or other CM program	
Comprehensive Community Services (CCS)	
Nursing Home	
Group Home/CBRF	
Participant did not transfer to other services	
Unknown	
Other services, please describe:	

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Demographic Information

Please provide the following information about all CSP participants you served in 2017. If no participants fit the criteria specified, please enter a '0'; otherwise, the question will produce an error. *The sum of the numbers entered for each question in this section must equal the total number of participants you served in 2017 as reported in Questions #4-5.*

24. Please enter the number of 2017 participants of each gender.*

	# of Participants
Female	
Male	
Transgender male to female	
Transgender female to male	
Unknown	

25. Please enter the number of 2017 participants in each age group.*

	# of Participants
17 and under	
18-20	
21-64	
65-74	
75+	
Unknown	

26. Please enter the number of 2017 participants of each race.*

	# of Participants
American Indian/Alaskan Native	
Asian	
Black/African American	
Hawaiian/Pacific Islander	
White	
More than one race	
Unknown	

27. Please enter the number of 2017 participants of Hispanic/Latino ethnicity.*

	# of Participants
Hispanic/Latino	
Not Hispanic/Latino	
Unknown	

28. Please enter the number of 2017 participants who served in the military.*

	# of Participants
Served in the military	
Never served in the military	
Unknown	

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Medical Conditions & Substance Use

Please provide the following information about all CSP participants you served in 2017. If no participants fit the criteria specified, please enter a '0'; otherwise, the question will produce an error.

29. Please enter the number of 2017 participants with the following substance use patterns. * <i>[Count a participant multiple times if they qualify for more than one category on the list.]</i>	
	# of Participants
Use tobacco	
Alcohol use problem	
Methamphetamine use problem	
Heroin or other opiate use problem	
Other drug use problem	

30. Please enter the number of 2017 participants with the following medical conditions. * <i>[Count a participant multiple times if they have more than one medical condition on the list.]</i>	
	# of Participants
Metabolic Syndrome (participant has all of the following: high blood pressure/hypertension, high cholesterol, and obesity around the midsection)	
High blood pressure/Hypertension (exclude those with Metabolic Syndrome)	
High cholesterol (exclude those with Metabolic Syndrome)	
Obesity (exclude those with Metabolic Syndrome)	
Type I Diabetes	
Type II Diabetes	
Asthma	
COPD (Chronic Obstructive Pulmonary Disease)	
Cardiovascular problems (angina/coronary artery disease, heart attack, or stroke)	

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Evidence-Based Practices (EBPs)

This section asks about EBPs your program offered **participants** in 2017. Using the “EBP Definitions” document sent with the email invitation for this survey, please report whether your CSP offered each EBP fully, partially, or not at all last year. “**Fully**” implemented means the EBP you offered had **all** the critical elements. “**Partially**” implemented means the EBP you offered had **some** of the critical elements in the "EBP Definitions" document.

If an EBP is provided by your program as a component of ACT, participants receiving them should be reported in the CSP survey under both ACT and *separately* under this EBP. For example, if IDDT is provided to an individual within your ACT program, please report that individual as receiving both ACT and IDDT on the ensuing pages of the survey.

31. Did you offer the following Evidence-Based Practices (EBPs) in 2017? *			
<i>[Please answer “Yes Fully,” “Yes Partially,” or “No” for each EBP.]</i>			
EBP	Yes, Fully	Yes, Partially	No
Assertive Community Treatment (ACT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrated Treatment for Co-Occurring Disorders (IDDT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Psychoeducation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness Management and Recovery (IMR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management (MedTEAM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent Supportive Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation Bucket Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivational Interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next several pages ask questions about each individual EBP listed above. If your CSP offered an EBP “fully” or “partially,” you must answer the questions on the following page for that specific EBP. If your CSP did not offer an EBP, you may skip the page with questions about that EBP.

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Assertive Community Treatment (ACT)

32. How many participants received Assertive Community Treatment (ACT) in 2017?*

33. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Assertive Community Treatment (ACT)					

34. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Assertive Community Treatment (ACT)							

35. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Assertive Community Treatment (ACT)							

36. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Assertive Community Treatment (ACT)			

	Yes	No
37. Have CSP staff been specifically trained to implement this EBP?		
38. If so, did you use the EBP toolkit to guide your implementation?		
39. Did you monitor fidelity for this EBP?		
40. If so, did you use an outside monitor to review fidelity for this EBP?		
41. If so, what fidelity measure did you use?		

Integrated Treatment for Co-Occurring Disorders

42. How many participants received Integrated Treatment for Co-Occurring Disorders in 2017?*

--

43. How many participants of each gender received this EBP in 2017? *

	Female	Male	Transgender male to female	Transgender female to male	Unknown
Integrated Treatment for Co-Occurring Disorders					

44. How many participants in each age group received this EBP in 2017?

	17 and under	18-20	21-64	65-74	75+	Un-known
Integrated Treatment for Co-Occurring Disorders						

45. How many participants of each race received this EBP in 2017? *

	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Integrated Treatment for Co-Occurring Disorders							

46. How many participants of Hispanic/Latino ethnicity received this EBP in 2017? *

	Hispanic/Latino	Not Hispanic/Latino	Unknown
Integrated Treatment for Co-Occurring Disorders			

	Yes	No
47. Have CSP staff been specifically trained to implement this EBP?		
48. If so, did you use the EBP toolkit to guide your implementation?		
49. Did you monitor fidelity for this EBP?		
50. If so, did you use an outside monitor to review fidelity for this EBP?		
51. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Family Psychoeducation

52. How many participants received Family Psychoeducation in 2017?*

53. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Family Psychoeducation					

54. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Family Psychoeducation							

55. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/ Alaskan Native	Asian	Black/ African American	Hawaiian/ Pacific Islander	White	More than One Race	Un-known
Family Psychoeducation							

56. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Family Psychoeducation			

	Yes	No
57. Have CSP staff been specifically trained to implement this EBP?		
58. If so, did you use the EBP toolkit to guide your implementation?		
59. Did you monitor fidelity for this EBP?		
60. If so, did you use an outside monitor to review fidelity for this EBP?		
61. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Illness Management and Recovery (IMR)

62. How many participants received Illness Management and Recovery (IMR) in 2017?*

63. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Illness Management and Recovery (IMR)					

64. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Illness Management and Recovery (IMR)							

65. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Illness Management and Recovery (IMR)							

66. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Illness Management and Recovery (IMR)			

	Yes	No
67. Have CSP staff been specifically trained to implement this EBP?		
68. If so, did you use the EBP toolkit to guide your implementation?		
69. Did you monitor fidelity for this EBP?		
70. If so, did you use an outside monitor to review fidelity for this EBP?		
71. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Medication Management (MedTEAM)

72. How many participants received a Medication Management EBP in 2017?*

73. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Medication Management					

74. How many participants <u>in each age group</u> received this EBP in 2017?						
	17 and under	18-20	21-64	65-74	75+	Un-known
Medication Management						

75. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Medication Management							

76. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Medication Management			

	Yes	No
77. Have CSP staff been specifically trained to implement this EBP?		
78. If so, did you use the EBP toolkit to guide your implementation?		
79. Did you monitor fidelity for this EBP?		
80. If so, did you use an outside monitor to review fidelity for this EBP?		
81. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Supported Employment

82. How many participants received Supported Employment in 2017?*

83. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Supported Employment					

84. How many participants <u>in each age group</u> received this EBP in 2017?							
		17 and under	18-20	21-64	65-74	75+	Un-known
Supported Employment							

85. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Supported Employment							

86. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *				
		Hispanic/Latino	Not Hispanic/Latino	Unknown
Supported Employment				

	Yes	No
87. Have CSP staff been specifically trained to implement this EBP?		
88. If so, did you use the EBP toolkit to guide your implementation?		
89. Did you monitor fidelity for this EBP?		
90. If so, did you use an outside monitor to review fidelity for this EBP?		
91. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Permanent Supportive Housing

92. How many participants received Permanent Supportive Housing in 2017?*					

93. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Permanent Supportive Housing					

94. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Permanent Supportive Housing							

95. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Permanent Supportive Housing							

96. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Permanent Supportive Housing			

	Yes	No
97. Have CSP staff been specifically trained to implement this EBP?		
98. If so, did you use the EBP toolkit to guide your implementation?		
99. Did you monitor fidelity for this EBP?		
100. If so, did you use an outside monitor to review fidelity for this EBP?		
101. If so, what fidelity measure did you use?		

Tobacco Cessation Bucket Approach

102. How many participants received Tobacco Cessation Bucket Approach in 2017?*

103. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Tobacco Cessation Bucket Approach					

104. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Tobacco Cessation Bucket Approach							

105. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Tobacco Cessation Bucket Approach							

106. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Tobacco Cessation Bucket Approach			

	Yes	No
107. Have CSP staff been specifically trained to implement this EBP?		
108. If so, did you use the EBP toolkit to guide your implementation?		
109. Did you monitor fidelity for this EBP?		
110. If so, did you use an outside monitor to review fidelity for this EBP?		
111. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Motivational Interviewing

112. How many participants received Motivational Interviewing in 2017?*

113. How many participants <u>of each gender</u> received this EBP in 2017? *					
	Female	Male	Transgender male to female	Transgender female to male	Unknown
Motivational Interviewing					

114. How many participants <u>in each age group</u> received this EBP in 2017?							
	17 and under	18-20	21-64	65-74	75+	Un-known	
Motivational Interviewing							

115. How many participants <u>of each race</u> received this EBP in 2017? *							
	Amer. Indian/Alaskan Native	Asian	Black/African American	Hawaiian/Pacific Islander	White	More than One Race	Un-known
Motivational Interviewing							

116. How many participants <u>of Hispanic/Latino ethnicity</u> received this EBP in 2017? *			
	Hispanic/Latino	Not Hispanic/Latino	Unknown
Motivational Interviewing			

	Yes	No
117. Have CSP staff been specifically trained to implement this EBP?		
118. If so, did you use the EBP toolkit to guide your implementation?		
119. Did you monitor fidelity for this EBP?		
120. If so, did you use an outside monitor to review fidelity for this EBP?		
121. If so, what fidelity measure did you use?		

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Waiting List

122. Were there times during 2017 when there was a waiting list for CSP services from your program? *

- Yes
- No

123. How many individuals were on the CSP waiting list on December 31, 2016? * _____

124. How many *additional* individuals were placed on the CSP waiting list during 2017? * _____

125. How many individuals were on the CSP waiting list on December 31, 2017? * _____

126. How long was the average wait time (in months) during 2017 before individuals on your waiting list received CSP services? *
[Please provide an average number of months, not a range of months.] _____

127. Which of the following interim services did individuals receive while they were on your CSP waiting list? * *[Please check all that apply.]*

	Place check in box below
None	
Case management services	
Outpatient mental health services	
Psychiatric services	
Assistance with locating community resources	
Medication management services	
Outpatient substance abuse services	
Crisis intervention services	
Clubhouse	
Drop-in center	
Comprehensive Community Services (CCS)	
Other services (<i>please describe</i>):	

Suicide Risk Screening and Assessment

128. Does your CSP program have a written policy and procedure that includes screening, assessing, and managing suicide risk?*

- Yes (skip to Q#123)
- No

129. **IF NO**, please describe any unwritten or informal practices used for screening, assessing, and/or managing suicide risk (or enter "None")?

--

130. Does your CSP program use any suicide screening or assessment tools?*

- Yes
- No (skip to Q#125)

131. Please check the box for any suicide screening or assessment tools your CSP used in 2017. If your tool is not listed, please use one of the "Other" options to list the name of your tool(s). *[Please check all that apply.]*

	Place check in box below
Adolescent Suicide Assessment Protocol (ASAP-20)	<input type="checkbox"/>
Columbia Suicide Severity Rating Scale (C-SSRS)	<input type="checkbox"/>
Massachusetts Youth Screening Instrument-Second Version (MAYSI-2)	<input type="checkbox"/>
Patient Health Questionnaire-2 (PHQ-2)	<input type="checkbox"/>
Patient Health Questionnaire-9 (PHQ-9)	<input type="checkbox"/>
Suicidal Ideation Questionnaire (SIQ)	<input type="checkbox"/>
Suicide Behaviors Questionnaire-Revised (SBQ-R)	<input type="checkbox"/>
Suicide Probability Scale (SPS)	<input type="checkbox"/>
Suicide Status Form (SSF)	<input type="checkbox"/>
Other, please describe:	<input type="checkbox"/>

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

Staff Turnover

For the purposes of this section about staff turnover, please use the following definitions when developing your responses:

- FTE (Full-Time Equivalent): This refers to the ratio of the # of hours a position has relative to a full-time 40-hour position. A 40-hour per week position is 1.0 FTE. A 20-hour per week position is .50 FTE, etc.
- FTE month: This refers to a month period in which a full-time position was funded regardless of whether it was staffed or vacant. For example, a one-month vacancy for a 1.0 FTE position represents 1.0 FTE month. A one-month vacancy for a .50 FTE position represents .50 FTE month.

132. How many staff positions and FTEs were funded for your CSP as of December 31, 2017? Include vacant positions.*

Number of positions: _____

FTE total for positions: _____

133. How many positions were eliminated in 2017? Only include positions that are no longer staffed with no intention of being filled. Record zero if none.*

Number of positions: _____

134. How many new positions were added in 2017? Record zero if none.*

Number of positions: _____

135. Did your CSP experience any vacancies at any time during 2017?*

- Yes
- No (skip to Q#140)

2017 Community Support Program (CSP) Survey Worksheet (F-02112 03/2018)

136. How many FTE months for staff were vacant in your CSP during 2017?
(1 month vacancy for a 1.0 FTE position = 1.0 FTE month)

FTE months _____

137. Please describe the factors that led to the vacancies? (i.e. salary level, work conditions, personal or family issues)

138. Were any vacancies filled in 2017?

- Yes
- No (skip to Q#140)

139. If yes, what was the average number of months it took to fill the vacancies? Please round to the nearest month.

_____ Months

Recommendations for 2018

140. What goals or recommendations do you have for 2018 to make your CSP more effective?

141. Please enter the name of the person responsible for completing this survey.*

142. Please enter the email of the person responsible for completing this survey. A copy of your responses will be sent to this email address after you complete the survey.*

Thank you for completing this survey!