

NYSOMH Family Assessment of Care Survey Results 2008

Astor Home for Children

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	33	45	73.33
Family Based Treatment	3	8	37.50
HCBS Waiver Individualized Care Coordination	15	18	83.33
Residential Treatment Facility - Children & Youth	15	19	78.95

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	33	32	97	NS	96
Cultural (Q4-Q6)	33	33	100	+	99
Access(Q7-Q9)	33	31	94	-	96
Participation (Q10-Q13)	33	33	100	+	97
Global(Q14-Q17)	33	32	97	NS	96
Outcomes/Functioning (Q18-Q22)	33	28	85	NS	84
Social Connectedness (Q23-Q27)	33	28	85	-	87
Medication (Y/N) (Q28)	33	31	94	+	91
Medication Scale (Q28a-Q28e) ⁴	31	30	97	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	95
Global(Q14-Q17)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	89

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Astor Home for Children

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	83
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	96

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	15	100	+	96
Cultural (Q4-Q6)	15	15	100	+	99
Access(Q7-Q9)	15	14	93	-	95
Participation (Q10-Q13)	15	15	100	+	99
Global(Q14-Q17)	15	15	100	+	97
Outcomes/Functioning (Q18-Q22)	15	11	73	-	82
Social Connectedness (Q23-Q27)	15	12	80	-	85
Medication (Y/N) (Q28)	15	14	93	NS	93
Medication Scale (Q28a-Q28e) ⁴	14	14	100	+	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Astor Home for Children

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	15	100	+	97
Cultural (Q4-Q6)	15	15	100	NS	98
Access(Q7-Q9)	15	14	93	NS	92
Participation (Q10-Q13)	15	15	100	+	93
Global(Q14-Q17)	15	15	100	+	95
Outcomes/Functioning (Q18-Q22)	15	15	100	+	84
Social Connectedness (Q23-Q27)	15	14	93	NS	92
Medication (Y/N) (Q28)	15	15	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	15	14	93	NS	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Astor Home for Children

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	20	26	76.92
Family Based Treatment	9	9	100.00
HCBS Waiver Individualized Care Coordination	11	17	64.71

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	20	100	+	90
Cultural (Q4-Q6)	20	20	100	+	94
Access(Q7-Q10)	20	20	100	+	94
Participation (Q11-Q14)	20	20	100	+	90
Global(Q15)	20	19	95	+	87
Outcomes/Functioning (Q16-Q20a)	20	17	85	NS	87
Medication (Y/N) (Q21)	20	20	100	+	88
Medication Scale (Q21a-Q21e) ⁴	20	18	90	+	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	9	100	+	93
Cultural (Q4-Q6)	9	9	100	NS	98
Access(Q7-Q10)	9	9	100	+	96
Participation (Q11-Q14)	9	9	100	+	91
Global(Q15)	9	8	89	NS	88
Outcomes/Functioning (Q16-Q20a)	9	9	100	+	90
Medication (Y/N) (Q21)	9	9	100	+	90
Medication Scale (Q21a-Q21e) ⁴	9	8	89	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Astor Home for Children

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	11	11	100	+	96
Cultural (Q4-Q6)	11	11	100	+	100
Access(Q7-Q10)	11	11	100	NS	99
Participation (Q11-Q14)	11	11	100	+	94
Global(Q15)	11	11	100	+	95
Outcomes/Functioning (Q16-Q20a)	11	8	73	-	88
Medication (Y/N) (Q21)	11	11	100	+	90
Medication Scale (Q21a-Q21e) ⁴	11	10	91	NS	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

August Aichhorn Ctr./Adoles. Resid. Care, Inc

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	4	24	16.67
Residential Treatment Facility - Children & Youth	4	24	16.67

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	97
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q9)	< 5	N/A	N/A	N/A	92
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	92

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

August Aichhorn Ctr./Adoles. Resid. Care, Inc

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

August Aichhorn Ctr./Adoles. Resid. Care, Inc

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	28	31	90.32
Residential Treatment Facility - Children & Youth	28	31	90.32

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	28	27	96	+	90
Cultural (Q4-Q6)	28	28	100	+	94
Access(Q7-Q10)	28	28	100	+	94
Participation (Q11-Q14)	28	27	96	+	90
Global(Q15)	28	26	93	+	87
Outcomes/Functioning (Q16-Q20a)	27	25	93	+	87
Medication (Y/N) (Q21)	28	27	96	+	88
Medication Scale (Q21a-Q21e) ⁴	26	20	77	-	81

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	28	27	96	+	89
Cultural (Q4-Q6)	28	28	100	+	93
Access(Q7-Q10)	28	28	100	+	93
Participation (Q11-Q14)	28	27	96	+	88
Global(Q15)	28	26	93	+	82
Outcomes/Functioning (Q16-Q20a)	27	25	93	NS	89
Medication (Y/N) (Q21)	28	27	96	NS	95
Medication Scale (Q21a-Q21e) ⁴	26	20	77	NS	78

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Baker Hall, Inc. dba Baker Victory Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	19	35	54.29
Residential Treatment Facility - Children & Youth	19	35	54.29

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	19	17	89	-	96
Cultural (Q4-Q6)	19	19	100	+	99
Access(Q7-Q9)	19	15	79	-	96
Participation (Q10-Q13)	19	18	95	-	97
Global(Q14-Q17)	19	17	89	-	96
Outcomes/Functioning (Q18-Q22)	19	14	74	-	84
Social Connectedness (Q23-Q27)	19	16	84	-	87
Medication (Y/N) (Q28)	19	18	95	+	91
Medication Scale (Q28a-Q28e) ⁴	18	17	94	NS	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	19	17	89	-	97
Cultural (Q4-Q6)	19	19	100	NS	98
Access(Q7-Q9)	19	15	79	-	92
Participation (Q10-Q13)	19	18	95	NS	93
Global(Q14-Q17)	19	17	89	-	95
Outcomes/Functioning (Q18-Q22)	19	14	74	-	84
Social Connectedness (Q23-Q27)	19	16	84	-	92

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Baker Hall, Inc. dba Baker Victory Services

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	19	18	95	-	99
Medication Scale (Q28a-Q28e) ⁴	18	17	94	NS	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

***NYSOMH Youth Assessment of Care Survey Results 2008
Baker Hall, Inc. dba Baker Victory Services***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Behavioral Health Services North, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	4	9	44.44
HCBS Waiver Individualized Care Coordination	4	9	44.44

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	95
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	99
Global(Q14-Q17)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	82
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Behavioral Health Services North, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	93
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Behavioral Health Services North, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Brooklyn Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	32	52	61.54
Day Treatment	14	16	87.50
State Psychiatric Center Inpatient	18	36	50.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	32	31	97	NS	96
Cultural (Q4-Q6)	32	32	100	+	99
Access(Q7-Q9)	32	31	97	NS	96
Participation (Q10-Q13)	32	31	97	NS	97
Global(Q14-Q17)	32	31	97	NS	96
Outcomes/Functioning (Q18-Q22)	32	29	91	+	84
Social Connectedness (Q23-Q27)	32	29	91	+	87
Medication (Y/N) (Q28)	32	31	97	+	91
Medication Scale (Q28a-Q28e) ⁴	31	26	84	-	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	14	100	+	96
Cultural (Q4-Q6)	14	14	100	+	98
Access(Q7-Q9)	14	14	100	NS	98
Participation (Q10-Q13)	14	13	93	NS	95
Global(Q14-Q17)	14	14	100	+	95
Outcomes/Functioning (Q18-Q22)	14	12	86	NS	89
Social Connectedness (Q23-Q27)	14	13	93	+	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Brooklyn Children's Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	14	13	93	+	83
Medication Scale (Q28a-Q28e) ⁴	13	10	77	-	96

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	17	94	NS	97
Cultural (Q4-Q6)	18	18	100	+	100
Access(Q7-Q9)	18	17	94	NS	94
Participation (Q10-Q13)	18	18	100	+	100
Global(Q14-Q17)	18	17	94	NS	97
Outcomes/Functioning (Q18-Q22)	18	17	94	NS	97
Social Connectedness (Q23-Q27)	18	16	89	NS	94
Medication (Y/N) (Q28)	18	18	100	+	100
Medication Scale (Q28a-Q28e) ⁴	18	16	89	NS	94

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Brooklyn Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	35	52	67.31
Day Treatment	16	16	100.00
State Psychiatric Center Inpatient	19	36	52.78

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	35	31	89	NS	90
Cultural (Q4-Q6)	35	33	94	NS	94
Access(Q7-Q10)	35	30	86	-	94
Participation (Q11-Q14)	35	33	94	+	90
Global(Q15)	34	30	88	NS	87
Outcomes/Functioning (Q16-Q20a)	35	31	89	NS	87
Medication (Y/N) (Q21)	35	30	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	29	26	90	+	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	15	94	NS	91
Cultural (Q4-Q6)	16	15	94	NS	93
Access(Q7-Q10)	16	13	81	-	96
Participation (Q11-Q14)	16	15	94	NS	89
Global(Q15)	16	14	88	NS	90
Outcomes/Functioning (Q16-Q20a)	16	15	94	+	81
Medication (Y/N) (Q21)	16	11	69	-	77
Medication Scale (Q21a-Q21e) ⁴	11	10	91	+	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Brooklyn Children's Psychiatric Center

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	19	16	84	NS	77
Cultural (Q4-Q6)	19	18	95	+	82
Access(Q7-Q10)	19	17	89	NS	82
Participation (Q11-Q14)	19	18	95	+	78
Global(Q15)	18	16	89	+	68
Outcomes/Functioning (Q16-Q20a)	19	16	84	NS	82
Medication (Y/N) (Q21)	19	19	100	+	94
Medication Scale (Q21a-Q21e) ⁴	18	16	89	+	74

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Cath Char/RC Diocese/Syracuse (Broome Co)

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	17	27	62.96
Children & Youth Community Residence	3	4	75.00
HCBS Waiver Individualized Care Coordination	14	23	60.87

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	17	17	100	+	96
Cultural (Q4-Q6)	17	17	100	+	99
Access(Q7-Q9)	17	17	100	+	96
Participation (Q10-Q13)	17	17	100	+	97
Global(Q14-Q17)	17	17	100	+	96
Outcomes/Functioning (Q18-Q22)	17	15	88	+	84
Social Connectedness (Q23-Q27)	17	15	88	NS	87
Medication (Y/N) (Q28)	17	17	100	+	91
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Cath Char/RC Diocese/Syracuse (Broome Co)

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	14	100	+	96
Cultural (Q4-Q6)	14	14	100	+	99
Access(Q7-Q9)	14	14	100	+	95
Participation (Q10-Q13)	14	14	100	+	99
Global(Q14-Q17)	14	14	100	+	97
Outcomes/Functioning (Q18-Q22)	14	12	86	NS	82
Social Connectedness (Q23-Q27)	14	12	86	NS	85
Medication (Y/N) (Q28)	14	14	100	+	93
Medication Scale (Q28a-Q28e) ⁴	14	14	100	+	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Cath Char/RC Diocese/Syracuse (Broome Co)

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	14	16	87.50
Children & Youth Community Residence	7	7	100.00
HCBS Waiver Individualized Care Coordination	7	9	77.78

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	14	100	+	90
Cultural (Q4-Q6)	14	14	100	+	94
Access(Q7-Q10)	14	14	100	+	94
Participation (Q11-Q14)	14	14	100	+	90
Global(Q15)	14	14	100	+	87
Outcomes/Functioning (Q16-Q20a)	14	14	100	+	87
Medication (Y/N) (Q21)	14	12	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	12	12	100	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	7	100	NS	93
Cultural (Q4-Q6)	7	7	100	NS	95
Access(Q7-Q10)	7	7	100	NS	93
Participation (Q11-Q14)	7	7	100	NS	93
Global(Q15)	7	7	100	NS	93
Outcomes/Functioning (Q16-Q20a)	7	7	100	NS	95
Medication (Y/N) (Q21)	7	6	86	NS	83
Medication Scale (Q21a-Q21e) ⁴	6	6	100	NS	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

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- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008 Cath Char/RC Diocese/Syracuse (Broome Co)

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	7	100	+	96
Cultural (Q4-Q6)	7	7	100	+	100
Access(Q7-Q10)	7	7	100	NS	99
Participation (Q11-Q14)	7	7	100	+	94
Global(Q15)	7	7	100	+	95
Outcomes/Functioning (Q16-Q20a)	7	7	100	+	88
Medication (Y/N) (Q21)	7	6	86	-	90
Medication Scale (Q21a-Q21e) ⁴	6	6	100	+	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Catholic Charities Mental Health Centers (RV)

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	16	20	80.00
Teaching Family Home	16	20	80.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	15	94	-	96
Cultural (Q4-Q6)	16	15	94	-	99
Access(Q7-Q9)	16	15	94	-	96
Participation (Q10-Q13)	16	15	94	-	97
Global(Q14-Q17)	16	15	94	-	96
Outcomes/Functioning (Q18-Q22)	16	13	81	-	84
Social Connectedness (Q23-Q27)	16	13	81	-	87
Medication (Y/N) (Q28)	16	13	81	-	91
Medication Scale (Q28a-Q28e) ⁴	13	12	92	-	95

PROGRAM_TYPE_NAME=Teaching Family Home

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	15	94	NS	94
Cultural (Q4-Q6)	16	15	94	NS	94
Access(Q7-Q9)	16	15	94	NS	94
Participation (Q10-Q13)	16	15	94	NS	94
Global(Q14-Q17)	16	15	94	NS	94
Outcomes/Functioning (Q18-Q22)	16	13	81	NS	82
Social Connectedness (Q23-Q27)	16	13	81	NS	81

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Catholic Charities Mental Health Centers (RV)

PROGRAM_TYPE_NAME=Teaching Family Home

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	16	13	81	NS	82
Medication Scale (Q28a-Q28e) ⁴	13	12	92	NS	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008 Catholic Charities Mental Health Centers (RV)

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	20	20	100.00
Teaching Family Home	20	20	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Appropriateness (Q1-Q3)	20	17	85	-	90
Cultural (Q4-Q6)	20	19	95	NS	94
Access(Q7-Q10)	20	18	90	-	94
Participation (Q11-Q14)	20	20	100	+	90
Global(Q15)	20	14	70	-	87
Outcomes/Functioning (Q16-Q20a)	20	17	85	NS	87
Medication (Y/N) (Q21)	20	18	90	NS	88
Medication Scale (Q21a-Q21e) ⁴	18	17	94	+	81

PROGRAM_TYPE_NAME=Teaching Family Home

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Appropriateness (Q1-Q3)	20	17	85	NS	88
Cultural (Q4-Q6)	20	19	95	NS	96
Access(Q7-Q10)	20	18	90	NS	92
Participation (Q11-Q14)	20	20	100	+	100
Global(Q15)	20	14	70	NS	75
Outcomes/Functioning (Q16-Q20a)	20	17	85	NS	88
Medication (Y/N) (Q21)	20	18	90	NS	92
Medication Scale (Q21a-Q21e) ⁴	18	17	94	NS	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Cattaraugus Rehabilitation Center, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	2	18	11.11
HCBS Waiver Individualized Care Coordination	2	18	11.11

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	95
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	99
Global(Q14-Q17)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	82
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Cattaraugus Rehabilitation Center, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	93
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Cattaraugus Rehabilitation Center, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	0	12	0.00
HCBS Waiver Individualized Care Coordination	0	12	0.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	94
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	90
Global(Q15)	< 5	N/A	N/A	N/A	87
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	81

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	86

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Cayuga Counseling Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	2	18	11.11
Family Based Treatment	2	18	11.11

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Cayuga Counseling Services, Inc.

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Cayuga Counseling Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	8	14	57.14
Family Based Treatment	8	14	57.14

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	90
Cultural (Q4-Q6)	8	8	100	+	94
Access(Q7-Q10)	8	8	100	+	94
Participation (Q11-Q14)	8	7	88	NS	90
Global(Q15)	8	8	100	+	87
Outcomes/Functioning (Q16-Q20a)	8	7	88	NS	87
Medication (Y/N) (Q21)	8	7	88	NS	88
Medication Scale (Q21a-Q21e) ⁴	7	6	86	+	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	93
Cultural (Q4-Q6)	8	8	100	NS	98
Access(Q7-Q10)	8	8	100	+	96
Participation (Q11-Q14)	8	7	88	NS	91
Global(Q15)	8	8	100	+	88
Outcomes/Functioning (Q16-Q20a)	8	7	88	NS	90
Medication (Y/N) (Q21)	8	7	88	NS	90
Medication Scale (Q21a-Q21e) ⁴	7	6	86	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Child and Family Services of Erie County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	28	35	80.00
Family Based Treatment	2	5	40.00
HCBS Waiver Individualized Care Coordination	26	30	86.67

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	28	26	93	-	96
Cultural (Q4-Q6)	28	28	100	+	99
Access(Q7-Q9)	28	28	100	+	96
Participation (Q10-Q13)	28	27	96	NS	97
Global(Q14-Q17)	28	28	100	+	96
Outcomes/Functioning (Q18-Q22)	28	26	93	+	84
Social Connectedness (Q23-Q27)	28	27	96	+	87
Medication (Y/N) (Q28)	28	25	89	-	91
Medication Scale (Q28a-Q28e) ⁴	25	23	92	-	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Child and Family Services of Erie County

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	26	24	92	-	96
Cultural (Q4-Q6)	26	26	100	+	99
Access(Q7-Q9)	26	26	100	+	95
Participation (Q10-Q13)	26	25	96	-	99
Global(Q14-Q17)	26	26	100	+	97
Outcomes/Functioning (Q18-Q22)	26	24	92	+	82
Social Connectedness (Q23-Q27)	26	25	96	+	85
Medication (Y/N) (Q28)	26	23	88	-	93
Medication Scale (Q28a-Q28e) ⁴	23	21	91	-	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Child and Family Services of Erie County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	30	36	83.33
Family Based Treatment	6	6	100.00
HCBS Waiver Individualized Care Coordination	24	30	80.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	30	28	93	+	90
Cultural (Q4-Q6)	30	30	100	+	94
Access(Q7-Q10)	30	28	93	NS	94
Participation (Q11-Q14)	30	29	97	+	90
Global(Q15)	30	27	90	+	87
Outcomes/Functioning (Q16-Q20a)	30	27	90	+	87
Medication (Y/N) (Q21)	30	25	83	-	88
Medication Scale (Q21a-Q21e) ⁴	25	20	80	NS	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	6	5	83	-	93
Cultural (Q4-Q6)	6	6	100	NS	98
Access(Q7-Q10)	6	5	83	-	96
Participation (Q11-Q14)	6	6	100	+	91
Global(Q15)	6	5	83	NS	88
Outcomes/Functioning (Q16-Q20a)	6	5	83	-	90
Medication (Y/N) (Q21)	6	6	100	+	90
Medication Scale (Q21a-Q21e) ⁴	6	5	83	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Child and Family Services of Erie County

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	24	23	96	NS	96
Cultural (Q4-Q6)	24	24	100	+	100
Access(Q7-Q10)	24	23	96	-	99
Participation (Q11-Q14)	24	23	96	NS	94
Global(Q15)	24	22	92	-	95
Outcomes/Functioning (Q16-Q20a)	24	22	92	NS	88
Medication (Y/N) (Q21)	24	19	79	-	90
Medication Scale (Q21a-Q21e) ⁴	19	15	79	-	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Children's Home RTF, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	7	12	58.33
Residential Treatment Facility - Children & Youth	7	12	58.33

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	6	86	-	96
Cultural (Q4-Q6)	7	7	100	+	99
Access(Q7-Q9)	7	6	86	-	96
Participation (Q10-Q13)	7	6	86	-	97
Global(Q14-Q17)	7	7	100	+	96
Outcomes/Functioning (Q18-Q22)	7	3	43	-	84
Social Connectedness (Q23-Q27)	7	6	86	NS	87
Medication (Y/N) (Q28)	7	7	100	+	91
Medication Scale (Q28a-Q28e) ⁴	7	5	71	-	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	6	86	-	97
Cultural (Q4-Q6)	7	7	100	NS	98
Access(Q7-Q9)	7	6	86	-	92
Participation (Q10-Q13)	7	6	86	-	93
Global(Q14-Q17)	7	7	100	+	95
Outcomes/Functioning (Q18-Q22)	7	3	43	-	84
Social Connectedness (Q23-Q27)	7	6	86	-	92

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Children's Home RTF, Inc.

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	7	7	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	7	5	71	-	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Children's Home RTF, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	13	18	72.22
Residential Treatment Facility - Children & Youth	13	18	72.22

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	10	77	-	90
Cultural (Q4-Q6)	13	10	77	-	94
Access(Q7-Q10)	13	11	85	-	94
Participation (Q11-Q14)	13	10	77	-	90
Global(Q15)	13	8	62	-	87
Outcomes/Functioning (Q16-Q20a)	13	11	85	NS	87
Medication (Y/N) (Q21)	13	12	92	+	88
Medication Scale (Q21a-Q21e) ⁴	12	9	75	-	81

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	10	77	-	89
Cultural (Q4-Q6)	13	10	77	-	93
Access(Q7-Q10)	13	11	85	-	93
Participation (Q11-Q14)	13	10	77	-	88
Global(Q15)	13	8	62	-	82
Outcomes/Functioning (Q16-Q20a)	13	11	85	NS	89
Medication (Y/N) (Q21)	13	12	92	NS	95
Medication Scale (Q21a-Q21e) ⁴	12	9	75	NS	78

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Citizen Advocates Inc. dba North Star Industry

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	95
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	99
Global(Q14-Q17)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	82
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	85
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	93
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Citizen Advocates Inc. dba North Star Industry

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Coalition for Hispanic Family Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	1	4	25.00
Family Based Treatment	1	4	25.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Coalition for Hispanic Family Services

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Coalition for Hispanic Family Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	9	19	47.37
Family Based Treatment	9	19	47.37

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	8	89	NS	90
Cultural (Q4-Q6)	9	9	100	+	94
Access(Q7-Q10)	9	8	89	-	94
Participation (Q11-Q14)	9	8	89	NS	90
Global(Q15)	9	7	78	-	87
Outcomes/Functioning (Q16-Q20a)	9	8	89	NS	87
Medication (Y/N) (Q21)	9	7	78	-	88
Medication Scale (Q21a-Q21e) ⁴	7	7	100	+	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	8	89	NS	93
Cultural (Q4-Q6)	9	9	100	NS	98
Access(Q7-Q10)	9	8	89	-	96
Participation (Q11-Q14)	9	8	89	NS	91
Global(Q15)	9	7	78	-	88
Outcomes/Functioning (Q16-Q20a)	9	8	89	NS	90
Medication (Y/N) (Q21)	9	7	78	-	90
Medication Scale (Q21a-Q21e) ⁴	7	7	100	+	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Elmira Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	5	13	38.46
Day Treatment	5	13	38.46

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	96
Cultural (Q4-Q6)	5	5	100	+	99
Access(Q7-Q9)	5	5	100	+	96
Participation (Q10-Q13)	5	5	100	+	97
Global(Q14-Q17)	5	5	100	+	96
Outcomes/Functioning (Q18-Q22)	5	4	80	-	84
Social Connectedness (Q23-Q27)	5	5	100	+	87
Medication (Y/N) (Q28)	5	5	100	+	91
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	96
Cultural (Q4-Q6)	5	5	100	+	98
Access(Q7-Q9)	5	5	100	NS	98
Participation (Q10-Q13)	5	5	100	+	95
Global(Q14-Q17)	5	5	100	+	95
Outcomes/Functioning (Q18-Q22)	5	4	80	-	89
Social Connectedness (Q23-Q27)	5	5	100	+	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Elmira Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	5	5	100	+	83
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	96

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Elmira Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	14	14	100.00
Day Treatment	14	14	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	11	79	-	90
Cultural (Q4-Q6)	14	13	93	NS	94
Access(Q7-Q10)	14	14	100	+	94
Participation (Q11-Q14)	14	12	86	-	90
Global(Q15)	14	12	86	NS	87
Outcomes/Functioning (Q16-Q20a)	14	11	79	-	87
Medication (Y/N) (Q21)	14	10	71	-	88
Medication Scale (Q21a-Q21e) ⁴	10	5	50	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	11	79	-	91
Cultural (Q4-Q6)	14	13	93	NS	93
Access(Q7-Q10)	14	14	100	+	96
Participation (Q11-Q14)	14	12	86	NS	89
Global(Q15)	14	12	86	-	90
Outcomes/Functioning (Q16-Q20a)	14	11	79	NS	81
Medication (Y/N) (Q21)	14	10	71	NS	77
Medication Scale (Q21a-Q21e) ⁴	10	5	50	-	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Families First of Essex County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	9	11	81.82
HCBS Waiver Individualized Care Coordination	9	11	81.82

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	8	89	-	96
Cultural (Q4-Q6)	9	9	100	+	99
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	97
Global(Q14-Q17)	9	9	100	+	96
Outcomes/Functioning (Q18-Q22)	9	9	100	+	84
Social Connectedness (Q23-Q27)	9	8	89	NS	87
Medication (Y/N) (Q28)	9	7	78	-	91
Medication Scale (Q28a-Q28e) ⁴	7	7	100	+	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	8	89	-	96
Cultural (Q4-Q6)	9	9	100	+	99
Access(Q7-Q9)	9	9	100	+	95
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	97
Outcomes/Functioning (Q18-Q22)	9	9	100	+	82
Social Connectedness (Q23-Q27)	9	8	89	+	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Families First of Essex County

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	9	7	78	-	93
Medication Scale (Q28a-Q28e) ⁴	7	7	100	+	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Families First of Essex County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Family and Children's Association

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	22	66	33.33
HCBS Waiver Individualized Care Coordination	22	66	33.33

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	22	22	100	+	96
Cultural (Q4-Q6)	22	22	100	+	99
Access(Q7-Q9)	22	22	100	+	96
Participation (Q10-Q13)	22	22	100	+	97
Global(Q14-Q17)	22	22	100	+	96
Outcomes/Functioning (Q18-Q22)	21	17	81	-	84
Social Connectedness (Q23-Q27)	22	20	91	+	87
Medication (Y/N) (Q28)	22	22	100	+	91
Medication Scale (Q28a-Q28e) ⁴	22	20	91	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	22	22	100	+	96
Cultural (Q4-Q6)	22	22	100	+	99
Access(Q7-Q9)	22	22	100	+	95
Participation (Q10-Q13)	22	22	100	+	99
Global(Q14-Q17)	22	22	100	+	97
Outcomes/Functioning (Q18-Q22)	21	17	81	NS	82
Social Connectedness (Q23-Q27)	22	20	91	+	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Family and Children's Association

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	22	22	100	+	93
Medication Scale (Q28a-Q28e) ⁴	22	20	91	-	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Family and Children's Association

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	31	66	46.97
HCBS Waiver Individualized Care Coordination	31	66	46.97

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	30	97	+	90
Cultural (Q4-Q6)	31	31	100	+	94
Access(Q7-Q10)	31	31	100	+	94
Participation (Q11-Q14)	31	29	94	+	90
Global(Q15)	31	31	100	+	87
Outcomes/Functioning (Q16-Q20a)	31	28	90	+	87
Medication (Y/N) (Q21)	31	28	90	+	88
Medication Scale (Q21a-Q21e) ⁴	28	24	86	+	81

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	30	97	NS	96
Cultural (Q4-Q6)	31	31	100	+	100
Access(Q7-Q10)	31	31	100	NS	99
Participation (Q11-Q14)	31	29	94	NS	94
Global(Q15)	31	31	100	+	95
Outcomes/Functioning (Q16-Q20a)	31	28	90	NS	88
Medication (Y/N) (Q21)	31	28	90	NS	90
Medication Scale (Q21a-Q21e) ⁴	28	24	86	NS	86

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Greater Binghamton Health Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	12	16	75.00
Day Treatment	12	16	75.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	12	12	100	+	96
Cultural (Q4-Q6)	12	12	100	+	99
Access(Q7-Q9)	12	12	100	+	96
Participation (Q10-Q13)	12	11	92	-	97
Global(Q14-Q17)	12	12	100	+	96
Outcomes/Functioning (Q18-Q22)	12	9	75	-	84
Social Connectedness (Q23-Q27)	12	9	75	-	87
Medication (Y/N) (Q28)	12	10	83	-	91
Medication Scale (Q28a-Q28e) ⁴	10	10	100	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	12	12	100	+	96
Cultural (Q4-Q6)	12	12	100	+	98
Access(Q7-Q9)	12	12	100	NS	98
Participation (Q10-Q13)	12	11	92	NS	95
Global(Q14-Q17)	12	12	100	+	95
Outcomes/Functioning (Q18-Q22)	12	9	75	-	89
Social Connectedness (Q23-Q27)	12	9	75	-	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Greater Binghamton Health Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	12	10	83	NS	83
Medication Scale (Q28a-Q28e) ⁴	10	10	100	+	96

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Greater Binghamton Health Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	14	14	100.00
Day Treatment	14	14	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	12	86	-	90
Cultural (Q4-Q6)	14	11	79	-	94
Access(Q7-Q10)	14	13	93	NS	94
Participation (Q11-Q14)	14	13	93	+	90
Global(Q15)	14	12	86	NS	87
Outcomes/Functioning (Q16-Q20a)	14	11	79	-	87
Medication (Y/N) (Q21)	14	12	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	12	11	92	+	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	12	86	-	91
Cultural (Q4-Q6)	14	11	79	-	93
Access(Q7-Q10)	14	13	93	-	96
Participation (Q11-Q14)	14	13	93	NS	89
Global(Q15)	14	12	86	-	90
Outcomes/Functioning (Q16-Q20a)	14	11	79	NS	81
Medication (Y/N) (Q21)	14	12	86	+	77
Medication Scale (Q21a-Q21e) ⁴	12	11	92	+	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Green Chimneys Children's Svcs. Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	11	10	91	-	96
Cultural (Q4-Q6)	11	11	100	+	99
Access(Q7-Q9)	11	10	91	-	96
Participation (Q10-Q13)	11	9	82	-	97
Global(Q14-Q17)	11	9	82	-	96
Outcomes/Functioning (Q18-Q22)	10	7	70	-	84
Social Connectedness (Q23-Q27)	11	9	82	-	87
Medication (Y/N) (Q28)	11	11	100	+	91
Medication Scale (Q28a-Q28e) ⁴	11	9	82	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	96
Cultural (Q4-Q6)	5	5	100	+	99
Access(Q7-Q9)	5	4	80	-	95
Participation (Q10-Q13)	5	5	100	+	99
Global(Q14-Q17)	5	4	80	-	97
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	82
Social Connectedness (Q23-Q27)	5	4	80	-	85
Medication (Y/N) (Q28)	5	5	100	+	93
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Green Chimneys Children's Svcs. Inc.

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	6	5	83	-	97
Cultural (Q4-Q6)	6	6	100	NS	98
Access(Q7-Q9)	6	6	100	+	92
Participation (Q10-Q13)	6	4	67	-	93
Global(Q14-Q17)	6	5	83	-	95
Outcomes/Functioning (Q18-Q22)	6	3	50	-	84
Social Connectedness (Q23-Q27)	6	5	83	-	92
Medication (Y/N) (Q28)	6	6	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	6	4	67	-	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Green Chimneys Children's Svcs. Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	94
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	90
Global(Q15)	< 5	N/A	N/A	N/A	87
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	81

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	86

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Hillside Children's Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	108	218	49.54
Family Based Treatment	4	16	25.00
HCBS Waiver Individualized Care Coordination	78	151	51.66
Residential Treatment Facility - Children & Youth	26	51	50.98

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	107	101	94	-	96
Cultural (Q4-Q6)	108	107	99	NS	99
Access(Q7-Q9)	108	97	90	-	96
Participation (Q10-Q13)	107	106	99	+	97
Global(Q14-Q17)	106	100	94	-	96
Outcomes/Functioning (Q18-Q22)	105	86	82	-	84
Social Connectedness (Q23-Q27)	105	86	82	-	87
Medication (Y/N) (Q28)	108	102	94	+	91
Medication Scale (Q28a-Q28e) ⁴	101	98	97	+	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Hillside Children's Center

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	77	71	92	-	96
Cultural (Q4-Q6)	78	77	99	NS	99
Access(Q7-Q9)	78	69	88	-	95
Participation (Q10-Q13)	77	77	100	+	99
Global(Q14-Q17)	77	71	92	-	97
Outcomes/Functioning (Q18-Q22)	76	57	75	-	82
Social Connectedness (Q23-Q27)	76	57	75	-	85
Medication (Y/N) (Q28)	78	72	92	NS	93
Medication Scale (Q28a-Q28e) ⁴	71	68	96	NS	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	26	26	100	+	97
Cultural (Q4-Q6)	26	26	100	NS	98
Access(Q7-Q9)	26	24	92	NS	92
Participation (Q10-Q13)	26	25	96	NS	93
Global(Q14-Q17)	25	25	100	+	95
Outcomes/Functioning (Q18-Q22)	25	25	100	+	84
Social Connectedness (Q23-Q27)	25	25	100	+	92
Medication (Y/N) (Q28)	26	26	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	26	26	100	+	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Hillside Children's Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	59	86	68.60
Family Based Treatment	10	14	71.43
HCBS Waiver Individualized Care Coordination	18	32	56.25
Residential Treatment Facility - Children & Youth	31	40	77.50

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	59	54	92	NS	90
Cultural (Q4-Q6)	59	57	97	+	94
Access(Q7-Q10)	59	53	90	-	94
Participation (Q11-Q14)	59	51	86	-	90
Global(Q15)	58	48	83	-	87
Outcomes/Functioning (Q16-Q20a)	59	51	86	NS	87
Medication (Y/N) (Q21)	59	56	95	+	88
Medication Scale (Q21a-Q21e) ⁴	56	46	82	NS	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	9	90	NS	93
Cultural (Q4-Q6)	10	10	100	NS	98
Access(Q7-Q10)	10	9	90	-	96
Participation (Q11-Q14)	10	8	80	-	91
Global(Q15)	10	7	70	-	88
Outcomes/Functioning (Q16-Q20a)	10	8	80	-	90

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Hillside Children's Center

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q21)	10	10	100	+	90
Medication Scale (Q21a-Q21e) ⁴	10	10	100	+	87

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	17	94	NS	96
Cultural (Q4-Q6)	18	18	100	+	100
Access(Q7-Q10)	18	17	94	-	99
Participation (Q11-Q14)	18	16	89	-	94
Global(Q15)	17	16	94	NS	95
Outcomes/Functioning (Q16-Q20a)	18	16	89	NS	88
Medication (Y/N) (Q21)	18	16	89	NS	90
Medication Scale (Q21a-Q21e) ⁴	16	12	75	-	86

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	28	90	NS	89
Cultural (Q4-Q6)	31	29	94	NS	93
Access(Q7-Q10)	31	27	87	-	93
Participation (Q11-Q14)	31	27	87	NS	88
Global(Q15)	31	25	81	NS	82
Outcomes/Functioning (Q16-Q20a)	31	27	87	NS	89
Medication (Y/N) (Q21)	31	30	97	NS	95
Medication Scale (Q21a-Q21e) ⁴	30	24	80	NS	78

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³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Jewish Board of Family & Children's Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	44	148	29.73
Children & Youth Community Residence	1	4	25.00
HCBS Waiver Individualized Care Coordination	23	24	95.83
Residential Treatment Facility - Children & Youth	20	120	16.67

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	44	44	100	+	96
Cultural (Q4-Q6)	44	43	98	-	99
Access(Q7-Q9)	44	43	98	+	96
Participation (Q10-Q13)	44	43	98	NS	97
Global(Q14-Q17)	44	42	95	NS	96
Outcomes/Functioning (Q18-Q22)	44	32	73	-	84
Social Connectedness (Q23-Q27)	44	37	84	-	87
Medication (Y/N) (Q28)	44	43	98	+	91
Medication Scale (Q28a-Q28e) ⁴	42	39	93	-	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83

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² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Jewish Board of Family & Children's Services

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	23	23	100	+	96
Cultural (Q4-Q6)	23	23	100	+	99
Access(Q7-Q9)	23	22	96	NS	95
Participation (Q10-Q13)	23	23	100	+	99
Global(Q14-Q17)	23	23	100	+	97
Outcomes/Functioning (Q18-Q22)	23	13	57	-	82
Social Connectedness (Q23-Q27)	23	17	74	-	85
Medication (Y/N) (Q28)	23	22	96	+	93
Medication Scale (Q28a-Q28e) ⁴	21	20	95	NS	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	20	100	+	97
Cultural (Q4-Q6)	20	19	95	-	98
Access(Q7-Q9)	20	20	100	+	92
Participation (Q10-Q13)	20	19	95	NS	93
Global(Q14-Q17)	20	18	90	-	95
Outcomes/Functioning (Q18-Q22)	20	18	90	NS	84
Social Connectedness (Q23-Q27)	20	19	95	NS	92
Medication (Y/N) (Q28)	20	20	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	20	19	95	NS	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Jewish Board of Family & Children's Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	55	72	76.39
Children & Youth Community Residence	0	6	0.00
HCBS Waiver Individualized Care Coordination	13	17	76.47
Residential Treatment Facility - Children & Youth	42	49	85.71

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	54	50	93	NS	90
Cultural (Q4-Q6)	55	52	95	NS	94
Access(Q7-Q10)	55	53	96	+	94
Participation (Q11-Q14)	55	48	87	-	90
Global(Q15)	55	46	84	-	87
Outcomes/Functioning (Q16-Q20a)	55	50	91	+	87
Medication (Y/N) (Q21)	55	51	93	+	88
Medication Scale (Q21a-Q21e) ⁴	51	37	73	-	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	95
Access(Q7-Q10)	< 5	N/A	N/A	N/A	93
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	93
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	95

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⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Jewish Board of Family & Children's Services

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	13	100	+	96
Cultural (Q4-Q6)	13	13	100	+	100
Access(Q7-Q10)	13	13	100	NS	99
Participation (Q11-Q14)	13	12	92	NS	94
Global(Q15)	13	12	92	NS	95
Outcomes/Functioning (Q16-Q20a)	13	12	92	NS	88
Medication (Y/N) (Q21)	13	12	92	NS	90
Medication Scale (Q21a-Q21e) ⁴	12	10	83	NS	86

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	41	37	90	NS	89
Cultural (Q4-Q6)	42	39	93	NS	93
Access(Q7-Q10)	42	40	95	NS	93
Participation (Q11-Q14)	42	36	86	NS	88
Global(Q15)	42	34	81	NS	82
Outcomes/Functioning (Q16-Q20a)	42	38	90	NS	89
Medication (Y/N) (Q21)	42	39	93	NS	95
Medication Scale (Q21a-Q21e) ⁴	39	27	69	-	78

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Jewish Child Care Association of New York

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	8	72	11.11
HCBS Waiver Individualized Care Coordination	8	72	11.11

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	96
Cultural (Q4-Q6)	8	8	100	+	99
Access(Q7-Q9)	8	7	88	-	96
Participation (Q10-Q13)	8	8	100	+	97
Global(Q14-Q17)	8	8	100	+	96
Outcomes/Functioning (Q18-Q22)	8	8	100	+	84
Social Connectedness (Q23-Q27)	8	8	100	+	87
Medication (Y/N) (Q28)	8	5	63	-	91
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	96
Cultural (Q4-Q6)	8	8	100	+	99
Access(Q7-Q9)	8	7	88	-	95
Participation (Q10-Q13)	8	8	100	+	99
Global(Q14-Q17)	8	8	100	+	97
Outcomes/Functioning (Q18-Q22)	8	8	100	+	82
Social Connectedness (Q23-Q27)	8	8	100	+	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Jewish Child Care Association of New York

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	8	5	63	-	93
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Jewish Child Care Association of New York

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Mental Health Association in Ulster County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	52	61	85.25
Family Based Treatment	9	11	81.82
HCBS Waiver Individualized Care Coordination	42	46	91.30
Teaching Family Home	1	4	25.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	52	52	100	+	96
Cultural (Q4-Q6)	52	52	100	+	99
Access(Q7-Q9)	51	51	100	+	96
Participation (Q10-Q13)	50	50	100	+	97
Global(Q14-Q17)	52	52	100	+	96
Outcomes/Functioning (Q18-Q22)	51	44	86	NS	84
Social Connectedness (Q23-Q27)	50	46	92	+	87
Medication (Y/N) (Q28)	52	46	88	-	91
Medication Scale (Q28a-Q28e) ⁴	46	44	96	NS	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	9	100	NS	98
Cultural (Q4-Q6)	9	9	100	+	100
Access(Q7-Q9)	9	9	100	NS	98
Participation (Q10-Q13)	9	9	100	NS	98
Global(Q14-Q17)	9	9	100	NS	96
Outcomes/Functioning (Q18-Q22)	9	8	89	NS	85

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² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Mental Health Association in Ulster County

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	9	9	100	NS	93
Medication (Y/N) (Q28)	9	6	67	-	87
Medication Scale (Q28a-Q28e) ⁴	6	5	83	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	42	42	100	+	96
Cultural (Q4-Q6)	42	42	100	+	99
Access(Q7-Q9)	41	41	100	+	95
Participation (Q10-Q13)	41	41	100	+	99
Global(Q14-Q17)	42	42	100	+	97
Outcomes/Functioning (Q18-Q22)	41	35	85	NS	82
Social Connectedness (Q23-Q27)	41	37	90	+	85
Medication (Y/N) (Q28)	42	39	93	NS	93
Medication Scale (Q28a-Q28e) ⁴	39	38	97	+	95

PROGRAM_TYPE_NAME=Teaching Family Home

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	94
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q9)	< 5	N/A	N/A	N/A	94
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	94
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	82
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	81
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	82
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Mental Health Association in Ulster County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	16	23	69.57
Family Based Treatment	10	16	62.50
HCBS Waiver Individualized Care Coordination	2	3	66.67
Teaching Family Home	4	4	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	16	100	+	90
Cultural (Q4-Q6)	16	16	100	+	94
Access(Q7-Q10)	16	16	100	+	94
Participation (Q11-Q14)	16	16	100	+	90
Global(Q15)	15	15	100	+	87
Outcomes/Functioning (Q16-Q20a)	16	16	100	+	87
Medication (Y/N) (Q21)	16	13	81	-	88
Medication Scale (Q21a-Q21e) ⁴	13	11	85	+	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	10	100	+	93
Cultural (Q4-Q6)	10	10	100	NS	98
Access(Q7-Q10)	10	10	100	+	96
Participation (Q11-Q14)	10	10	100	+	91
Global(Q15)	9	9	100	+	88
Outcomes/Functioning (Q16-Q20a)	10	10	100	+	90

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² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Mental Health Association in Ulster County

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q21)	10	7	70	-	90
Medication Scale (Q21a-Q21e) ⁴	7	5	71	-	87

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	86

PROGRAM_TYPE_NAME=Teaching Family Home

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q10)	< 5	N/A	N/A	N/A	92
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	100
Global(Q15)	< 5	N/A	N/A	N/A	75
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	92
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Mental Health Association of Westchester Co.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	20	24	83.33
HCBS Waiver Individualized Care Coordination	20	24	83.33

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	19	95	NS	96
Cultural (Q4-Q6)	20	20	100	+	99
Access(Q7-Q9)	20	20	100	+	96
Participation (Q10-Q13)	20	20	100	+	97
Global(Q14-Q17)	20	20	100	+	96
Outcomes/Functioning (Q18-Q22)	19	13	68	-	84
Social Connectedness (Q23-Q27)	19	14	74	-	87
Medication (Y/N) (Q28)	20	17	85	-	91
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	19	95	NS	96
Cultural (Q4-Q6)	20	20	100	+	99
Access(Q7-Q9)	20	20	100	+	95
Participation (Q10-Q13)	20	20	100	+	99
Global(Q14-Q17)	20	20	100	+	97
Outcomes/Functioning (Q18-Q22)	19	13	68	-	82
Social Connectedness (Q23-Q27)	19	14	74	-	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Mental Health Association of Westchester Co.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	20	17	85	-	93
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

***NYSOMH Youth Assessment of Care Survey Results 2008
Mental Health Association of Westchester Co.***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 MercyFirst

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	4	19	21.05
Children & Youth Community Residence	3	5	60.00
Residential Treatment Facility - Children & Youth	1	14	7.14

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 MercyFirst

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	97
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q9)	< 5	N/A	N/A	N/A	92
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	92
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

MercyFirst

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	15	17	88.24
Children & Youth Community Residence	4	4	100.00
Residential Treatment Facility - Children & Youth	11	13	84.62

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	13	87	-	90
Cultural (Q4-Q6)	15	14	93	NS	94
Access(Q7-Q10)	15	15	100	+	94
Participation (Q11-Q14)	15	15	100	+	90
Global(Q15)	15	13	87	NS	87
Outcomes/Functioning (Q16-Q20a)	15	14	93	+	87
Medication (Y/N) (Q21)	15	14	93	+	88
Medication Scale (Q21a-Q21e) ⁴	14	12	86	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	95
Access(Q7-Q10)	< 5	N/A	N/A	N/A	93
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	93
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	95
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

MercyFirst

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	11	9	82	-	89
Cultural (Q4-Q6)	11	10	91	NS	93
Access(Q7-Q10)	11	11	100	+	93
Participation (Q11-Q14)	11	11	100	+	88
Global(Q15)	11	9	82	NS	82
Outcomes/Functioning (Q16-Q20a)	11	10	91	NS	89
Medication (Y/N) (Q21)	11	11	100	+	95
Medication Scale (Q21a-Q21e) ⁴	11	10	91	+	78

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Mid-Erie Counseling and Treatment Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	13	19	68.42
HCBS Waiver Individualized Care Coordination	13	19	68.42

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	12	92	-	96
Cultural (Q4-Q6)	13	13	100	+	99
Access(Q7-Q9)	13	13	100	+	96
Participation (Q10-Q13)	13	13	100	+	97
Global(Q14-Q17)	13	13	100	+	96
Outcomes/Functioning (Q18-Q22)	13	10	77	-	84
Social Connectedness (Q23-Q27)	13	11	85	-	87
Medication (Y/N) (Q28)	13	11	85	-	91
Medication Scale (Q28a-Q28e) ⁴	11	10	91	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	12	92	-	96
Cultural (Q4-Q6)	13	13	100	+	99
Access(Q7-Q9)	13	13	100	+	95
Participation (Q10-Q13)	13	13	100	+	99
Global(Q14-Q17)	13	13	100	+	97
Outcomes/Functioning (Q18-Q22)	13	10	77	-	82
Social Connectedness (Q23-Q27)	13	11	85	NS	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Mid-Erie Counseling and Treatment Services

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	13	11	85	-	93
Medication Scale (Q28a-Q28e) ⁴	11	10	91	-	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Mid-Erie Counseling and Treatment Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

North Country Transitional Living Servs, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	19	47	40.43
Children & Youth Community Residence	5	8	62.50
HCBS Waiver Individualized Care Coordination	14	39	35.90

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	19	15	79	-	96
Cultural (Q4-Q6)	19	18	95	-	99
Access(Q7-Q9)	19	18	95	NS	96
Participation (Q10-Q13)	18	17	94	-	97
Global(Q14-Q17)	18	18	100	+	96
Outcomes/Functioning (Q18-Q22)	18	13	72	-	84
Social Connectedness (Q23-Q27)	18	14	78	-	87
Medication (Y/N) (Q28)	19	17	89	-	91
Medication Scale (Q28a-Q28e) ⁴	17	16	94	NS	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	2	40	-	83
Cultural (Q4-Q6)	5	5	100	NS	96
Access(Q7-Q9)	5	5	100	NS	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

North Country Transitional Living Servs, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	5	3	60	-	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	13	93	-	96
Cultural (Q4-Q6)	14	13	93	-	99
Access(Q7-Q9)	14	13	93	-	95
Participation (Q10-Q13)	14	13	93	-	99
Global(Q14-Q17)	14	14	100	+	97
Outcomes/Functioning (Q18-Q22)	14	11	79	-	82
Social Connectedness (Q23-Q27)	14	11	79	-	85
Medication (Y/N) (Q28)	14	14	100	+	93
Medication Scale (Q28a-Q28e) ⁴	14	13	93	-	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

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- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

North Country Transitional Living Servs, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	24	27	88.89
Children & Youth Community Residence	5	8	62.50
HCBS Waiver Individualized Care Coordination	19	19	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	24	24	100	+	90
Cultural (Q4-Q6)	24	23	96	NS	94
Access(Q7-Q10)	24	24	100	+	94
Participation (Q11-Q14)	24	22	92	NS	90
Global(Q15)	24	21	88	NS	87
Outcomes/Functioning (Q16-Q20a)	24	21	88	NS	87
Medication (Y/N) (Q21)	24	20	83	-	88
Medication Scale (Q21a-Q21e) ⁴	20	19	95	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	NS	93
Cultural (Q4-Q6)	5	4	80	-	95
Access(Q7-Q10)	5	5	100	NS	93
Participation (Q11-Q14)	5	4	80	-	93
Global(Q15)	5	3	60	-	93
Outcomes/Functioning (Q16-Q20a)	5	4	80	-	95
Medication (Y/N) (Q21)	5	3	60	-	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

North Country Transitional Living Servs, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	19	19	100	+	96
Cultural (Q4-Q6)	19	19	100	+	100
Access(Q7-Q10)	19	19	100	NS	99
Participation (Q11-Q14)	19	18	95	NS	94
Global(Q15)	19	18	95	NS	95
Outcomes/Functioning (Q16-Q20a)	19	17	89	NS	88
Medication (Y/N) (Q21)	19	17	89	NS	90
Medication Scale (Q21a-Q21e) ⁴	17	16	94	+	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

North Shore Child & Family Guidance Assoc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	3	9	33.33
Family Based Treatment	3	9	33.33

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	98
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	85
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

North Shore Child & Family Guidance Assoc.

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	87
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

North Shore Child & Family Guidance Assoc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	4	10	40.00
Family Based Treatment	4	10	40.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	94
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	90
Global(Q15)	< 5	N/A	N/A	N/A	87
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q10)	< 5	N/A	N/A	N/A	96
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	91
Global(Q15)	< 5	N/A	N/A	N/A	88
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	90
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Occupations, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	13	24	54.17
HCBS Waiver Individualized Care Coordination	13	24	54.17

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	13	100	+	96
Cultural (Q4-Q6)	13	13	100	+	99
Access(Q7-Q9)	13	12	92	-	96
Participation (Q10-Q13)	13	13	100	+	97
Global(Q14-Q17)	13	13	100	+	96
Outcomes/Functioning (Q18-Q22)	13	13	100	+	84
Social Connectedness (Q23-Q27)	13	11	85	-	87
Medication (Y/N) (Q28)	13	13	100	+	91
Medication Scale (Q28a-Q28e) ⁴	13	13	100	+	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	13	100	+	96
Cultural (Q4-Q6)	13	13	100	+	99
Access(Q7-Q9)	13	12	92	-	95
Participation (Q10-Q13)	13	13	100	+	99
Global(Q14-Q17)	13	13	100	+	97
Outcomes/Functioning (Q18-Q22)	13	13	100	+	82
Social Connectedness (Q23-Q27)	13	11	85	NS	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Occupations, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	13	13	100	+	93
Medication Scale (Q28a-Q28e) ⁴	13	13	100	+	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Occupations, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Parsons Child and Family Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	36	119	30.25
Children & Youth Community Residence	0	3	0.00
HCBS Waiver Individualized Care Coordination	26	102	25.49
Residential Treatment Facility - Children & Youth	10	14	71.43

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	35	35	100	+	96
Cultural (Q4-Q6)	36	35	97	-	99
Access(Q7-Q9)	36	34	94	NS	96
Participation (Q10-Q13)	36	34	94	-	97
Global(Q14-Q17)	36	35	97	NS	96
Outcomes/Functioning (Q18-Q22)	35	29	83	NS	84
Social Connectedness (Q23-Q27)	35	30	86	NS	87
Medication (Y/N) (Q28)	36	36	100	+	91
Medication Scale (Q28a-Q28e) ⁴	36	33	92	-	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Parsons Child and Family Center

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	25	25	100	+	96
Cultural (Q4-Q6)	26	26	100	+	99
Access(Q7-Q9)	26	25	96	NS	95
Participation (Q10-Q13)	26	26	100	+	99
Global(Q14-Q17)	26	26	100	+	97
Outcomes/Functioning (Q18-Q22)	25	22	88	+	82
Social Connectedness (Q23-Q27)	25	22	88	NS	85
Medication (Y/N) (Q28)	26	26	100	+	93
Medication Scale (Q28a-Q28e) ⁴	26	24	92	-	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	10	100	+	97
Cultural (Q4-Q6)	10	9	90	-	98
Access(Q7-Q9)	10	9	90	NS	92
Participation (Q10-Q13)	10	8	80	-	93
Global(Q14-Q17)	10	9	90	-	95
Outcomes/Functioning (Q18-Q22)	10	7	70	-	84
Social Connectedness (Q23-Q27)	10	8	80	-	92
Medication (Y/N) (Q28)	10	10	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	10	9	90	NS	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Parsons Child and Family Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	7	26	26.92
Children & Youth Community Residence	5	8	62.50
HCBS Waiver Individualized Care Coordination	2	18	11.11

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	6	86	-	90
Cultural (Q4-Q6)	7	6	86	-	94
Access(Q7-Q10)	7	6	86	-	94
Participation (Q11-Q14)	7	6	86	-	90
Global(Q15)	7	6	86	NS	87
Outcomes/Functioning (Q16-Q20a)	7	7	100	+	87
Medication (Y/N) (Q21)	7	6	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	6	5	83	NS	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	4	80	-	93
Cultural (Q4-Q6)	5	4	80	-	95
Access(Q7-Q10)	5	4	80	-	93
Participation (Q11-Q14)	5	4	80	-	93
Global(Q15)	5	4	80	-	93
Outcomes/Functioning (Q16-Q20a)	5	5	100	NS	95
Medication (Y/N) (Q21)	5	4	80	NS	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Parsons Child and Family Center

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Pathways, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	28	72	38.89
Children & Youth Community Residence	1	5	20.00
HCBS Waiver Individualized Care Coordination	27	67	40.30

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	28	25	89	-	96
Cultural (Q4-Q6)	28	26	93	-	99
Access(Q7-Q9)	28	26	93	-	96
Participation (Q10-Q13)	28	27	96	NS	97
Global(Q14-Q17)	28	25	89	-	96
Outcomes/Functioning (Q18-Q22)	28	23	82	NS	84
Social Connectedness (Q23-Q27)	28	24	86	NS	87
Medication (Y/N) (Q28)	28	28	100	+	91
Medication Scale (Q28a-Q28e) ⁴	28	27	96	+	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Pathways, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	27	25	93	-	96
Cultural (Q4-Q6)	27	26	96	-	99
Access(Q7-Q9)	27	26	96	NS	95
Participation (Q10-Q13)	27	26	96	-	99
Global(Q14-Q17)	27	25	93	-	97
Outcomes/Functioning (Q18-Q22)	27	23	85	NS	82
Social Connectedness (Q23-Q27)	27	24	89	+	85
Medication (Y/N) (Q28)	27	27	100	+	93
Medication Scale (Q28a-Q28e) ⁴	27	27	100	+	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008 Pathways, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	3	13	23.08
Children & Youth Community Residence	0	8	0.00
HCBS Waiver Individualized Care Coordination	3	5	60.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	94
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	90
Global(Q15)	< 5	N/A	N/A	N/A	87
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	95
Access(Q7-Q10)	< 5	N/A	N/A	N/A	93
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	93
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	95
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008 Pathways, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	90
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	86

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Pederson-Krag Center, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	48	57	84.21
Children & Youth Community Residence	2	8	25.00
Family Based Treatment	7	9	77.78
HCBS Waiver Individualized Care Coordination	39	40	97.50

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	47	45	96	NS	96
Cultural (Q4-Q6)	48	48	100	+	99
Access(Q7-Q9)	46	42	91	-	96
Participation (Q10-Q13)	47	45	96	-	97
Global(Q14-Q17)	47	45	96	NS	96
Outcomes/Functioning (Q18-Q22)	48	38	79	-	84
Social Connectedness (Q23-Q27)	48	42	88	NS	87
Medication (Y/N) (Q28)	48	46	96	+	91
Medication Scale (Q28a-Q28e) ⁴	45	43	96	NS	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Pederson-Krag Center, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	7	100	NS	98
Cultural (Q4-Q6)	7	7	100	+	100
Access(Q7-Q9)	6	5	83	-	98
Participation (Q10-Q13)	6	6	100	NS	98
Global(Q14-Q17)	7	7	100	NS	96
Outcomes/Functioning (Q18-Q22)	7	5	71	-	85
Social Connectedness (Q23-Q27)	7	7	100	NS	93
Medication (Y/N) (Q28)	7	6	86	NS	87
Medication Scale (Q28a-Q28e) ⁴	5	5	100	NS	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	38	36	95	NS	96
Cultural (Q4-Q6)	39	39	100	+	99
Access(Q7-Q9)	38	35	92	-	95
Participation (Q10-Q13)	39	37	95	-	99
Global(Q14-Q17)	38	36	95	-	97
Outcomes/Functioning (Q18-Q22)	39	32	82	NS	82
Social Connectedness (Q23-Q27)	39	33	85	NS	85
Medication (Y/N) (Q28)	39	38	97	+	93
Medication Scale (Q28a-Q28e) ⁴	38	36	95	NS	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Pederson-Krag Center, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	42	42	100.00
Children & Youth Community Residence	5	5	100.00
Family Based Treatment	10	10	100.00
HCBS Waiver Individualized Care Coordination	27	27	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	42	37	88	-	90
Cultural (Q4-Q6)	42	42	100	+	94
Access(Q7-Q10)	42	42	100	+	94
Participation (Q11-Q14)	42	39	93	+	90
Global(Q15)	41	38	93	+	87
Outcomes/Functioning (Q16-Q20a)	42	37	88	NS	87
Medication (Y/N) (Q21)	42	40	95	+	88
Medication Scale (Q21a-Q21e) ⁴	39	33	85	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	NS	93
Cultural (Q4-Q6)	5	5	100	NS	95
Access(Q7-Q10)	5	5	100	NS	93
Participation (Q11-Q14)	5	5	100	NS	93
Global(Q15)	5	5	100	NS	93
Outcomes/Functioning (Q16-Q20a)	5	5	100	NS	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Pederson-Krag Center, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q21)	5	5	100	+	83
Medication Scale (Q21a-Q21e) ⁴	5	5	100	NS	91

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	8	80	-	93
Cultural (Q4-Q6)	10	10	100	NS	98
Access(Q7-Q10)	10	10	100	+	96
Participation (Q11-Q14)	10	9	90	NS	91
Global(Q15)	9	8	89	NS	88
Outcomes/Functioning (Q16-Q20a)	10	9	90	NS	90
Medication (Y/N) (Q21)	10	9	90	NS	90
Medication Scale (Q21a-Q21e) ⁴	9	6	67	-	87

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	27	24	89	-	96
Cultural (Q4-Q6)	27	27	100	+	100
Access(Q7-Q10)	27	27	100	NS	99
Participation (Q11-Q14)	27	25	93	NS	94
Global(Q15)	27	25	93	NS	95
Outcomes/Functioning (Q16-Q20a)	27	23	85	NS	88
Medication (Y/N) (Q21)	27	26	96	+	90
Medication Scale (Q21a-Q21e) ⁴	25	22	88	NS	86

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Rockland Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	77	201	38.31
Day Treatment	73	166	43.98
State Psychiatric Center Inpatient	4	35	11.43

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	77	74	96	NS	96
Cultural (Q4-Q6)	77	75	97	-	99
Access(Q7-Q9)	77	74	96	NS	96
Participation (Q10-Q13)	77	73	95	-	97
Global(Q14-Q17)	77	72	94	-	96
Outcomes/Functioning (Q18-Q22)	77	70	91	+	84
Social Connectedness (Q23-Q27)	77	70	91	+	87
Medication (Y/N) (Q28)	77	59	77	-	91
Medication Scale (Q28a-Q28e) ⁴	59	58	98	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	73	70	96	NS	96
Cultural (Q4-Q6)	73	71	97	NS	98
Access(Q7-Q9)	73	70	96	-	98
Participation (Q10-Q13)	73	69	95	NS	95
Global(Q14-Q17)	73	68	93	NS	95
Outcomes/Functioning (Q18-Q22)	73	66	90	NS	89
Social Connectedness (Q23-Q27)	73	66	90	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Rockland Children's Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	73	55	75	-	83
Medication Scale (Q28a-Q28e) ⁴	55	54	98	NS	96

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	97
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	94
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	97
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	94
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	94

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Rockland Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	79	113	69.91
Day Treatment	46	64	71.88
State Psychiatric Center Inpatient	33	49	67.35

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	79	65	82	-	90
Cultural (Q4-Q6)	79	67	85	-	94
Access(Q7-Q10)	79	69	87	-	94
Participation (Q11-Q14)	78	63	81	-	90
Global(Q15)	78	60	77	-	87
Outcomes/Functioning (Q16-Q20a)	78	64	82	-	87
Medication (Y/N) (Q21)	79	60	76	-	88
Medication Scale (Q21a-Q21e) ⁴	60	42	70	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	43	93	NS	91
Cultural (Q4-Q6)	46	44	96	NS	93
Access(Q7-Q10)	46	46	100	+	96
Participation (Q11-Q14)	46	43	93	NS	89
Global(Q15)	46	43	93	NS	90
Outcomes/Functioning (Q16-Q20a)	46	38	83	NS	81
Medication (Y/N) (Q21)	46	32	70	-	77
Medication Scale (Q21a-Q21e) ⁴	32	24	75	NS	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Rockland Children's Psychiatric Center

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Appropriateness (Q1-Q3)	33	22	67	-	77
Cultural (Q4-Q6)	33	23	70	-	82
Access(Q7-Q10)	33	23	70	-	82
Participation (Q11-Q14)	32	20	63	-	78
Global(Q15)	32	17	53	-	68
Outcomes/Functioning (Q16-Q20a)	32	26	81	NS	82
Medication (Y/N) (Q21)	33	28	85	-	94
Medication Scale (Q21a-Q21e) ⁴	28	18	64	NS	74

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Sagamore Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	46	151	30.46
Day Treatment	46	151	30.46

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	45	98	+	96
Cultural (Q4-Q6)	46	45	98	-	99
Access(Q7-Q9)	46	46	100	+	96
Participation (Q10-Q13)	46	43	93	-	97
Global(Q14-Q17)	46	45	98	+	96
Outcomes/Functioning (Q18-Q22)	46	40	87	+	84
Social Connectedness (Q23-Q27)	44	36	82	-	87
Medication (Y/N) (Q28)	46	43	93	+	91
Medication Scale (Q28a-Q28e) ⁴	43	42	98	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	45	98	NS	96
Cultural (Q4-Q6)	46	45	98	NS	98
Access(Q7-Q9)	46	46	100	NS	98
Participation (Q10-Q13)	46	43	93	NS	95
Global(Q14-Q17)	46	45	98	NS	95
Outcomes/Functioning (Q18-Q22)	46	40	87	NS	89
Social Connectedness (Q23-Q27)	44	36	82	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Sagamore Children's Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	46	43	93	+	83
Medication Scale (Q28a-Q28e) ⁴	43	42	98	NS	96

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Sagamore Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	26	107	24.30
Day Treatment	26	107	24.30

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	26	23	88	NS	90
Cultural (Q4-Q6)	26	25	96	+	94
Access(Q7-Q10)	26	25	96	+	94
Participation (Q11-Q14)	26	25	96	+	90
Global(Q15)	26	24	92	+	87
Outcomes/Functioning (Q16-Q20a)	26	21	81	-	87
Medication (Y/N) (Q21)	26	23	88	NS	88
Medication Scale (Q21a-Q21e) ⁴	23	18	78	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	26	23	88	NS	91
Cultural (Q4-Q6)	26	25	96	NS	93
Access(Q7-Q10)	26	25	96	NS	96
Participation (Q11-Q14)	26	25	96	+	89
Global(Q15)	26	24	92	NS	90
Outcomes/Functioning (Q16-Q20a)	26	21	81	NS	81
Medication (Y/N) (Q21)	26	23	88	+	77
Medication Scale (Q21a-Q21e) ⁴	23	18	78	NS	75

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

SCO Family of Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	27	64	42.19
Children & Youth Community Residence	8	8	100.00
Family Based Treatment	7	14	50.00
HCBS Waiver Individualized Care Coordination	12	42	28.57

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	27	27	100	+	96
Cultural (Q4-Q6)	27	27	100	+	99
Access(Q7-Q9)	27	26	96	NS	96
Participation (Q10-Q13)	27	26	96	-	97
Global(Q14-Q17)	27	26	96	NS	96
Outcomes/Functioning (Q18-Q22)	27	23	85	NS	84
Social Connectedness (Q23-Q27)	27	24	89	NS	87
Medication (Y/N) (Q28)	27	26	96	+	91
Medication Scale (Q28a-Q28e) ⁴	26	25	96	NS	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	83
Cultural (Q4-Q6)	8	8	100	NS	96
Access(Q7-Q9)	8	8	100	NS	96
Participation (Q10-Q13)	8	8	100	+	100
Global(Q14-Q17)	8	8	100	NS	91
Outcomes/Functioning (Q18-Q22)	8	8	100	+	83

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² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

SCO Family of Services

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Social Connectedness (Q23-Q27)	8	8	100	NS	91
Medication (Y/N) (Q28)	8	8	100	NS	92
Medication Scale (Q28a-Q28e) ⁴	8	8	100	NS	91

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	7	100	NS	98
Cultural (Q4-Q6)	7	7	100	+	100
Access(Q7-Q9)	7	7	100	NS	98
Participation (Q10-Q13)	7	6	86	-	98
Global(Q14-Q17)	7	6	86	-	96
Outcomes/Functioning (Q18-Q22)	7	6	86	NS	85
Social Connectedness (Q23-Q27)	7	6	86	-	93
Medication (Y/N) (Q28)	7	7	100	+	87
Medication Scale (Q28a-Q28e) ⁴	7	6	86	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	12	12	100	+	96
Cultural (Q4-Q6)	12	12	100	+	99
Access(Q7-Q9)	12	11	92	-	95
Participation (Q10-Q13)	12	12	100	+	99
Global(Q14-Q17)	12	12	100	+	97
Outcomes/Functioning (Q18-Q22)	12	9	75	-	82
Social Connectedness (Q23-Q27)	12	10	83	NS	85
Medication (Y/N) (Q28)	12	11	92	NS	93
Medication Scale (Q28a-Q28e) ⁴	11	11	100	+	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

SCO Family of Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	43	80	53.75
Children & Youth Community Residence	8	8	100.00
Family Based Treatment	29	30	96.67
HCBS Waiver Individualized Care Coordination	6	42	14.29

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	43	40	93	+	90
Cultural (Q4-Q6)	43	41	95	NS	94
Access(Q7-Q10)	43	41	95	NS	94
Participation (Q11-Q14)	43	38	88	NS	90
Global(Q15)	43	40	93	+	87
Outcomes/Functioning (Q16-Q20a)	43	39	91	+	87
Medication (Y/N) (Q21)	43	41	95	+	88
Medication Scale (Q21a-Q21e) ⁴	41	36	88	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	7	88	NS	93
Cultural (Q4-Q6)	8	8	100	NS	95
Access(Q7-Q10)	8	7	88	NS	93
Participation (Q11-Q14)	8	7	88	NS	93
Global(Q15)	8	8	100	NS	93
Outcomes/Functioning (Q16-Q20a)	8	8	100	NS	95

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

SCO Family of Services

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q21)	8	8	100	+	83
Medication Scale (Q21a-Q21e) ⁴	8	7	88	NS	91

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	29	27	93	NS	93
Cultural (Q4-Q6)	29	27	93	-	98
Access(Q7-Q10)	29	28	97	NS	96
Participation (Q11-Q14)	29	26	90	NS	91
Global(Q15)	29	26	90	NS	88
Outcomes/Functioning (Q16-Q20a)	29	26	90	NS	90
Medication (Y/N) (Q21)	29	28	97	+	90
Medication Scale (Q21a-Q21e) ⁴	28	26	93	NS	87

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	6	6	100	+	96
Cultural (Q4-Q6)	6	6	100	+	100
Access(Q7-Q10)	6	6	100	NS	99
Participation (Q11-Q14)	6	5	83	-	94
Global(Q15)	6	6	100	+	95
Outcomes/Functioning (Q16-Q20a)	6	5	83	-	88
Medication (Y/N) (Q21)	6	5	83	-	90
Medication Scale (Q21a-Q21e) ⁴	5	3	60	-	86

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

South Beach Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	5	18	27.78
Day Treatment	5	18	27.78

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	96
Cultural (Q4-Q6)	5	5	100	+	99
Access(Q7-Q9)	5	5	100	+	96
Participation (Q10-Q13)	5	5	100	+	97
Global(Q14-Q17)	5	5	100	+	96
Outcomes/Functioning (Q18-Q22)	5	5	100	+	84
Social Connectedness (Q23-Q27)	5	5	100	+	87
Medication (Y/N) (Q28)	5	5	100	+	91
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	96
Cultural (Q4-Q6)	5	5	100	+	98
Access(Q7-Q9)	5	5	100	NS	98
Participation (Q10-Q13)	5	5	100	+	95
Global(Q14-Q17)	5	5	100	+	95
Outcomes/Functioning (Q18-Q22)	5	5	100	+	89
Social Connectedness (Q23-Q27)	5	5	100	+	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

South Beach Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	5	5	100	+	83
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	96

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

South Beach Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	13	16	81.25
Day Treatment	13	16	81.25

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	12	92	NS	90
Cultural (Q4-Q6)	13	12	92	-	94
Access(Q7-Q10)	13	12	92	-	94
Participation (Q11-Q14)	13	9	69	-	90
Global(Q15)	13	11	85	NS	87
Outcomes/Functioning (Q16-Q20a)	13	10	77	-	87
Medication (Y/N) (Q21)	13	9	69	-	88
Medication Scale (Q21a-Q21e) ⁴	9	4	44	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	13	12	92	NS	91
Cultural (Q4-Q6)	13	12	92	NS	93
Access(Q7-Q10)	13	12	92	-	96
Participation (Q11-Q14)	13	9	69	-	89
Global(Q15)	13	11	85	-	90
Outcomes/Functioning (Q16-Q20a)	13	10	77	NS	81
Medication (Y/N) (Q21)	13	9	69	-	77
Medication Scale (Q21a-Q21e) ⁴	9	4	44	-	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Catherine's Center for Children

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	8	8	100.00
Family Based Treatment	8	8	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	96
Cultural (Q4-Q6)	8	8	100	+	99
Access(Q7-Q9)	7	7	100	+	96
Participation (Q10-Q13)	8	8	100	+	97
Global(Q14-Q17)	8	8	100	+	96
Outcomes/Functioning (Q18-Q22)	8	6	75	-	84
Social Connectedness (Q23-Q27)	8	7	88	NS	87
Medication (Y/N) (Q28)	8	8	100	+	91
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	95

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	NS	98
Cultural (Q4-Q6)	8	8	100	+	100
Access(Q7-Q9)	7	7	100	NS	98
Participation (Q10-Q13)	8	8	100	NS	98
Global(Q14-Q17)	8	8	100	NS	96
Outcomes/Functioning (Q18-Q22)	8	6	75	NS	85
Social Connectedness (Q23-Q27)	8	7	88	NS	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Catherine's Center for Children

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	8	8	100	+	87
Medication Scale (Q28a-Q28e) ⁴	8	8	100	NS	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Catherine's Center for Children

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	8	8	100.00
Family Based Treatment	8	8	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	90
Cultural (Q4-Q6)	8	8	100	+	94
Access(Q7-Q10)	8	8	100	+	94
Participation (Q11-Q14)	8	7	88	NS	90
Global(Q15)	8	7	88	NS	87
Outcomes/Functioning (Q16-Q20a)	8	7	88	NS	87
Medication (Y/N) (Q21)	8	8	100	+	88
Medication Scale (Q21a-Q21e) ⁴	8	6	75	-	81

PROGRAM_TYPE_NAME=Family Based Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	+	93
Cultural (Q4-Q6)	8	8	100	NS	98
Access(Q7-Q10)	8	8	100	+	96
Participation (Q11-Q14)	8	7	88	NS	91
Global(Q15)	8	7	88	NS	88
Outcomes/Functioning (Q16-Q20a)	8	7	88	NS	90
Medication (Y/N) (Q21)	8	8	100	+	90
Medication Scale (Q21a-Q21e) ⁴	8	6	75	-	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Dominic's Home

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	21	97	21.65
HCBS Waiver Individualized Care Coordination	21	97	21.65

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	21	21	100	+	96
Cultural (Q4-Q6)	21	21	100	+	99
Access(Q7-Q9)	21	20	95	NS	96
Participation (Q10-Q13)	21	21	100	+	97
Global(Q14-Q17)	21	21	100	+	96
Outcomes/Functioning (Q18-Q22)	21	17	81	-	84
Social Connectedness (Q23-Q27)	21	18	86	NS	87
Medication (Y/N) (Q28)	21	21	100	+	91
Medication Scale (Q28a-Q28e) ⁴	21	19	90	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	21	21	100	+	96
Cultural (Q4-Q6)	21	21	100	+	99
Access(Q7-Q9)	21	20	95	NS	95
Participation (Q10-Q13)	21	21	100	+	99
Global(Q14-Q17)	21	21	100	+	97
Outcomes/Functioning (Q18-Q22)	21	17	81	NS	82
Social Connectedness (Q23-Q27)	21	18	86	NS	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Dominic's Home

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	21	21	100	+	93
Medication Scale (Q28a-Q28e) ⁴	21	19	90	-	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Dominic's Home

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Joseph's Villa of Rochester

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	4	22	18.18
Children & Youth Community Residence	1	8	12.50
Residential Treatment Facility - Children & Youth	3	14	21.43

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Joseph's Villa of Rochester

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	97
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q9)	< 5	N/A	N/A	N/A	92
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	92
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Joseph's Villa of Rochester

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	16	21	76.19
Children & Youth Community Residence	7	8	87.50
Residential Treatment Facility - Children & Youth	9	13	69.23

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	13	81	-	90
Cultural (Q4-Q6)	16	15	94	NS	94
Access(Q7-Q10)	16	14	88	-	94
Participation (Q11-Q14)	16	14	88	NS	90
Global(Q15)	16	15	94	+	87
Outcomes/Functioning (Q16-Q20a)	16	13	81	-	87
Medication (Y/N) (Q21)	16	13	81	-	88
Medication Scale (Q21a-Q21e) ⁴	13	13	100	+	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	7	6	86	NS	93
Cultural (Q4-Q6)	7	7	100	NS	95
Access(Q7-Q10)	7	6	86	NS	93
Participation (Q11-Q14)	7	7	100	NS	93
Global(Q15)	7	7	100	NS	93
Outcomes/Functioning (Q16-Q20a)	7	6	86	-	95
Medication (Y/N) (Q21)	7	5	71	NS	83
Medication Scale (Q21a-Q21e) ⁴	5	5	100	NS	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Joseph's Villa of Rochester

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	7	78	-	89
Cultural (Q4-Q6)	9	8	89	NS	93
Access(Q7-Q10)	9	8	89	-	93
Participation (Q11-Q14)	9	7	78	-	88
Global(Q15)	9	8	89	+	82
Outcomes/Functioning (Q16-Q20a)	9	7	78	-	89
Medication (Y/N) (Q21)	9	8	89	-	95
Medication Scale (Q21a-Q21e) ⁴	8	8	100	+	78

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

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NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Lawrence Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	14	24	58.33
Day Treatment	14	24	58.33

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	12	86	-	96
Cultural (Q4-Q6)	14	13	93	-	99
Access(Q7-Q9)	14	14	100	+	96
Participation (Q10-Q13)	14	14	100	+	97
Global(Q14-Q17)	14	12	86	-	96
Outcomes/Functioning (Q18-Q22)	14	14	100	+	84
Social Connectedness (Q23-Q27)	14	11	79	-	87
Medication (Y/N) (Q28)	14	12	86	-	91
Medication Scale (Q28a-Q28e) ⁴	12	12	100	+	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	14	12	86	-	96
Cultural (Q4-Q6)	14	13	93	-	98
Access(Q7-Q9)	14	14	100	NS	98
Participation (Q10-Q13)	14	14	100	+	95
Global(Q14-Q17)	14	12	86	-	95
Outcomes/Functioning (Q18-Q22)	14	14	100	+	89
Social Connectedness (Q23-Q27)	14	11	79	-	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Lawrence Psychiatric Center

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	14	12	86	NS	83
Medication Scale (Q28a-Q28e) ⁴	12	12	100	+	96

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Lawrence Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	18	19	94.74
Day Treatment	18	19	94.74

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	18	100	+	90
Cultural (Q4-Q6)	18	17	94	NS	94
Access(Q7-Q10)	18	18	100	+	94
Participation (Q11-Q14)	18	17	94	+	90
Global(Q15)	18	17	94	+	87
Outcomes/Functioning (Q16-Q20a)	18	17	94	+	87
Medication (Y/N) (Q21)	18	17	94	+	88
Medication Scale (Q21a-Q21e) ⁴	17	13	76	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	18	100	+	91
Cultural (Q4-Q6)	18	17	94	NS	93
Access(Q7-Q10)	18	18	100	+	96
Participation (Q11-Q14)	18	17	94	+	89
Global(Q15)	18	17	94	NS	90
Outcomes/Functioning (Q16-Q20a)	18	17	94	+	81
Medication (Y/N) (Q21)	18	17	94	+	77
Medication Scale (Q21a-Q21e) ⁴	17	13	76	NS	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Luke's-Roosevelt Hospital Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	23	90	25.56
HCBS Waiver Individualized Care Coordination	23	90	25.56

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	23	23	100	+	96
Cultural (Q4-Q6)	23	23	100	+	99
Access(Q7-Q9)	23	23	100	+	96
Participation (Q10-Q13)	23	23	100	+	97
Global(Q14-Q17)	23	23	100	+	96
Outcomes/Functioning (Q18-Q22)	23	23	100	+	84
Social Connectedness (Q23-Q27)	23	23	100	+	87
Medication (Y/N) (Q28)	23	19	83	-	91
Medication Scale (Q28a-Q28e) ⁴	19	17	89	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	23	23	100	+	96
Cultural (Q4-Q6)	23	23	100	+	99
Access(Q7-Q9)	23	23	100	+	95
Participation (Q10-Q13)	23	23	100	+	99
Global(Q14-Q17)	23	23	100	+	97
Outcomes/Functioning (Q18-Q22)	23	23	100	+	82
Social Connectedness (Q23-Q27)	23	23	100	+	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

St. Luke's-Roosevelt Hospital Center

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	23	19	83	-	93
Medication Scale (Q28a-Q28e) ⁴	19	17	89	-	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

St. Luke's-Roosevelt Hospital Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Steinway Child and Family Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	52	60	86.67
HCBS Waiver Individualized Care Coordination	52	60	86.67

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	52	49	94	-	96
Cultural (Q4-Q6)	52	51	98	NS	99
Access(Q7-Q9)	52	50	96	NS	96
Participation (Q10-Q13)	52	52	100	+	97
Global(Q14-Q17)	52	49	94	-	96
Outcomes/Functioning (Q18-Q22)	52	43	83	NS	84
Social Connectedness (Q23-Q27)	51	45	88	NS	87
Medication (Y/N) (Q28)	52	43	83	-	91
Medication Scale (Q28a-Q28e) ⁴	43	42	98	+	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	52	49	94	-	96
Cultural (Q4-Q6)	52	51	98	-	99
Access(Q7-Q9)	52	50	96	NS	95
Participation (Q10-Q13)	52	52	100	+	99
Global(Q14-Q17)	52	49	94	-	97
Outcomes/Functioning (Q18-Q22)	52	43	83	NS	82
Social Connectedness (Q23-Q27)	51	45	88	NS	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Steinway Child and Family Services, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	52	43	83	-	93
Medication Scale (Q28a-Q28e) ⁴	43	42	98	+	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

***NYSOMH Youth Assessment of Care Survey Results 2008
Steinway Child and Family Services, Inc.***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

The Children's Village, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	4	14	28.57
Residential Treatment Facility - Children & Youth	4	14	28.57

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	97
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q9)	< 5	N/A	N/A	N/A	92
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	95
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	92

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

The Children's Village, Inc.

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

The Children's Village, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008 Vanderheyden Hall, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	0	4	0.00
Children & Youth Community Residence	0	4	0.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	96
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	97
Global(Q14-Q17)	< 5	N/A	N/A	N/A	96
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	84
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	95

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	83
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	100
Global(Q14-Q17)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	83
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Vanderheyden Hall, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	92
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	91

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Vanderheyden Hall, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	0	4	0.00
Children & Youth Community Residence	0	4	0.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	94
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	90
Global(Q15)	< 5	N/A	N/A	N/A	87
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	81

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	95
Access(Q7-Q10)	< 5	N/A	N/A	N/A	93
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	93
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	95
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	83
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	91

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

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NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Westchester Jewish Community Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	9	11	81.82
HCBS Waiver Individualized Care Coordination	9	11	81.82

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	9	100	+	96
Cultural (Q4-Q6)	9	9	100	+	99
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	97
Global(Q14-Q17)	9	9	100	+	96
Outcomes/Functioning (Q18-Q22)	9	8	89	+	84
Social Connectedness (Q23-Q27)	9	8	89	NS	87
Medication (Y/N) (Q28)	9	9	100	+	91
Medication Scale (Q28a-Q28e) ⁴	9	6	67	-	95

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	9	9	100	+	96
Cultural (Q4-Q6)	9	9	100	+	99
Access(Q7-Q9)	9	9	100	+	95
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	97
Outcomes/Functioning (Q18-Q22)	9	8	89	+	82
Social Connectedness (Q23-Q27)	9	8	89	+	85

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Westchester Jewish Community Services, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	9	9	100	+	93
Medication Scale (Q28a-Q28e) ⁴	9	6	67	-	95

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

***NYSOMH Youth Assessment of Care Survey Results 2008
Westchester Jewish Community Services, Inc.***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Western New York Children's Psychiatric Ctr.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	929	2160	43.01
Agency Total	16	67	23.88
Day Treatment	6	25	24.00
State Psychiatric Center Inpatient	10	42	23.81

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	16	15	94	-	96
Cultural (Q4-Q6)	16	16	100	+	99
Access(Q7-Q9)	16	15	94	-	96
Participation (Q10-Q13)	16	16	100	+	97
Global(Q14-Q17)	16	15	94	-	96
Outcomes/Functioning (Q18-Q22)	16	15	94	+	84
Social Connectedness (Q23-Q27)	16	15	94	+	87
Medication (Y/N) (Q28)	16	13	81	-	91
Medication Scale (Q28a-Q28e) ⁴	13	12	92	-	95

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	6	5	83	-	96
Cultural (Q4-Q6)	6	6	100	+	98
Access(Q7-Q9)	6	6	100	NS	98
Participation (Q10-Q13)	6	6	100	+	95
Global(Q14-Q17)	6	5	83	-	95
Outcomes/Functioning (Q18-Q22)	6	5	83	-	89
Social Connectedness (Q23-Q27)	6	5	83	NS	87

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

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- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Family Assessment of Care Survey Results 2008

Western New York Children's Psychiatric Ctr.

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	6	3	50	-	83
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	96

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	10	100	NS	97
Cultural (Q4-Q6)	10	10	100	+	100
Access(Q7-Q9)	10	9	90	NS	94
Participation (Q10-Q13)	10	10	100	+	100
Global(Q14-Q17)	10	10	100	NS	97
Outcomes/Functioning (Q18-Q22)	10	10	100	NS	97
Social Connectedness (Q23-Q27)	10	10	100	NS	94
Medication (Y/N) (Q28)	10	10	100	+	100
Medication Scale (Q28a-Q28e) ⁴	10	10	100	NS	94

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Western New York Children's Psychiatric Ctr.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	712	1072	66.42
Agency Total	46	47	97.87
Day Treatment	20	21	95.24
State Psychiatric Center Inpatient	26	26	100.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	40	87	-	90
Cultural (Q4-Q6)	46	42	91	-	94
Access(Q7-Q10)	46	44	96	NS	94
Participation (Q11-Q14)	46	37	80	-	90
Global(Q15)	46	37	80	-	87
Outcomes/Functioning (Q16-Q20a)	46	33	72	-	87
Medication (Y/N) (Q21)	46	40	87	NS	88
Medication Scale (Q21a-Q21e) ⁴	40	30	75	-	81

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	18	90	NS	91
Cultural (Q4-Q6)	20	19	95	NS	93
Access(Q7-Q10)	20	20	100	+	96
Participation (Q11-Q14)	20	15	75	-	89
Global(Q15)	20	18	90	NS	90
Outcomes/Functioning (Q16-Q20a)	20	12	60	-	81
Medication (Y/N) (Q21)	20	14	70	-	77
Medication Scale (Q21a-Q21e) ⁴	14	11	79	NS	75

¹ Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

² Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

³ 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

⁴ Medication Scale calculated for individuals who responded "Y" to Medication Question

NYSOMH Youth Assessment of Care Survey Results 2008

Western New York Children's Psychiatric Ctr.

PROGRAM_TYPE_NAME=State Psychiatric Center Inpatient

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	26	22	85	NS	77
Cultural (Q4-Q6)	26	23	88	NS	82
Access(Q7-Q10)	26	24	92	+	82
Participation (Q11-Q14)	26	22	85	NS	78
Global(Q15)	26	19	73	NS	68
Outcomes/Functioning (Q16-Q20a)	26	21	81	NS	82
Medication (Y/N) (Q21)	26	26	100	+	94
Medication Scale (Q21a-Q21e) ⁴	26	19	73	NS	74

1 Agency N = Number of response; N varies because of missing data; N <5 are not shown to protect confidentiality

2 Agency N Positive = Response value of 1 or 2 (1=agree; 2=agree slightly)

3 95% Confidence interval compares agency % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

4 Medication Scale calculated for individuals who responded "Y" to Medication Question