

NYSOMH Family Assessment of Care Survey Results 2010

ARISE Child and Family Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	32	126	25.40
Clinic Treatment	32	126	25.40

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	32	30	94	-	96
Cultural (Q4-Q6)	32	32	100	+	99
Access(Q7-Q9)	32	30	94	-	96
Participation (Q10-Q13)	32	32	100	+	98
Global(Q14-Q17)	32	32	100	+	98
Outcomes/Functioning (Q18-Q22)	32	24	75	-	84
Social Connectedness (Q23-Q27)	32	26	81	-	87
Medication (Y/N) (Q28)	32	21	66	-	85
Medication Scale (Q28a-Q28e) ⁴	21	20	95	-	97

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	32	30	94	NS	96
Cultural (Q4-Q6)	32	32	100	+	100
Access(Q7-Q9)	32	30	94	-	97
Participation (Q10-Q13)	32	32	100	NS	99
Global(Q14-Q17)	32	32	100	+	98
Outcomes/Functioning (Q18-Q22)	32	24	75	-	88
Social Connectedness (Q23-Q27)	32	26	81	-	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 2010

ARISE Child and Family Services, Inc.

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	32	21	66	+	58
Medication Scale (Q28a-Q28e) ⁴	21	20	95	-	98

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 2010

ARISE Child and Family Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	0	5	0.00
Clinic Treatment	0	5	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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

PROGRAM_TYPE_NAME=Clinic 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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	97
Access(Q7-Q10)	< 5	N/A	N/A	N/A	96
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	88
Global(Q15)	< 5	N/A	N/A	N/A	89
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	73
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

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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 2010

Astor Home for Children

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	18	42	42.86
Family Based Treatment	8	9	88.89
HCBS Waiver Individualized Care Coordination	4	13	30.77
Residential Treatment Facility - Children & Youth	6	20	30.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	17	94	-	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	17	94	-	96
Participation (Q10-Q13)	18	18	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	14	78	-	84
Social Connectedness (Q23-Q27)	18	16	89	NS	87
Medication (Y/N) (Q28)	18	17	94	+	85
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	97

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	7	88	NS	88
Cultural (Q4-Q6)	8	8	100	+	92
Access(Q7-Q9)	8	7	88	NS	86
Participation (Q10-Q13)	8	8	100	+	92
Global(Q14-Q17)	8	8	100	NS	94
Outcomes/Functioning (Q18-Q22)	8	7	88	NS	76

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

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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 2010

Astor Home for Children

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)	8	7	88	NS	78
Medication (Y/N) (Q28)	8	7	88	NS	94
Medication Scale (Q28a-Q28e) ⁴	7	7	100	NS	94

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	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	99
Global(Q14-Q17)	< 5	N/A	N/A	N/A	99
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	81
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	87
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	90
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	6	100	+	91
Cultural (Q4-Q6)	6	6	100	NS	98
Access(Q7-Q9)	6	6	100	+	94
Participation (Q10-Q13)	6	6	100	+	94
Global(Q14-Q17)	6	6	100	NS	98
Outcomes/Functioning (Q18-Q22)	6	4	67	-	80
Social Connectedness (Q23-Q27)	6	5	83	-	91
Medication (Y/N) (Q28)	6	6	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	6	6	100	+	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 2010

Astor Home for Children

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	11	13	84.62
Family Based Treatment	6	6	100.00
HCBS Waiver Individualized Care Coordination	5	7	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)	11	11	100	+	93
Cultural (Q4-Q6)	11	11	100	+	96
Access(Q7-Q10)	11	11	100	+	96
Participation (Q11-Q14)	11	11	100	+	91
Global(Q15)	11	11	100	+	90
Outcomes/Functioning (Q16-Q20a)	11	10	91	NS	91
Medication (Y/N) (Q21)	11	10	91	+	88
Medication Scale (Q21a-Q21e) ⁴	9	9	100	+	85

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	6	100	+	94
Cultural (Q4-Q6)	6	6	100	NS	99
Access(Q7-Q10)	6	6	100	NS	99
Participation (Q11-Q14)	6	6	100	+	93
Global(Q15)	6	6	100	+	94
Outcomes/Functioning (Q16-Q20a)	6	6	100	+	94
Medication (Y/N) (Q21)	6	5	83	NS	84
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010

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)	5	5	100	+	95
Cultural (Q4-Q6)	5	5	100	NS	98
Access(Q7-Q10)	5	5	100	NS	99
Participation (Q11-Q14)	5	5	100	+	95
Global(Q15)	5	5	100	+	97
Outcomes/Functioning (Q16-Q20a)	5	4	80	-	91
Medication (Y/N) (Q21)	5	5	100	+	85
Medication Scale (Q21a-Q21e) ⁴	5	5	100	+	84

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 2010

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

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	5	29	17.24
Residential Treatment Facility - Children & Youth	5	29	17.24

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	+	98
Global(Q14-Q17)	5	5	100	+	98
Outcomes/Functioning (Q18-Q22)	5	4	80	-	84
Social Connectedness (Q23-Q27)	5	5	100	+	87
Medication (Y/N) (Q28)	5	5	100	+	85
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	97

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	5	100	+	91
Cultural (Q4-Q6)	5	5	100	NS	98
Access(Q7-Q9)	5	5	100	+	94
Participation (Q10-Q13)	5	5	100	+	94
Global(Q14-Q17)	5	5	100	NS	98
Outcomes/Functioning (Q18-Q22)	5	4	80	NS	80
Social Connectedness (Q23-Q27)	5	5	100	+	91

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

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

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

NYSOMH Family Assessment of Care Survey Results 2010

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	5	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	5	5	100	+	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 2010

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

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	22	32	68.75
Residential Treatment Facility - Children & Youth	22	32	68.75

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	22	21	95	+	93
Cultural (Q4-Q6)	22	20	91	-	96
Access(Q7-Q10)	22	21	95	NS	96
Participation (Q11-Q14)	22	20	91	NS	91
Global(Q15)	22	21	95	+	90
Outcomes/Functioning (Q16-Q20a)	22	22	100	+	91
Medication (Y/N) (Q21)	22	19	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	19	17	89	+	85

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)	22	21	95	NS	92
Cultural (Q4-Q6)	22	20	91	NS	94
Access(Q7-Q10)	22	21	95	NS	95
Participation (Q11-Q14)	22	20	91	NS	95
Global(Q15)	22	21	95	NS	91
Outcomes/Functioning (Q16-Q20a)	22	22	100	+	91
Medication (Y/N) (Q21)	22	19	86	-	94
Medication Scale (Q21a-Q21e) ⁴	19	17	89	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;

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

NYSOMH Family Assessment of Care Survey Results 2010

Baker Hall, Inc. dba Baker Victory Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	8	35	22.86
Residential Treatment Facility - Children & Youth	8	35	22.86

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	7	88	-	96
Cultural (Q4-Q6)	8	8	100	+	99
Access(Q7-Q9)	8	8	100	+	96
Participation (Q10-Q13)	8	7	88	-	98
Global(Q14-Q17)	8	8	100	+	98
Outcomes/Functioning (Q18-Q22)	8	5	63	-	84
Social Connectedness (Q23-Q27)	8	7	88	NS	87
Medication (Y/N) (Q28)	8	7	88	+	85
Medication Scale (Q28a-Q28e) ⁴	7	6	86	-	97

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)	8	7	88	NS	91
Cultural (Q4-Q6)	8	8	100	NS	98
Access(Q7-Q9)	8	8	100	+	94
Participation (Q10-Q13)	8	7	88	-	94
Global(Q14-Q17)	8	8	100	NS	98
Outcomes/Functioning (Q18-Q22)	8	5	63	-	80
Social Connectedness (Q23-Q27)	8	7	88	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)

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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 2010

Baker Hall, Inc. dba Baker Victory Services

PROGRAM_TYPE_NAME=Residential Treatment Facility - Children & Youth

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	8	7	88	-	99
Medication Scale (Q28a-Q28e) ⁴	7	6	86	NS	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 2010
Baker Hall, Inc. dba Baker Victory Services***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010 Behavioral Health Services North, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	11	11	100.00
HCBS Waiver Individualized Care Coordination	11	11	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)	11	9	82	-	96
Cultural (Q4-Q6)	11	11	100	+	99
Access(Q7-Q9)	11	8	73	-	96
Participation (Q10-Q13)	10	10	100	+	98
Global(Q14-Q17)	10	9	90	-	98
Outcomes/Functioning (Q18-Q22)	11	7	64	-	84
Social Connectedness (Q23-Q27)	11	7	64	-	87
Medication (Y/N) (Q28)	11	11	100	+	85
Medication Scale (Q28a-Q28e) ⁴	11	10	91	-	97

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	9	82	-	98
Cultural (Q4-Q6)	11	11	100	NS	100
Access(Q7-Q9)	11	8	73	-	96
Participation (Q10-Q13)	10	10	100	+	99
Global(Q14-Q17)	10	9	90	-	99
Outcomes/Functioning (Q18-Q22)	11	7	64	-	81
Social Connectedness (Q23-Q27)	11	7	64	-	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 2010 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)	11	11	100	+	90
Medication Scale (Q28a-Q28e) ⁴	11	10	91	-	97

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 2010

Behavioral Health Services North, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010 Bronx Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	41	41	100.00
State Psychiatric Center Inpatient	41	41	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)	41	41	100	+	96
Cultural (Q4-Q6)	41	41	100	+	99
Access(Q7-Q9)	41	41	100	+	96
Participation (Q10-Q13)	41	40	98	-	98
Global(Q14-Q17)	41	41	100	+	98
Outcomes/Functioning (Q18-Q22)	41	41	100	+	84
Social Connectedness (Q23-Q27)	40	39	98	+	87
Medication (Y/N) (Q28)	41	41	100	+	85
Medication Scale (Q28a-Q28e) ⁴	41	40	98	NS	97

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)	41	41	100	NS	97
Cultural (Q4-Q6)	41	41	100	NS	99
Access(Q7-Q9)	41	41	100	+	96
Participation (Q10-Q13)	41	40	98	NS	99
Global(Q14-Q17)	41	41	100	NS	99
Outcomes/Functioning (Q18-Q22)	41	41	100	NS	97
Social Connectedness (Q23-Q27)	40	39	98	+	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 2010

Bronx 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
Medication (Y/N) (Q28)	41	41	100	+	100
Medication Scale (Q28a-Q28e) ⁴	41	40	98	NS	98

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 2010

Bronx Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	39	39	100.00
State Psychiatric Center Inpatient	39	39	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)	39	33	85	-	93
Cultural (Q4-Q6)	39	35	90	-	96
Access(Q7-Q10)	39	35	90	-	96
Participation (Q11-Q14)	39	34	87	-	91
Global(Q15)	39	30	77	-	90
Outcomes/Functioning (Q16-Q20a)	39	32	82	-	91
Medication (Y/N) (Q21)	39	38	97	+	88
Medication Scale (Q21a-Q21e) ⁴	38	31	82	-	85

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)	39	33	85	NS	87
Cultural (Q4-Q6)	39	35	90	NS	88
Access(Q7-Q10)	39	35	90	NS	88
Participation (Q11-Q14)	39	34	87	NS	86
Global(Q15)	39	30	77	NS	78
Outcomes/Functioning (Q16-Q20a)	39	32	82	-	89
Medication (Y/N) (Q21)	39	38	97	NS	97
Medication Scale (Q21a-Q21e) ⁴	38	31	82	NS	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;

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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 2010

Brooklyn Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	18	45	40.00
Day Treatment	8	16	50.00
State Psychiatric Center Inpatient	10	29	34.48

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	+	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	17	15	88	+	84
Social Connectedness (Q23-Q27)	18	16	89	NS	87
Medication (Y/N) (Q28)	18	17	94	+	85
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	97

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	8	8	100	NS	99
Cultural (Q4-Q6)	8	8	100	NS	99
Access(Q7-Q9)	8	8	100	+	97
Participation (Q10-Q13)	8	8	100	NS	98
Global(Q14-Q17)	8	8	100	NS	99
Outcomes/Functioning (Q18-Q22)	8	7	88	NS	90
Social Connectedness (Q23-Q27)	8	7	88	NS	88

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 2010 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)	8	7	88	NS	91
Medication Scale (Q28a-Q28e) ⁴	7	7	100	NS	99

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	NS	99
Access(Q7-Q9)	10	10	100	+	96
Participation (Q10-Q13)	10	10	100	NS	99
Global(Q14-Q17)	10	10	100	NS	99
Outcomes/Functioning (Q18-Q22)	9	8	89	-	97
Social Connectedness (Q23-Q27)	10	9	90	NS	91
Medication (Y/N) (Q28)	10	10	100	+	100
Medication Scale (Q28a-Q28e) ⁴	10	10	100	NS	98

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 2010

Brooklyn Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	33	45	73.33
Day Treatment	15	16	93.75
State Psychiatric Center Inpatient	18	29	62.07

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	33	30	91	-	93
Cultural (Q4-Q6)	33	31	94	-	96
Access(Q7-Q10)	33	32	97	+	96
Participation (Q11-Q14)	33	31	94	+	91
Global(Q15)	31	27	87	-	90
Outcomes/Functioning (Q16-Q20a)	32	31	97	+	91
Medication (Y/N) (Q21)	33	30	91	+	88
Medication Scale (Q21a-Q21e) ⁴	30	26	87	NS	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	13	87	-	94
Cultural (Q4-Q6)	15	15	100	+	98
Access(Q7-Q10)	15	15	100	+	96
Participation (Q11-Q14)	15	14	93	+	88
Global(Q15)	13	12	92	NS	89
Outcomes/Functioning (Q16-Q20a)	14	14	100	+	93
Medication (Y/N) (Q21)	15	12	80	NS	84
Medication Scale (Q21a-Q21e) ⁴	12	11	92	+	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 Youth Assessment of Care Survey Results 2010 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)	18	17	94	+	87
Cultural (Q4-Q6)	18	16	89	NS	88
Access(Q7-Q10)	18	17	94	+	88
Participation (Q11-Q14)	18	17	94	+	86
Global(Q15)	18	15	83	NS	78
Outcomes/Functioning (Q16-Q20a)	18	17	94	NS	89
Medication (Y/N) (Q21)	18	18	100	+	97
Medication Scale (Q21a-Q21e) ⁴	18	15	83	NS	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 2010 Cath Char/RC Diocese/Syracuse (Broome Co)

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	13	29	44.83
Children & Youth Community Residence	4	8	50.00
HCBS Waiver Individualized Care Coordination	9	21	42.86

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	+	98
Global(Q14-Q17)	13	13	100	+	98
Outcomes/Functioning (Q18-Q22)	13	13	100	+	84
Social Connectedness (Q23-Q27)	13	12	92	+	87
Medication (Y/N) (Q28)	13	12	92	+	85
Medication Scale (Q28a-Q28e) ⁴	12	12	100	+	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61
Social Connectedness (Q23-Q27)	< 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 2010 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	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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	+	98
Cultural (Q4-Q6)	9	9	100	NS	100
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	99
Outcomes/Functioning (Q18-Q22)	9	9	100	+	81
Social Connectedness (Q23-Q27)	9	8	89	NS	87
Medication (Y/N) (Q28)	9	8	89	NS	90
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	97

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 2010

Cath Char/RC Diocese/Syracuse (Broome Co)

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	12	21	57.14
Children & Youth Community Residence	8	8	100.00
HCBS Waiver Individualized Care Coordination	4	13	30.77

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	+	93
Cultural (Q4-Q6)	12	12	100	+	96
Access(Q7-Q10)	12	12	100	+	96
Participation (Q11-Q14)	12	12	100	+	91
Global(Q15)	12	12	100	+	90
Outcomes/Functioning (Q16-Q20a)	12	12	100	+	91
Medication (Y/N) (Q21)	12	11	92	+	88
Medication Scale (Q21a-Q21e) ⁴	11	10	91	+	85

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	+	92
Cultural (Q4-Q6)	8	8	100	+	94
Access(Q7-Q10)	8	8	100	NS	97
Participation (Q11-Q14)	8	8	100	+	94
Global(Q15)	8	8	100	+	88
Outcomes/Functioning (Q16-Q20a)	8	8	100	+	86
Medication (Y/N) (Q21)	8	8	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	8	8	100	+	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 2010 Cath Char/RC Diocese/Syracuse (Broome Co)

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Appropriateness (Q1-Q3)	< 5	N/A	N/A	N/A	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	95
Global(Q15)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	85
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010 Cattaraugus County Community Services Dept.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	31	87	35.63
Clinic Treatment	31	87	35.63

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	31	100	+	96
Cultural (Q4-Q6)	31	31	100	+	99
Access(Q7-Q9)	31	31	100	+	96
Participation (Q10-Q13)	31	31	100	+	98
Global(Q14-Q17)	31	31	100	+	98
Outcomes/Functioning (Q18-Q22)	31	26	84	NS	84
Social Connectedness (Q23-Q27)	31	29	94	+	87
Medication (Y/N) (Q28)	31	14	45	-	85
Medication Scale (Q28a-Q28e) ⁴	14	14	100	+	97

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	31	100	+	96
Cultural (Q4-Q6)	31	31	100	+	100
Access(Q7-Q9)	31	31	100	+	97
Participation (Q10-Q13)	31	31	100	NS	99
Global(Q14-Q17)	31	31	100	+	98
Outcomes/Functioning (Q18-Q22)	31	26	84	-	88
Social Connectedness (Q23-Q27)	31	29	94	+	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 2010

Cattaraugus County Community Services Dept.

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	31	14	45	-	58
Medication Scale (Q28a-Q28e) ⁴	14	14	100	NS	98

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 2010

Cattaraugus County Community Services Dept.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	0	20	0.00
Clinic Treatment	0	20	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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

PROGRAM_TYPE_NAME=Clinic 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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	97
Access(Q7-Q10)	< 5	N/A	N/A	N/A	96
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	88
Global(Q15)	< 5	N/A	N/A	N/A	89
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	73
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 2010 Cattaraugus Rehabilitation Center, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	14	24	58.33
HCBS Waiver Individualized Care Coordination	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	14	100	+	96
Cultural (Q4-Q6)	14	14	100	+	99
Access(Q7-Q9)	14	13	93	-	96
Participation (Q10-Q13)	14	14	100	+	98
Global(Q14-Q17)	14	14	100	+	98
Outcomes/Functioning (Q18-Q22)	14	14	100	+	84
Social Connectedness (Q23-Q27)	14	13	93	+	87
Medication (Y/N) (Q28)	14	13	93	+	85
Medication Scale (Q28a-Q28e) ⁴	13	13	100	+	97

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	+	98
Cultural (Q4-Q6)	14	14	100	NS	100
Access(Q7-Q9)	14	13	93	-	96
Participation (Q10-Q13)	14	14	100	+	99
Global(Q14-Q17)	14	14	100	+	99
Outcomes/Functioning (Q18-Q22)	14	14	100	+	81
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 2010 Cattaraugus Rehabilitation Center, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	14	13	93	+	90
Medication Scale (Q28a-Q28e) ⁴	13	13	100	+	97

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 2010

Cattaraugus Rehabilitation Center, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	3	3	100.00
HCBS Waiver Individualized Care Coordination	3	3	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)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	95
Global(Q15)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	85
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010

Cayuga Counseling Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	3	14	21.43
Family Based Treatment	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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	92
Access(Q7-Q9)	< 5	N/A	N/A	N/A	86
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	92
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	76
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	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 2010

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	94
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 2010

Cayuga Counseling Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	10	13	76.92
Family Based Treatment	10	13	76.92

PROGRAM_TYPE_NAME=All

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	+	96
Access(Q7-Q10)	10	10	100	+	96
Participation (Q11-Q14)	10	9	90	NS	91
Global(Q15)	10	9	90	NS	90
Outcomes/Functioning (Q16-Q20a)	10	10	100	+	91
Medication (Y/N) (Q21)	10	6	60	-	88
Medication Scale (Q21a-Q21e) ⁴	6	6	100	+	85

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	+	94
Cultural (Q4-Q6)	10	10	100	NS	99
Access(Q7-Q10)	10	10	100	NS	99
Participation (Q11-Q14)	10	9	90	NS	93
Global(Q15)	10	9	90	NS	94
Outcomes/Functioning (Q16-Q20a)	10	10	100	+	94
Medication (Y/N) (Q21)	10	6	60	-	84
Medication Scale (Q21a-Q21e) ⁴	6	6	100	+	84

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 2010

Child and Family Services of Erie County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	35	44	79.55
Family Based Treatment	1	5	20.00
HCBS Waiver Individualized Care Coordination	34	39	87.18

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	35	33	94	-	96
Cultural (Q4-Q6)	35	35	100	+	99
Access(Q7-Q9)	35	35	100	+	96
Participation (Q10-Q13)	35	35	100	+	98
Global(Q14-Q17)	35	35	100	+	98
Outcomes/Functioning (Q18-Q22)	35	30	86	NS	84
Social Connectedness (Q23-Q27)	35	31	89	NS	87
Medication (Y/N) (Q28)	35	29	83	-	85
Medication Scale (Q28a-Q28e) ⁴	29	28	97	NS	97

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	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	92
Access(Q7-Q9)	< 5	N/A	N/A	N/A	86
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	92
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	76
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	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 2010 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	94
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	94

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)	34	32	94	-	98
Cultural (Q4-Q6)	34	34	100	NS	100
Access(Q7-Q9)	34	34	100	+	96
Participation (Q10-Q13)	34	34	100	+	99
Global(Q14-Q17)	34	34	100	+	99
Outcomes/Functioning (Q18-Q22)	34	29	85	+	81
Social Connectedness (Q23-Q27)	34	30	88	NS	87
Medication (Y/N) (Q28)	34	28	82	-	90
Medication Scale (Q28a-Q28e) ⁴	28	27	96	NS	97

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 2010

Child and Family Services of Erie County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	31	39	79.49
Family Based Treatment	5	5	100.00
HCBS Waiver Individualized Care Coordination	26	34	76.47

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	29	94	NS	93
Cultural (Q4-Q6)	31	31	100	+	96
Access(Q7-Q10)	30	30	100	+	96
Participation (Q11-Q14)	31	30	97	+	91
Global(Q15)	31	30	97	+	90
Outcomes/Functioning (Q16-Q20a)	31	29	94	+	91
Medication (Y/N) (Q21)	31	23	74	-	88
Medication Scale (Q21a-Q21e) ⁴	23	21	91	+	85

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	4	80	-	94
Cultural (Q4-Q6)	5	5	100	NS	99
Access(Q7-Q10)	5	5	100	NS	99
Participation (Q11-Q14)	5	4	80	-	93
Global(Q15)	5	4	80	-	94
Outcomes/Functioning (Q16-Q20a)	5	5	100	+	94
Medication (Y/N) (Q21)	5	4	80	NS	84
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010

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)	26	25	96	NS	95
Cultural (Q4-Q6)	26	26	100	NS	98
Access(Q7-Q10)	25	25	100	NS	99
Participation (Q11-Q14)	26	26	100	+	95
Global(Q15)	26	26	100	+	97
Outcomes/Functioning (Q16-Q20a)	26	24	92	NS	91
Medication (Y/N) (Q21)	26	19	73	-	85
Medication Scale (Q21a-Q21e) ⁴	19	18	95	+	84

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 2010

Children's Home RTF, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	1	16	6.25
Residential Treatment Facility - Children & Youth	1	16	6.25

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	91
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
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	98
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	80
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 2010

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)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	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 2010

Children's Home RTF, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	4	6	66.67
Residential Treatment Facility - Children & Youth	4	6	66.67

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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	92
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	95
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	95
Global(Q15)	< 5	N/A	N/A	N/A	91
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	94
Medication Scale (Q21a-Q21e) ⁴	< 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 2010

Citizen Advocates Inc. dba North Star Industry

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16

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	+	98
Global(Q14-Q17)	9	9	100	+	98
Outcomes/Functioning (Q18-Q22)	9	9	100	+	84
Social Connectedness (Q23-Q27)	9	9	100	+	87
Medication (Y/N) (Q28)	9	7	78	-	85
Medication Scale (Q28a-Q28e) ⁴	7	7	100	+	97

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	+	98
Cultural (Q4-Q6)	9	9	100	NS	100
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	99
Outcomes/Functioning (Q18-Q22)	9	9	100	+	81
Social Connectedness (Q23-Q27)	9	9	100	+	87
Medication (Y/N) (Q28)	9	7	78	-	90
Medication Scale (Q28a-Q28e) ⁴	7	7	100	+	97

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 2010
Citizen Advocates Inc. dba North Star Industry

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Coalition for Hispanic Family Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	5	16	31.25
Family Based Treatment	5	16	31.25

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	+	98
Global(Q14-Q17)	5	5	100	+	98
Outcomes/Functioning (Q18-Q22)	5	3	60	-	84
Social Connectedness (Q23-Q27)	5	4	80	-	87
Medication (Y/N) (Q28)	5	5	100	+	85
Medication Scale (Q28a-Q28e) ⁴	5	4	80	-	97

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	5	100	+	88
Cultural (Q4-Q6)	5	5	100	+	92
Access(Q7-Q9)	5	5	100	+	86
Participation (Q10-Q13)	5	5	100	+	92
Global(Q14-Q17)	5	5	100	NS	94
Outcomes/Functioning (Q18-Q22)	5	3	60	-	76
Social Connectedness (Q23-Q27)	5	4	80	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 2010

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	5	100	NS	94
Medication Scale (Q28a-Q28e) ⁴	5	4	80	-	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 2010

Coalition for Hispanic Family Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	11	16	68.75
Family Based Treatment	11	16	68.75

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	11	11	100	+	93
Cultural (Q4-Q6)	11	11	100	+	96
Access(Q7-Q10)	10	10	100	+	96
Participation (Q11-Q14)	11	11	100	+	91
Global(Q15)	11	10	91	NS	90
Outcomes/Functioning (Q16-Q20a)	11	11	100	+	91
Medication (Y/N) (Q21)	11	11	100	+	88
Medication Scale (Q21a-Q21e) ⁴	11	9	82	-	85

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)	11	11	100	+	94
Cultural (Q4-Q6)	11	11	100	NS	99
Access(Q7-Q10)	10	10	100	NS	99
Participation (Q11-Q14)	11	11	100	+	93
Global(Q15)	11	10	91	NS	94
Outcomes/Functioning (Q16-Q20a)	11	11	100	+	94
Medication (Y/N) (Q21)	11	11	100	+	84
Medication Scale (Q21a-Q21e) ⁴	11	9	82	NS	84

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 2010

Elmira Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	10	25	40.00
Day Treatment	10	25	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)	10	10	100	+	96
Cultural (Q4-Q6)	10	10	100	+	99
Access(Q7-Q9)	10	10	100	+	96
Participation (Q10-Q13)	10	9	90	-	98
Global(Q14-Q17)	10	10	100	+	98
Outcomes/Functioning (Q18-Q22)	9	9	100	+	84
Social Connectedness (Q23-Q27)	9	7	78	-	87
Medication (Y/N) (Q28)	10	10	100	+	85
Medication Scale (Q28a-Q28e) ⁴	10	9	90	-	97

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	10	10	100	NS	99
Cultural (Q4-Q6)	10	10	100	NS	99
Access(Q7-Q9)	10	10	100	+	97
Participation (Q10-Q13)	10	9	90	-	98
Global(Q14-Q17)	10	10	100	NS	99
Outcomes/Functioning (Q18-Q22)	9	9	100	+	90
Social Connectedness (Q23-Q27)	9	7	78	-	88

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 2010

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)	10	10	100	+	91
Medication Scale (Q28a-Q28e) ⁴	10	9	90	-	99

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 2010

Elmira Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
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	-	93
Cultural (Q4-Q6)	14	14	100	+	96
Access(Q7-Q10)	14	14	100	+	96
Participation (Q11-Q14)	13	13	100	+	91
Global(Q15)	13	11	85	-	90
Outcomes/Functioning (Q16-Q20a)	13	11	85	-	91
Medication (Y/N) (Q21)	14	12	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	12	12	100	+	85

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	-	94
Cultural (Q4-Q6)	14	14	100	+	98
Access(Q7-Q10)	14	14	100	+	96
Participation (Q11-Q14)	13	13	100	+	88
Global(Q15)	13	11	85	-	89
Outcomes/Functioning (Q16-Q20a)	13	11	85	-	93
Medication (Y/N) (Q21)	14	12	86	NS	84
Medication Scale (Q21a-Q21e) ⁴	12	12	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 2010

Families First of Essex County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	11	12	91.67
HCBS Waiver Individualized Care Coordination	11	12	91.67

PROGRAM_TYPE_NAME=All

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	+	99
Access(Q7-Q9)	11	11	100	+	96
Participation (Q10-Q13)	11	11	100	+	98
Global(Q14-Q17)	11	11	100	+	98
Outcomes/Functioning (Q18-Q22)	11	9	82	-	84
Social Connectedness (Q23-Q27)	11	10	91	+	87
Medication (Y/N) (Q28)	11	10	91	+	85
Medication Scale (Q28a-Q28e) ⁴	10	10	100	+	97

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	+	98
Cultural (Q4-Q6)	11	11	100	NS	100
Access(Q7-Q9)	11	11	100	+	96
Participation (Q10-Q13)	11	11	100	+	99
Global(Q14-Q17)	11	11	100	+	99
Outcomes/Functioning (Q18-Q22)	11	9	82	NS	81
Social Connectedness (Q23-Q27)	11	10	91	+	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 2010

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)	11	10	91	NS	90
Medication Scale (Q28a-Q28e) ⁴	10	10	100	+	97

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 2010

Families First of Essex County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Family and Children's Association

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	18	64	28.13
HCBS Waiver Individualized Care Coordination	18	64	28.13

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	17	94	-	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	17	94	+	84
Social Connectedness (Q23-Q27)	18	17	94	+	87
Medication (Y/N) (Q28)	18	15	83	-	85
Medication Scale (Q28a-Q28e) ⁴	15	15	100	+	97

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	-	98
Cultural (Q4-Q6)	18	18	100	NS	100
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	99
Global(Q14-Q17)	18	18	100	+	99
Outcomes/Functioning (Q18-Q22)	18	17	94	+	81
Social Connectedness (Q23-Q27)	18	17	94	+	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 2010

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)	18	15	83	-	90
Medication Scale (Q28a-Q28e) ⁴	15	15	100	+	97

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 2010

Family and Children's Association

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	19	38	50.00
HCBS Waiver Individualized Care Coordination	19	38	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)	19	19	100	+	93
Cultural (Q4-Q6)	19	19	100	+	96
Access(Q7-Q10)	19	19	100	+	96
Participation (Q11-Q14)	19	19	100	+	91
Global(Q15)	18	18	100	+	90
Outcomes/Functioning (Q16-Q20a)	19	17	89	NS	91
Medication (Y/N) (Q21)	19	15	79	-	88
Medication Scale (Q21a-Q21e) ⁴	15	13	87	NS	85

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	+	95
Cultural (Q4-Q6)	19	19	100	NS	98
Access(Q7-Q10)	19	19	100	NS	99
Participation (Q11-Q14)	19	19	100	+	95
Global(Q15)	18	18	100	+	97
Outcomes/Functioning (Q16-Q20a)	19	17	89	NS	91
Medication (Y/N) (Q21)	19	15	79	-	85
Medication Scale (Q21a-Q21e) ⁴	15	13	87	NS	84

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 2010 Greater Binghamton Health Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	12	12	100.00
Day Treatment	12	12	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)	12	12	100	+	96
Cultural (Q4-Q6)	12	12	100	+	99
Access(Q7-Q9)	12	11	92	-	96
Participation (Q10-Q13)	12	12	100	+	98
Global(Q14-Q17)	12	12	100	+	98
Outcomes/Functioning (Q18-Q22)	12	11	92	+	84
Social Connectedness (Q23-Q27)	12	10	83	-	87
Medication (Y/N) (Q28)	12	12	100	+	85
Medication Scale (Q28a-Q28e) ⁴	12	12	100	+	97

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	NS	99
Cultural (Q4-Q6)	12	12	100	NS	99
Access(Q7-Q9)	12	11	92	-	97
Participation (Q10-Q13)	12	12	100	NS	98
Global(Q14-Q17)	12	12	100	NS	99
Outcomes/Functioning (Q18-Q22)	12	11	92	NS	90
Social Connectedness (Q23-Q27)	12	10	83	NS	88

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 2010

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	12	100	+	91
Medication Scale (Q28a-Q28e) ⁴	12	12	100	NS	99

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 2010

Greater Binghamton Health Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	15	15	100.00
Day Treatment	15	15	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)	15	14	93	NS	93
Cultural (Q4-Q6)	15	13	87	-	96
Access(Q7-Q10)	15	15	100	+	96
Participation (Q11-Q14)	15	13	87	-	91
Global(Q15)	15	14	93	+	90
Outcomes/Functioning (Q16-Q20a)	15	14	93	+	91
Medication (Y/N) (Q21)	15	13	87	NS	88
Medication Scale (Q21a-Q21e) ⁴	12	10	83	NS	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	14	93	NS	94
Cultural (Q4-Q6)	15	13	87	-	98
Access(Q7-Q10)	15	15	100	+	96
Participation (Q11-Q14)	15	13	87	NS	88
Global(Q15)	15	14	93	NS	89
Outcomes/Functioning (Q16-Q20a)	15	14	93	NS	93
Medication (Y/N) (Q21)	15	13	87	NS	84
Medication Scale (Q21a-Q21e) ⁴	12	10	83	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 2010 Green Chimneys Children's Svcs. Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16

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	+	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	14	78	-	84
Social Connectedness (Q23-Q27)	18	17	94	+	87
Medication (Y/N) (Q28)	18	18	100	+	85
Medication Scale (Q28a-Q28e) ⁴	18	17	94	-	97

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	+	98
Cultural (Q4-Q6)	9	9	100	NS	100
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	99
Outcomes/Functioning (Q18-Q22)	9	8	89	+	81
Social Connectedness (Q23-Q27)	9	9	100	+	87
Medication (Y/N) (Q28)	9	9	100	+	90
Medication Scale (Q28a-Q28e) ⁴	9	9	100	+	97

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 2010 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)	9	9	100	+	91
Cultural (Q4-Q6)	9	9	100	NS	98
Access(Q7-Q9)	9	9	100	+	94
Participation (Q10-Q13)	9	9	100	+	94
Global(Q14-Q17)	9	9	100	NS	98
Outcomes/Functioning (Q18-Q22)	9	6	67	-	80
Social Connectedness (Q23-Q27)	9	8	89	NS	91
Medication (Y/N) (Q28)	9	9	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	9	8	89	NS	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 2010

Green Chimneys Children's Svcs. Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	95
Global(Q15)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	85
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010 Hillside Children's Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	109	229	47.60
Family Based Treatment	6	14	42.86
HCBS Waiver Individualized Care Coordination	68	138	49.28
Residential Treatment Facility - Children & Youth	35	77	45.45

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	109	105	96	NS	96
Cultural (Q4-Q6)	109	108	99	NS	99
Access(Q7-Q9)	109	105	96	NS	96
Participation (Q10-Q13)	109	108	99	+	98
Global(Q14-Q17)	109	107	98	NS	98
Outcomes/Functioning (Q18-Q22)	109	87	80	-	84
Social Connectedness (Q23-Q27)	109	92	84	-	87
Medication (Y/N) (Q28)	109	105	96	+	85
Medication Scale (Q28a-Q28e) ⁴	83	81	98	NS	97

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	NS	88
Cultural (Q4-Q6)	6	5	83	-	92
Access(Q7-Q9)	6	5	83	NS	86
Participation (Q10-Q13)	6	6	100	+	92
Global(Q14-Q17)	6	5	83	-	94
Outcomes/Functioning (Q18-Q22)	6	4	67	NS	76

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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 2010 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)	6	4	67	NS	78
Medication (Y/N) (Q28)	6	6	100	NS	94
Medication Scale (Q28a-Q28e) ⁴	6	6	100	NS	94

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)	68	66	97	NS	98
Cultural (Q4-Q6)	68	68	100	NS	100
Access(Q7-Q9)	68	67	99	+	96
Participation (Q10-Q13)	68	68	100	+	99
Global(Q14-Q17)	68	68	100	+	99
Outcomes/Functioning (Q18-Q22)	68	50	74	-	81
Social Connectedness (Q23-Q27)	68	54	79	-	87
Medication (Y/N) (Q28)	68	64	94	+	90
Medication Scale (Q28a-Q28e) ⁴	64	63	98	NS	97

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)	35	34	97	+	91
Cultural (Q4-Q6)	35	35	100	NS	98
Access(Q7-Q9)	35	33	94	NS	94
Participation (Q10-Q13)	35	34	97	NS	94
Global(Q14-Q17)	35	34	97	NS	98
Outcomes/Functioning (Q18-Q22)	35	33	94	+	80
Social Connectedness (Q23-Q27)	35	34	97	+	91
Medication (Y/N) (Q28)	35	35	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	13	12	92	NS	90

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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 2010 Hillside Children's Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	47	71	66.20
Family Based Treatment	5	10	50.00
HCBS Waiver Individualized Care Coordination	10	25	40.00
Residential Treatment Facility - Children & Youth	32	36	88.89

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	44	96	+	93
Cultural (Q4-Q6)	47	44	94	-	96
Access(Q7-Q10)	47	44	94	-	96
Participation (Q11-Q14)	47	45	96	+	91
Global(Q15)	45	41	91	NS	90
Outcomes/Functioning (Q16-Q20a)	47	38	81	-	91
Medication (Y/N) (Q21)	47	45	96	+	88
Medication Scale (Q21a-Q21e) ⁴	45	35	78	-	85

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	5	100	+	94
Cultural (Q4-Q6)	5	5	100	NS	99
Access(Q7-Q10)	5	5	100	NS	99
Participation (Q11-Q14)	5	4	80	-	93
Global(Q15)	5	5	100	+	94
Outcomes/Functioning (Q16-Q20a)	5	3	60	-	94

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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 Youth Assessment of Care Survey Results 2010

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)	5	5	100	+	84
Medication Scale (Q21a-Q21e) ⁴	5	2	40	-	84

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	+	95
Cultural (Q4-Q6)	10	10	100	NS	98
Access(Q7-Q10)	10	10	100	NS	99
Participation (Q11-Q14)	10	10	100	+	95
Global(Q15)	9	9	100	+	97
Outcomes/Functioning (Q16-Q20a)	10	8	80	-	91
Medication (Y/N) (Q21)	10	8	80	-	85
Medication Scale (Q21a-Q21e) ⁴	8	6	75	-	84

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)	32	30	94	NS	92
Cultural (Q4-Q6)	32	29	91	NS	94
Access(Q7-Q10)	32	29	91	NS	95
Participation (Q11-Q14)	32	31	97	NS	95
Global(Q15)	31	27	87	NS	91
Outcomes/Functioning (Q16-Q20a)	32	27	84	-	91
Medication (Y/N) (Q21)	32	32	100	+	94
Medication Scale (Q21a-Q21e) ⁴	32	27	84	NS	85

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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 2010

Jewish Board of Family & Children's Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	34	58	58.62
Children & Youth Community Residence	3	8	37.50
HCBS Waiver Individualized Care Coordination	22	27	81.48
Residential Treatment Facility - Children & Youth	9	23	39.13

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	34	29	85	-	96
Cultural (Q4-Q6)	34	32	94	-	99
Access(Q7-Q9)	34	30	88	-	96
Participation (Q10-Q13)	34	31	91	-	98
Global(Q14-Q17)	34	32	94	-	98
Outcomes/Functioning (Q18-Q22)	34	28	82	-	84
Social Connectedness (Q23-Q27)	34	29	85	-	87
Medication (Y/N) (Q28)	34	28	82	-	85
Medication Scale (Q28a-Q28e) ⁴	28	24	86	-	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61

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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 2010

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	86
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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	21	95	-	98
Cultural (Q4-Q6)	22	22	100	NS	100
Access(Q7-Q9)	22	21	95	NS	96
Participation (Q10-Q13)	22	22	100	+	99
Global(Q14-Q17)	22	21	95	-	99
Outcomes/Functioning (Q18-Q22)	22	19	86	+	81
Social Connectedness (Q23-Q27)	22	19	86	NS	87
Medication (Y/N) (Q28)	22	16	73	-	90
Medication Scale (Q28a-Q28e) ⁴	16	16	100	+	97

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	5	56	-	91
Cultural (Q4-Q6)	9	7	78	-	98
Access(Q7-Q9)	9	6	67	-	94
Participation (Q10-Q13)	9	6	67	-	94
Global(Q14-Q17)	9	8	89	-	98
Outcomes/Functioning (Q18-Q22)	9	6	67	-	80
Social Connectedness (Q23-Q27)	9	7	78	-	91
Medication (Y/N) (Q28)	9	9	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	9	5	56	-	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;

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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 2010

Jewish Board of Family & Children's Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	39	49	79.59
Children & Youth Community Residence	8	8	100.00
HCBS Waiver Individualized Care Coordination	21	27	77.78
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)	39	36	92	NS	93
Cultural (Q4-Q6)	39	38	97	+	96
Access(Q7-Q10)	39	38	97	+	96
Participation (Q11-Q14)	39	38	97	+	91
Global(Q15)	39	36	92	+	90
Outcomes/Functioning (Q16-Q20a)	39	38	97	+	91
Medication (Y/N) (Q21)	39	32	82	-	88
Medication Scale (Q21a-Q21e) ⁴	32	25	78	-	85

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	92
Cultural (Q4-Q6)	8	7	88	-	94
Access(Q7-Q10)	8	8	100	NS	97
Participation (Q11-Q14)	8	8	100	+	94
Global(Q15)	8	8	100	+	88
Outcomes/Functioning (Q16-Q20a)	8	8	100	+	86

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

NYSOMH Youth Assessment of Care Survey Results 2010

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)	8	8	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	8	7	88	NS	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)	21	20	95	NS	95
Cultural (Q4-Q6)	21	21	100	NS	98
Access(Q7-Q10)	21	20	95	-	99
Participation (Q11-Q14)	21	20	95	NS	95
Global(Q15)	21	19	90	-	97
Outcomes/Functioning (Q16-Q20a)	21	20	95	NS	91
Medication (Y/N) (Q21)	21	14	67	-	85
Medication Scale (Q21a-Q21e) ⁴	14	12	86	NS	84

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	9	90	NS	92
Cultural (Q4-Q6)	10	10	100	+	94
Access(Q7-Q10)	10	10	100	+	95
Participation (Q11-Q14)	10	10	100	+	95
Global(Q15)	10	9	90	NS	91
Outcomes/Functioning (Q16-Q20a)	10	10	100	+	91
Medication (Y/N) (Q21)	10	10	100	+	94
Medication Scale (Q21a-Q21e) ⁴	10	6	60	-	85

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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 2010

Jewish Child Care Association of New York

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	17	78	21.79
HCBS Waiver Individualized Care Coordination	17	78	21.79

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	+	98
Global(Q14-Q17)	17	17	100	+	98
Outcomes/Functioning (Q18-Q22)	17	13	76	-	84
Social Connectedness (Q23-Q27)	17	15	88	NS	87
Medication (Y/N) (Q28)	17	15	88	+	85
Medication Scale (Q28a-Q28e) ⁴	15	15	100	+	97

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)	17	17	100	+	98
Cultural (Q4-Q6)	17	17	100	NS	100
Access(Q7-Q9)	17	17	100	+	96
Participation (Q10-Q13)	17	17	100	+	99
Global(Q14-Q17)	17	17	100	+	99
Outcomes/Functioning (Q18-Q22)	17	13	76	-	81
Social Connectedness (Q23-Q27)	17	15	88	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 2010

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)	17	15	88	NS	90
Medication Scale (Q28a-Q28e) ⁴	15	15	100	+	97

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 2010

Jewish Child Care Association of New York

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Liberty Resources, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	2	11	18.18
HCBS Waiver Individualized Care Coordination	2	11	18.18

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	98
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	96
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	99
Global(Q14-Q17)	< 5	N/A	N/A	N/A	99
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	81
Social Connectedness (Q23-Q27)	< 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 2010

Liberty Resources, 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	90
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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 2010

Liberty Resources, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Mental Health Association in Ulster County

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	30	50	60.00
Family Based Treatment	3	7	42.86
HCBS Waiver Individualized Care Coordination	27	43	62.79

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	30	30	100	+	96
Cultural (Q4-Q6)	30	30	100	+	99
Access(Q7-Q9)	30	30	100	+	96
Participation (Q10-Q13)	30	30	100	+	98
Global(Q14-Q17)	30	30	100	+	98
Outcomes/Functioning (Q18-Q22)	30	23	77	-	84
Social Connectedness (Q23-Q27)	30	26	87	NS	87
Medication (Y/N) (Q28)	30	27	90	+	85
Medication Scale (Q28a-Q28e) ⁴	27	27	100	+	97

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	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	92
Access(Q7-Q9)	< 5	N/A	N/A	N/A	86
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	92
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	76
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	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 2010 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) (Q28)	< 5	N/A	N/A	N/A	94
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	94

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	27	100	+	98
Cultural (Q4-Q6)	27	27	100	NS	100
Access(Q7-Q9)	27	27	100	+	96
Participation (Q10-Q13)	27	27	100	+	99
Global(Q14-Q17)	27	27	100	+	99
Outcomes/Functioning (Q18-Q22)	27	21	78	-	81
Social Connectedness (Q23-Q27)	27	23	85	NS	87
Medication (Y/N) (Q28)	27	25	93	NS	90
Medication Scale (Q28a-Q28e) ⁴	25	25	100	+	97

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 2010

Mental Health Association in Ulster County

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	14	15	93.33
Family Based Treatment	9	9	100.00
HCBS Waiver Individualized Care Coordination	5	6	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)	14	14	100	+	93
Cultural (Q4-Q6)	14	14	100	+	96
Access(Q7-Q10)	14	14	100	+	96
Participation (Q11-Q14)	14	13	93	+	91
Global(Q15)	14	14	100	+	90
Outcomes/Functioning (Q16-Q20a)	14	14	100	+	91
Medication (Y/N) (Q21)	14	11	79	-	88
Medication Scale (Q21a-Q21e) ⁴	11	11	100	+	85

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	+	94
Cultural (Q4-Q6)	9	9	100	NS	99
Access(Q7-Q10)	9	9	100	NS	99
Participation (Q11-Q14)	9	9	100	+	93
Global(Q15)	9	9	100	+	94
Outcomes/Functioning (Q16-Q20a)	9	9	100	+	94
Medication (Y/N) (Q21)	9	7	78	NS	84
Medication Scale (Q21a-Q21e) ⁴	7	7	100	+	84

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 2010

Mental Health Association in Ulster 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)	5	5	100	+	95
Cultural (Q4-Q6)	5	5	100	NS	98
Access(Q7-Q10)	5	5	100	NS	99
Participation (Q11-Q14)	5	4	80	-	95
Global(Q15)	5	5	100	+	97
Outcomes/Functioning (Q16-Q20a)	5	5	100	+	91
Medication (Y/N) (Q21)	5	4	80	-	85
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010

Mental Health Association of Westchester Co.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	20	26	76.92
HCBS Waiver Individualized Care Coordination	20	26	76.92

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	+	96
Cultural (Q4-Q6)	20	20	100	+	99
Access(Q7-Q9)	20	20	100	+	96
Participation (Q10-Q13)	20	20	100	+	98
Global(Q14-Q17)	20	20	100	+	98
Outcomes/Functioning (Q18-Q22)	20	19	95	+	84
Social Connectedness (Q23-Q27)	20	18	90	+	87
Medication (Y/N) (Q28)	20	18	90	+	85
Medication Scale (Q28a-Q28e) ⁴	18	18	100	+	97

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	20	100	+	98
Cultural (Q4-Q6)	20	20	100	NS	100
Access(Q7-Q9)	20	20	100	+	96
Participation (Q10-Q13)	20	20	100	+	99
Global(Q14-Q17)	20	20	100	+	99
Outcomes/Functioning (Q18-Q22)	20	19	95	+	81
Social Connectedness (Q23-Q27)	20	18	90	+	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 2010

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	18	90	NS	90
Medication Scale (Q28a-Q28e) ⁴	18	18	100	+	97

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 2010

Mental Health Association of Westchester Co.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010 MercyFirst

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	3	19	15.79
Children & Youth Community Residence	1	6	16.67
Residential Treatment Facility - Children & Youth	2	13	15.38

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61
Social Connectedness (Q23-Q27)	< 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 2010

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	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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	91
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
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	98
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	80
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	99
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	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 2010 MercyFirst

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	17	19	89.47
Children & Youth Community Residence	5	6	83.33
Residential Treatment Facility - Children & Youth	12	13	92.31

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	17	14	82	-	93
Cultural (Q4-Q6)	17	16	94	-	96
Access(Q7-Q10)	17	15	88	-	96
Participation (Q11-Q14)	17	14	82	-	91
Global(Q15)	17	13	76	-	90
Outcomes/Functioning (Q16-Q20a)	17	15	88	-	91
Medication (Y/N) (Q21)	17	16	94	+	88
Medication Scale (Q21a-Q21e) ⁴	15	14	93	+	85

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	3	60	-	92
Cultural (Q4-Q6)	5	5	100	+	94
Access(Q7-Q10)	5	4	80	-	97
Participation (Q11-Q14)	5	3	60	-	94
Global(Q15)	5	2	40	-	88
Outcomes/Functioning (Q16-Q20a)	5	4	80	NS	86
Medication (Y/N) (Q21)	5	5	100	NS	98
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 2010

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)	12	11	92	NS	92
Cultural (Q4-Q6)	12	11	92	NS	94
Access(Q7-Q10)	12	11	92	NS	95
Participation (Q11-Q14)	12	11	92	NS	95
Global(Q15)	12	11	92	NS	91
Outcomes/Functioning (Q16-Q20a)	12	11	92	NS	91
Medication (Y/N) (Q21)	12	11	92	NS	94
Medication Scale (Q21a-Q21e) ⁴	11	10	91	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 2010

MH Servs-Erie Co SE Corp V dba Spectrum HSvcs

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	60	87	68.97
Clinic Treatment	60	87	68.97

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	60	56	93	-	96
Cultural (Q4-Q6)	60	60	100	+	99
Access(Q7-Q9)	60	58	97	NS	96
Participation (Q10-Q13)	60	60	100	+	98
Global(Q14-Q17)	60	59	98	NS	98
Outcomes/Functioning (Q18-Q22)	58	54	93	+	84
Social Connectedness (Q23-Q27)	59	54	92	+	87
Medication (Y/N) (Q28)	60	37	62	-	85
Medication Scale (Q28a-Q28e) ⁴	37	37	100	+	97

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	60	56	93	-	96
Cultural (Q4-Q6)	60	60	100	+	100
Access(Q7-Q9)	60	58	97	NS	97
Participation (Q10-Q13)	60	60	100	NS	99
Global(Q14-Q17)	60	59	98	NS	98
Outcomes/Functioning (Q18-Q22)	58	54	93	+	88
Social Connectedness (Q23-Q27)	59	54	92	+	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 2010

MH Servs-Erie Co SE Corp V dba Spectrum HSvcs

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	60	37	62	NS	58
Medication Scale (Q28a-Q28e) ⁴	37	37	100	NS	98

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 2010

MH Servs-Erie Co SE Corp V dba Spectrum HSvcs

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	5	30	16.67
Clinic Treatment	5	30	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	4	80	-	93
Cultural (Q4-Q6)	5	5	100	+	96
Access(Q7-Q10)	5	5	100	+	96
Participation (Q11-Q14)	5	4	80	-	91
Global(Q15)	5	5	100	+	90
Outcomes/Functioning (Q16-Q20a)	5	3	60	-	91
Medication (Y/N) (Q21)	5	3	60	-	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	4	80	-	95
Cultural (Q4-Q6)	5	5	100	NS	97
Access(Q7-Q10)	5	5	100	NS	96
Participation (Q11-Q14)	5	4	80	-	88
Global(Q15)	5	5	100	+	89
Outcomes/Functioning (Q16-Q20a)	5	3	60	-	88
Medication (Y/N) (Q21)	5	3	60	-	73
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 2010

Mid-Erie Counseling and Treatment Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	11	20	55.00
HCBS Waiver Individualized Care Coordination	11	20	55.00

PROGRAM_TYPE_NAME=All

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	+	99
Access(Q7-Q9)	11	11	100	+	96
Participation (Q10-Q13)	11	11	100	+	98
Global(Q14-Q17)	11	11	100	+	98
Outcomes/Functioning (Q18-Q22)	11	11	100	+	84
Social Connectedness (Q23-Q27)	11	11	100	+	87
Medication (Y/N) (Q28)	11	8	73	-	85
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	97

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	+	98
Cultural (Q4-Q6)	11	11	100	NS	100
Access(Q7-Q9)	11	11	100	+	96
Participation (Q10-Q13)	11	11	100	+	99
Global(Q14-Q17)	11	11	100	+	99
Outcomes/Functioning (Q18-Q22)	11	11	100	+	81
Social Connectedness (Q23-Q27)	11	11	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 2010 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)	11	8	73	-	90
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	97

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 2010

Mid-Erie Counseling and Treatment Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 Family Assessment of Care Survey Results 2010

Mohawk Valley Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	6	7	85.71
State Psychiatric Center Inpatient	6	7	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)	6	6	100	+	96
Cultural (Q4-Q6)	6	6	100	+	99
Access(Q7-Q9)	6	5	83	-	96
Participation (Q10-Q13)	6	6	100	+	98
Global(Q14-Q17)	6	6	100	+	98
Outcomes/Functioning (Q18-Q22)	6	6	100	+	84
Social Connectedness (Q23-Q27)	6	4	67	-	87
Medication (Y/N) (Q28)	6	6	100	+	85
Medication Scale (Q28a-Q28e) ⁴	6	6	100	+	97

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)	6	6	100	NS	97
Cultural (Q4-Q6)	6	6	100	NS	99
Access(Q7-Q9)	6	5	83	-	96
Participation (Q10-Q13)	6	6	100	NS	99
Global(Q14-Q17)	6	6	100	NS	99
Outcomes/Functioning (Q18-Q22)	6	6	100	NS	97
Social Connectedness (Q23-Q27)	6	4	67	-	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 2010

Mohawk Valley 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
Medication (Y/N) (Q28)	6	6	100	+	100
Medication Scale (Q28a-Q28e) ⁴	6	6	100	NS	98

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 2010

Mohawk Valley Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	9	9	100.00
State Psychiatric Center Inpatient	9	9	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)	9	9	100	+	93
Cultural (Q4-Q6)	9	9	100	+	96
Access(Q7-Q10)	9	9	100	+	96
Participation (Q11-Q14)	9	8	89	-	91
Global(Q15)	9	9	100	+	90
Outcomes/Functioning (Q16-Q20a)	9	9	100	+	91
Medication (Y/N) (Q21)	9	9	100	+	88
Medication Scale (Q21a-Q21e) ⁴	9	9	100	+	85

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)	9	9	100	+	87
Cultural (Q4-Q6)	9	9	100	+	88
Access(Q7-Q10)	9	9	100	+	88
Participation (Q11-Q14)	9	8	89	NS	86
Global(Q15)	9	9	100	+	78
Outcomes/Functioning (Q16-Q20a)	9	9	100	+	89
Medication (Y/N) (Q21)	9	9	100	+	97
Medication Scale (Q21a-Q21e) ⁴	9	9	100	+	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 2010

Montgomery Transitional Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	2	5	40.00
Children & Youth Community Residence	2	5	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	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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61
Social Connectedness (Q23-Q27)	< 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 2010

Montgomery Transitional Services, Inc.

PROGRAM_TYPE_NAME=Children & Youth Community Residence

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
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 2010

Montgomery Transitional Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	3	5	60.00
Children & Youth Community Residence	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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	92
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	94
Access(Q7-Q10)	< 5	N/A	N/A	N/A	97
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	94
Global(Q15)	< 5	N/A	N/A	N/A	88
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	86
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	98
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 2010 Mount Sinai Medical Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	17	29	58.62
Clinic Treatment	17	29	58.62

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	+	98
Global(Q14-Q17)	17	17	100	+	98
Outcomes/Functioning (Q18-Q22)	17	16	94	+	84
Social Connectedness (Q23-Q27)	17	14	82	-	87
Medication (Y/N) (Q28)	17	13	76	-	85
Medication Scale (Q28a-Q28e) ⁴	13	12	92	-	97

PROGRAM_TYPE_NAME=Clinic Treatment

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	+	100
Access(Q7-Q9)	17	17	100	+	97
Participation (Q10-Q13)	17	17	100	NS	99
Global(Q14-Q17)	17	17	100	+	98
Outcomes/Functioning (Q18-Q22)	17	16	94	+	88
Social Connectedness (Q23-Q27)	17	14	82	-	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 2010

Mount Sinai Medical Center

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	17	13	76	+	58
Medication Scale (Q28a-Q28e) ⁴	13	12	92	-	98

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 2010

Mount Sinai Medical Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	4	4	100.00
Clinic Treatment	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)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

PROGRAM_TYPE_NAME=Clinic 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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	97
Access(Q7-Q10)	< 5	N/A	N/A	N/A	96
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	88
Global(Q15)	< 5	N/A	N/A	N/A	89
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	88
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	73
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;

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

NYSOMH Family Assessment of Care Survey Results 2010

North Country Transitional Living Servs, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	20	55	36.36
Children & Youth Community Residence	5	7	71.43
HCBS Waiver Individualized Care Coordination	15	48	31.25

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	+	96
Cultural (Q4-Q6)	20	20	100	+	99
Access(Q7-Q9)	20	16	80	-	96
Participation (Q10-Q13)	20	19	95	-	98
Global(Q14-Q17)	20	18	90	-	98
Outcomes/Functioning (Q18-Q22)	20	7	35	-	84
Social Connectedness (Q23-Q27)	20	15	75	-	87
Medication (Y/N) (Q28)	20	19	95	+	85
Medication Scale (Q28a-Q28e) ⁴	19	18	95	-	97

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	90
Cultural (Q4-Q6)	5	5	100	+	100
Access(Q7-Q9)	5	4	80	NS	90
Participation (Q10-Q13)	5	5	100	NS	93
Global(Q14-Q17)	5	4	80	NS	90
Outcomes/Functioning (Q18-Q22)	5	0	0	-	61
Social Connectedness (Q23-Q27)	5	5	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 2010

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	5	100	+	100
Medication Scale (Q28a-Q28e) ⁴	5	4	80	-	93

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	+	98
Cultural (Q4-Q6)	15	15	100	NS	100
Access(Q7-Q9)	15	12	80	-	96
Participation (Q10-Q13)	15	14	93	-	99
Global(Q14-Q17)	15	14	93	-	99
Outcomes/Functioning (Q18-Q22)	15	7	47	-	81
Social Connectedness (Q23-Q27)	15	10	67	-	87
Medication (Y/N) (Q28)	15	14	93	+	90
Medication Scale (Q28a-Q28e) ⁴	14	14	100	+	97

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 2010

North Country Transitional Living Servs, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	22	27	81.48
Children & Youth Community Residence	6	7	85.71
HCBS Waiver Individualized Care Coordination	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)	22	21	95	+	93
Cultural (Q4-Q6)	22	21	95	NS	96
Access(Q7-Q10)	22	22	100	+	96
Participation (Q11-Q14)	22	21	95	+	91
Global(Q15)	22	21	95	+	90
Outcomes/Functioning (Q16-Q20a)	22	19	86	-	91
Medication (Y/N) (Q21)	22	19	86	NS	88
Medication Scale (Q21a-Q21e) ⁴	19	18	95	+	85

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)	6	6	100	+	92
Cultural (Q4-Q6)	6	5	83	-	94
Access(Q7-Q10)	6	6	100	NS	97
Participation (Q11-Q14)	6	6	100	+	94
Global(Q15)	6	5	83	NS	88
Outcomes/Functioning (Q16-Q20a)	6	4	67	-	86
Medication (Y/N) (Q21)	6	6	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	6	6	100	+	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 2010

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)	16	15	94	NS	95
Cultural (Q4-Q6)	16	16	100	NS	98
Access(Q7-Q10)	16	16	100	NS	99
Participation (Q11-Q14)	16	15	94	NS	95
Global(Q15)	16	16	100	+	97
Outcomes/Functioning (Q16-Q20a)	16	15	94	NS	91
Medication (Y/N) (Q21)	16	13	81	NS	85
Medication Scale (Q21a-Q21e) ⁴	13	12	92	+	84

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 2010

North Shore Child & Family Guidance Assoc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	2	7	28.57
Family Based Treatment	2	7	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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	92
Access(Q7-Q9)	< 5	N/A	N/A	N/A	86
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	92
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	76
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	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 2010

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	94
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 2010

North Shore Child & Family Guidance Assoc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	3	7	42.86
Family Based Treatment	3	7	42.86

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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	94
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	94
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	84
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010 Occupations, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	9	18	50.00
HCBS Waiver Individualized Care Coordination	9	18	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)	9	9	100	+	96
Cultural (Q4-Q6)	9	9	100	+	99
Access(Q7-Q9)	9	7	78	-	96
Participation (Q10-Q13)	9	8	89	-	98
Global(Q14-Q17)	9	9	100	+	98
Outcomes/Functioning (Q18-Q22)	9	5	56	-	84
Social Connectedness (Q23-Q27)	9	5	56	-	87
Medication (Y/N) (Q28)	9	9	100	+	85
Medication Scale (Q28a-Q28e) ⁴	9	8	89	-	97

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	+	98
Cultural (Q4-Q6)	9	9	100	NS	100
Access(Q7-Q9)	9	7	78	-	96
Participation (Q10-Q13)	9	8	89	-	99
Global(Q14-Q17)	9	9	100	+	99
Outcomes/Functioning (Q18-Q22)	9	5	56	-	81
Social Connectedness (Q23-Q27)	9	5	56	-	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 2010 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)	9	9	100	+	90
Medication Scale (Q28a-Q28e) ⁴	9	8	89	-	97

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 2010 Occupations, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Ohel Children's Home & Family Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	18	28	64.29
Clinic Treatment	18	28	64.29

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	+	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	17	17	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	16	89	+	84
Social Connectedness (Q23-Q27)	18	16	89	NS	87
Medication (Y/N) (Q28)	18	2	11	-	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	18	18	100	+	96
Cultural (Q4-Q6)	18	18	100	+	100
Access(Q7-Q9)	18	18	100	+	97
Participation (Q10-Q13)	17	17	100	NS	99
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	16	89	NS	88
Social Connectedness (Q23-Q27)	18	16	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 Family Assessment of Care Survey Results 2010 Ohel Children's Home & Family Services, Inc.

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	18	2	11	-	58
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	98

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 2010

Ohel Children's Home & Family Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	5	21	23.81
Clinic Treatment	5	21	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)	5	5	100	+	93
Cultural (Q4-Q6)	5	5	100	+	96
Access(Q7-Q10)	5	4	80	-	96
Participation (Q11-Q14)	5	3	60	-	91
Global(Q15)	5	4	80	-	90
Outcomes/Functioning (Q16-Q20a)	5	4	80	-	91
Medication (Y/N) (Q21)	5	3	60	-	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	5	5	100	+	95
Cultural (Q4-Q6)	5	5	100	NS	97
Access(Q7-Q10)	5	4	80	-	96
Participation (Q11-Q14)	5	3	60	-	88
Global(Q15)	5	4	80	-	89
Outcomes/Functioning (Q16-Q20a)	5	4	80	NS	88
Medication (Y/N) (Q21)	5	3	60	-	73
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;

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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 2010 Parsons Child and Family Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	141	288	48.96
Children & Youth Community Residence	2	8	25.00
Clinic Treatment	88	188	46.81
HCBS Waiver Individualized Care Coordination	44	74	59.46
Residential Treatment Facility - Children & Youth	7	18	38.89

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	141	135	96	NS	96
Cultural (Q4-Q6)	141	140	99	NS	99
Access(Q7-Q9)	141	137	97	+	96
Participation (Q10-Q13)	141	139	99	NS	98
Global(Q14-Q17)	141	139	99	NS	98
Outcomes/Functioning (Q18-Q22)	139	111	80	-	84
Social Connectedness (Q23-Q27)	139	119	86	NS	87
Medication (Y/N) (Q28)	141	105	74	-	85
Medication Scale (Q28a-Q28e) ⁴	105	104	99	+	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	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;

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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 2010

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
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	86
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	88	86	98	NS	96
Cultural (Q4-Q6)	88	88	100	+	100
Access(Q7-Q9)	88	87	99	NS	97
Participation (Q10-Q13)	88	87	99	NS	99
Global(Q14-Q17)	88	86	98	NS	98
Outcomes/Functioning (Q18-Q22)	86	73	85	NS	88
Social Connectedness (Q23-Q27)	86	73	85	NS	87
Medication (Y/N) (Q28)	88	53	60	NS	58
Medication Scale (Q28a-Q28e) ⁴	53	52	98	NS	98

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)	44	42	95	-	98
Cultural (Q4-Q6)	44	43	98	-	100
Access(Q7-Q9)	44	41	93	-	96
Participation (Q10-Q13)	44	43	98	-	99
Global(Q14-Q17)	44	44	100	+	99
Outcomes/Functioning (Q18-Q22)	44	33	75	-	81
Social Connectedness (Q23-Q27)	44	39	89	NS	87

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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 2010

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
Medication (Y/N) (Q28)	44	43	98	+	90
Medication Scale (Q28a-Q28e) ⁴	43	43	100	+	97

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	5	71	-	91
Cultural (Q4-Q6)	7	7	100	NS	98
Access(Q7-Q9)	7	7	100	+	94
Participation (Q10-Q13)	7	7	100	+	94
Global(Q14-Q17)	7	7	100	NS	98
Outcomes/Functioning (Q18-Q22)	7	4	57	-	80
Social Connectedness (Q23-Q27)	7	6	86	NS	91
Medication (Y/N) (Q28)	7	7	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	7	7	100	+	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 2010

Parsons Child and Family Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	43	98	43.88
Children & Youth Community Residence	5	8	62.50
Clinic Treatment	32	72	44.44
HCBS Waiver Individualized Care Coordination	6	18	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)	42	40	95	+	93
Cultural (Q4-Q6)	43	42	98	+	96
Access(Q7-Q10)	43	42	98	+	96
Participation (Q11-Q14)	43	42	98	+	91
Global(Q15)	42	39	93	+	90
Outcomes/Functioning (Q16-Q20a)	39	35	90	NS	91
Medication (Y/N) (Q21)	43	35	81	-	88
Medication Scale (Q21a-Q21e) ⁴	35	29	83	NS	85

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	+	92
Cultural (Q4-Q6)	5	5	100	+	94
Access(Q7-Q10)	5	5	100	NS	97
Participation (Q11-Q14)	5	5	100	+	94
Global(Q15)	5	5	100	+	88
Outcomes/Functioning (Q16-Q20a)	5	5	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 Youth Assessment of Care Survey Results 2010

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
Medication (Y/N) (Q21)	5	5	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	5	5	100	+	91

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	29	94	NS	95
Cultural (Q4-Q6)	32	31	97	NS	97
Access(Q7-Q10)	32	31	97	NS	96
Participation (Q11-Q14)	32	31	97	+	88
Global(Q15)	31	28	90	NS	89
Outcomes/Functioning (Q16-Q20a)	28	25	89	NS	88
Medication (Y/N) (Q21)	32	24	75	NS	73
Medication Scale (Q21a-Q21e) ⁴	24	21	88	NS	86

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	+	95
Cultural (Q4-Q6)	6	6	100	NS	98
Access(Q7-Q10)	6	6	100	NS	99
Participation (Q11-Q14)	6	6	100	+	95
Global(Q15)	6	6	100	+	97
Outcomes/Functioning (Q16-Q20a)	6	5	83	-	91
Medication (Y/N) (Q21)	6	6	100	+	85
Medication Scale (Q21a-Q21e) ⁴	6	3	50	-	84

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 2010 Pathways, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	37	80	46.25
Children & Youth Community Residence	5	14	35.71
HCBS Waiver Individualized Care Coordination	32	66	48.48

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	37	35	95	-	96
Cultural (Q4-Q6)	37	36	97	-	99
Access(Q7-Q9)	37	35	95	-	96
Participation (Q10-Q13)	37	36	97	-	98
Global(Q14-Q17)	37	36	97	-	98
Outcomes/Functioning (Q18-Q22)	36	29	81	-	84
Social Connectedness (Q23-Q27)	35	32	91	+	87
Medication (Y/N) (Q28)	37	33	89	+	85
Medication Scale (Q28a-Q28e) ⁴	33	30	91	-	97

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	3	60	-	90
Cultural (Q4-Q6)	5	5	100	+	100
Access(Q7-Q9)	5	4	80	NS	90
Participation (Q10-Q13)	5	4	80	-	93
Global(Q14-Q17)	5	4	80	NS	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61
Social Connectedness (Q23-Q27)	< 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 2010 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	5	100	+	100
Medication Scale (Q28a-Q28e) ⁴	5	5	100	NS	93

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)	32	32	100	+	98
Cultural (Q4-Q6)	32	31	97	-	100
Access(Q7-Q9)	32	31	97	NS	96
Participation (Q10-Q13)	32	32	100	+	99
Global(Q14-Q17)	32	32	100	+	99
Outcomes/Functioning (Q18-Q22)	32	27	84	+	81
Social Connectedness (Q23-Q27)	31	28	90	+	87
Medication (Y/N) (Q28)	32	28	88	-	90
Medication Scale (Q28a-Q28e) ⁴	28	25	89	-	97

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 2010 Pathways, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	13	20	65.00
Children & Youth Community Residence	11	14	78.57
HCBS Waiver Individualized Care Coordination	2	6	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)	13	11	85	-	93
Cultural (Q4-Q6)	13	12	92	-	96
Access(Q7-Q10)	13	12	92	-	96
Participation (Q11-Q14)	13	12	92	NS	91
Global(Q15)	13	10	77	-	90
Outcomes/Functioning (Q16-Q20a)	13	11	85	-	91
Medication (Y/N) (Q21)	13	12	92	+	88
Medication Scale (Q21a-Q21e) ⁴	12	10	83	NS	85

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)	11	9	82	-	92
Cultural (Q4-Q6)	11	10	91	NS	94
Access(Q7-Q10)	11	10	91	-	97
Participation (Q11-Q14)	11	10	91	NS	94
Global(Q15)	11	8	73	-	88
Outcomes/Functioning (Q16-Q20a)	11	9	82	NS	86
Medication (Y/N) (Q21)	11	11	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	11	9	82	-	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 2010 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	95
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	95
Global(Q15)	< 5	N/A	N/A	N/A	97
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	85
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010 Pederson-Krag Center, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	87	95	91.58
Children & Youth Community Residence	3	8	37.50
Family Based Treatment	7	7	100.00
HCBS Waiver Individualized Care Coordination	77	80	96.25

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	87	86	99	+	96
Cultural (Q4-Q6)	87	87	100	+	99
Access(Q7-Q9)	87	85	98	+	96
Participation (Q10-Q13)	87	87	100	+	98
Global(Q14-Q17)	87	87	100	+	98
Outcomes/Functioning (Q18-Q22)	86	74	86	NS	84
Social Connectedness (Q23-Q27)	87	78	90	+	87
Medication (Y/N) (Q28)	87	83	95	+	85
Medication Scale (Q28a-Q28e) ⁴	83	80	96	NS	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61

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 2010

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	86
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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	+	88
Cultural (Q4-Q6)	7	7	100	+	92
Access(Q7-Q9)	7	7	100	+	86
Participation (Q10-Q13)	7	7	100	+	92
Global(Q14-Q17)	7	7	100	NS	94
Outcomes/Functioning (Q18-Q22)	7	6	86	NS	76
Social Connectedness (Q23-Q27)	7	7	100	+	78
Medication (Y/N) (Q28)	7	7	100	NS	94
Medication Scale (Q28a-Q28e) ⁴	7	6	86	-	94

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	76	99	NS	98
Cultural (Q4-Q6)	77	77	100	NS	100
Access(Q7-Q9)	77	75	97	NS	96
Participation (Q10-Q13)	77	77	100	+	99
Global(Q14-Q17)	77	77	100	+	99
Outcomes/Functioning (Q18-Q22)	76	65	86	+	81
Social Connectedness (Q23-Q27)	77	69	90	NS	87
Medication (Y/N) (Q28)	77	73	95	+	90
Medication Scale (Q28a-Q28e) ⁴	73	71	97	NS	97

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 2010

Pederson-Krag Center, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	60	62	96.77
Children & Youth Community Residence	7	8	87.50
Family Based Treatment	4	4	100.00
HCBS Waiver Individualized Care Coordination	49	50	98.00

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	60	58	97	+	93
Cultural (Q4-Q6)	60	60	100	+	96
Access(Q7-Q10)	60	60	100	+	96
Participation (Q11-Q14)	60	56	93	+	91
Global(Q15)	59	57	97	+	90
Outcomes/Functioning (Q16-Q20a)	59	55	93	+	91
Medication (Y/N) (Q21)	60	58	97	+	88
Medication Scale (Q21a-Q21e) ⁴	58	51	88	+	85

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	+	92
Cultural (Q4-Q6)	7	7	100	+	94
Access(Q7-Q10)	7	7	100	NS	97
Participation (Q11-Q14)	7	7	100	+	94
Global(Q15)	7	7	100	+	88
Outcomes/Functioning (Q16-Q20a)	7	7	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 Youth Assessment of Care Survey Results 2010

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)	7	7	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	7	6	86	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)	< 5	N/A	N/A	N/A	94
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	94
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	84
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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)	49	47	96	NS	95
Cultural (Q4-Q6)	49	49	100	NS	98
Access(Q7-Q10)	49	49	100	NS	99
Participation (Q11-Q14)	49	46	94	NS	95
Global(Q15)	48	46	96	NS	97
Outcomes/Functioning (Q16-Q20a)	48	44	92	NS	91
Medication (Y/N) (Q21)	49	47	96	+	85
Medication Scale (Q21a-Q21e) ⁴	47	41	87	NS	84

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 2010

Putnam Family and Community Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	31	35	88.57
Clinic Treatment	31	35	88.57

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	28	90	-	96
Cultural (Q4-Q6)	31	31	100	+	99
Access(Q7-Q9)	31	28	90	-	96
Participation (Q10-Q13)	30	29	97	-	98
Global(Q14-Q17)	30	28	93	-	98
Outcomes/Functioning (Q18-Q22)	29	29	100	+	84
Social Connectedness (Q23-Q27)	29	24	83	-	87
Medication (Y/N) (Q28)	31	20	65	-	85
Medication Scale (Q28a-Q28e) ⁴	20	20	100	+	97

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	28	90	-	96
Cultural (Q4-Q6)	31	31	100	+	100
Access(Q7-Q9)	31	28	90	-	97
Participation (Q10-Q13)	30	29	97	-	99
Global(Q14-Q17)	30	28	93	-	98
Outcomes/Functioning (Q18-Q22)	29	29	100	+	88
Social Connectedness (Q23-Q27)	29	24	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;

- = 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 2010

Putnam Family and Community Services, Inc.

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Medication (Y/N) (Q28)	31	20	65	+	58
Medication Scale (Q28a-Q28e) ⁴	20	20	100	NS	98

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 2010

Putnam Family and Community Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	31	35	88.57
Clinic Treatment	31	35	88.57

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	+	93
Cultural (Q4-Q6)	31	30	97	NS	96
Access(Q7-Q10)	31	30	97	NS	96
Participation (Q11-Q14)	31	26	84	-	91
Global(Q15)	30	26	87	-	90
Outcomes/Functioning (Q16-Q20a)	31	28	90	NS	91
Medication (Y/N) (Q21)	31	24	77	-	88
Medication Scale (Q21a-Q21e) ⁴	24	20	83	NS	85

PROGRAM_TYPE_NAME=Clinic Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	31	30	97	NS	95
Cultural (Q4-Q6)	31	30	97	NS	97
Access(Q7-Q10)	31	30	97	NS	96
Participation (Q11-Q14)	31	26	84	NS	88
Global(Q15)	30	26	87	NS	89
Outcomes/Functioning (Q16-Q20a)	31	28	90	NS	88
Medication (Y/N) (Q21)	31	24	77	NS	73
Medication Scale (Q21a-Q21e) ⁴	24	20	83	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;

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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 2010

Queens Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	4	40	10.00
Day Treatment	4	40	10.00

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	99
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	97
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	99
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	90
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	88

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 2010

Queens 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)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	99

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 2010

Queens Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	1	40	2.50
Day Treatment	1	40	2.50

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	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	94
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	88
Global(Q15)	< 5	N/A	N/A	N/A	89
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	93
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	84
Medication Scale (Q21a-Q21e) ⁴	< 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 2010

Rockland Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	52	192	27.08
Day Treatment	38	160	23.75
State Psychiatric Center Inpatient	14	32	43.75

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)	52	52	100	+	96
Participation (Q10-Q13)	52	51	98	NS	98
Global(Q14-Q17)	52	51	98	NS	98
Outcomes/Functioning (Q18-Q22)	52	48	92	+	84
Social Connectedness (Q23-Q27)	52	48	92	+	87
Medication (Y/N) (Q28)	52	44	85	NS	85
Medication Scale (Q28a-Q28e) ⁴	44	44	100	+	97

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	38	38	100	NS	99
Cultural (Q4-Q6)	38	38	100	NS	99
Access(Q7-Q9)	38	38	100	+	97
Participation (Q10-Q13)	38	37	97	NS	98
Global(Q14-Q17)	38	37	97	NS	99
Outcomes/Functioning (Q18-Q22)	38	34	89	NS	90
Social Connectedness (Q23-Q27)	38	35	92	NS	88

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 2010

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)	38	30	79	-	91
Medication Scale (Q28a-Q28e) ⁴	30	30	100	NS	99

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)	14	14	100	NS	97
Cultural (Q4-Q6)	14	14	100	NS	99
Access(Q7-Q9)	14	14	100	+	96
Participation (Q10-Q13)	14	14	100	NS	99
Global(Q14-Q17)	14	14	100	NS	99
Outcomes/Functioning (Q18-Q22)	14	14	100	NS	97
Social Connectedness (Q23-Q27)	14	13	93	NS	91
Medication (Y/N) (Q28)	14	14	100	+	100
Medication Scale (Q28a-Q28e) ⁴	14	14	100	NS	98

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 2010

Rockland Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	66	91	72.53
Day Treatment	39	63	61.90
State Psychiatric Center Inpatient	27	28	96.43

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	66	62	94	NS	93
Cultural (Q4-Q6)	66	61	92	-	96
Access(Q7-Q10)	66	59	89	-	96
Participation (Q11-Q14)	66	59	89	NS	91
Global(Q15)	66	57	86	-	90
Outcomes/Functioning (Q16-Q20a)	66	64	97	+	91
Medication (Y/N) (Q21)	66	54	82	-	88
Medication Scale (Q21a-Q21e) ⁴	54	42	78	-	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	39	37	95	NS	94
Cultural (Q4-Q6)	39	38	97	NS	98
Access(Q7-Q10)	39	37	95	NS	96
Participation (Q11-Q14)	39	36	92	+	88
Global(Q15)	39	37	95	+	89
Outcomes/Functioning (Q16-Q20a)	39	38	97	+	93
Medication (Y/N) (Q21)	39	27	69	-	84
Medication Scale (Q21a-Q21e) ⁴	27	23	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;

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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 2010

Rockland 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)	27	25	93	NS	87
Cultural (Q4-Q6)	27	23	85	NS	88
Access(Q7-Q10)	27	22	81	-	88
Participation (Q11-Q14)	27	23	85	NS	86
Global(Q15)	27	20	74	NS	78
Outcomes/Functioning (Q16-Q20a)	27	26	96	+	89
Medication (Y/N) (Q21)	27	27	100	+	97
Medication Scale (Q21a-Q21e) ⁴	27	19	70	-	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 2010

Sagamore Children's Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	86	190	45.26
Day Treatment	52	148	35.14
State Psychiatric Center Inpatient	34	42	80.95

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	86	81	94	-	96
Cultural (Q4-Q6)	86	84	98	-	99
Access(Q7-Q9)	86	81	94	-	96
Participation (Q10-Q13)	86	85	99	NS	98
Global(Q14-Q17)	86	84	98	NS	98
Outcomes/Functioning (Q18-Q22)	86	78	91	+	84
Social Connectedness (Q23-Q27)	86	72	84	-	87
Medication (Y/N) (Q28)	86	81	94	+	85
Medication Scale (Q28a-Q28e) ⁴	80	79	99	+	97

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	52	50	96	-	99
Cultural (Q4-Q6)	52	51	98	NS	99
Access(Q7-Q9)	52	50	96	NS	97
Participation (Q10-Q13)	52	51	98	NS	98
Global(Q14-Q17)	52	51	98	NS	99
Outcomes/Functioning (Q18-Q22)	52	46	88	NS	90
Social Connectedness (Q23-Q27)	52	43	83	-	88

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 2010

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)	52	47	90	NS	91
Medication Scale (Q28a-Q28e) ⁴	46	46	100	NS	99

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)	34	31	91	-	97
Cultural (Q4-Q6)	34	33	97	-	99
Access(Q7-Q9)	34	31	91	-	96
Participation (Q10-Q13)	34	34	100	NS	99
Global(Q14-Q17)	34	33	97	-	99
Outcomes/Functioning (Q18-Q22)	34	32	94	-	97
Social Connectedness (Q23-Q27)	34	29	85	NS	91
Medication (Y/N) (Q28)	34	34	100	+	100
Medication Scale (Q28a-Q28e) ⁴	34	33	97	NS	98

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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 2010

Sagamore Children's Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	117	151	77.48
Day Treatment	87	121	71.90
State Psychiatric Center Inpatient	30	30	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)	117	111	95	+	93
Cultural (Q4-Q6)	117	113	97	NS	96
Access(Q7-Q10)	117	112	96	NS	96
Participation (Q11-Q14)	117	99	85	-	91
Global(Q15)	116	98	84	-	90
Outcomes/Functioning (Q16-Q20a)	117	109	93	+	91
Medication (Y/N) (Q21)	117	107	91	+	88
Medication Scale (Q21a-Q21e) ⁴	106	91	86	NS	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	87	84	97	NS	94
Cultural (Q4-Q6)	87	87	100	+	98
Access(Q7-Q10)	87	84	97	NS	96
Participation (Q11-Q14)	87	73	84	NS	88
Global(Q15)	87	75	86	NS	89
Outcomes/Functioning (Q16-Q20a)	87	80	92	NS	93
Medication (Y/N) (Q21)	87	78	90	+	84
Medication Scale (Q21a-Q21e) ⁴	77	64	83	NS	85

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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 2010

Sagamore 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)	30	27	90	NS	87
Cultural (Q4-Q6)	30	26	87	NS	88
Access(Q7-Q10)	30	28	93	NS	88
Participation (Q11-Q14)	30	26	87	NS	86
Global(Q15)	29	23	79	NS	78
Outcomes/Functioning (Q16-Q20a)	30	29	97	+	89
Medication (Y/N) (Q21)	30	29	97	NS	97
Medication Scale (Q21a-Q21e) ⁴	29	27	93	+	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)

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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 2010

SCO Family of Services

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	46	73	63.01
Children & Youth Community Residence	2	5	40.00
Family Based Treatment	13	22	59.09
HCBS Waiver Individualized Care Coordination	31	46	67.39

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	46	42	91	-	96
Cultural (Q4-Q6)	46	44	96	-	99
Access(Q7-Q9)	46	41	89	-	96
Participation (Q10-Q13)	46	42	91	-	98
Global(Q14-Q17)	46	43	93	-	98
Outcomes/Functioning (Q18-Q22)	46	34	74	-	84
Social Connectedness (Q23-Q27)	46	36	78	-	87
Medication (Y/N) (Q28)	46	43	93	+	85
Medication Scale (Q28a-Q28e) ⁴	43	39	91	-	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61

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 2010

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)	< 5	N/A	N/A	N/A	86
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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)	13	10	77	-	88
Cultural (Q4-Q6)	13	11	85	NS	92
Access(Q7-Q9)	13	9	69	-	86
Participation (Q10-Q13)	13	10	77	-	92
Global(Q14-Q17)	13	12	92	NS	94
Outcomes/Functioning (Q18-Q22)	13	9	69	NS	76
Social Connectedness (Q23-Q27)	13	7	54	-	78
Medication (Y/N) (Q28)	13	13	100	NS	94
Medication Scale (Q28a-Q28e) ⁴	13	12	92	NS	94

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	98
Cultural (Q4-Q6)	31	31	100	NS	100
Access(Q7-Q9)	31	30	97	NS	96
Participation (Q10-Q13)	31	30	97	-	99
Global(Q14-Q17)	31	30	97	-	99
Outcomes/Functioning (Q18-Q22)	31	23	74	-	81
Social Connectedness (Q23-Q27)	31	27	87	NS	87
Medication (Y/N) (Q28)	31	28	90	NS	90
Medication Scale (Q28a-Q28e) ⁴	28	26	93	-	97

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 2010

SCO Family of Services

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	48	63	76.19
Children & Youth Community Residence	6	8	75.00
Family Based Treatment	13	21	61.90
HCBS Waiver Individualized Care Coordination	29	34	85.29

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	48	43	90	-	93
Cultural (Q4-Q6)	48	45	94	-	96
Access(Q7-Q10)	48	47	98	+	96
Participation (Q11-Q14)	48	44	92	NS	91
Global(Q15)	47	46	98	+	90
Outcomes/Functioning (Q16-Q20a)	48	43	90	NS	91
Medication (Y/N) (Q21)	48	46	96	+	88
Medication Scale (Q21a-Q21e) ⁴	46	35	76	-	85

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)	6	6	100	+	92
Cultural (Q4-Q6)	6	6	100	+	94
Access(Q7-Q10)	6	6	100	NS	97
Participation (Q11-Q14)	6	6	100	+	94
Global(Q15)	6	6	100	+	88
Outcomes/Functioning (Q16-Q20a)	6	5	83	NS	86

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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 Youth Assessment of Care Survey Results 2010

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)	6	6	100	NS	98
Medication Scale (Q21a-Q21e) ⁴	6	6	100	+	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)	13	10	77	-	94
Cultural (Q4-Q6)	13	12	92	-	99
Access(Q7-Q10)	13	12	92	-	99
Participation (Q11-Q14)	13	12	92	NS	93
Global(Q15)	13	12	92	NS	94
Outcomes/Functioning (Q16-Q20a)	13	11	85	-	94
Medication (Y/N) (Q21)	13	12	92	NS	84
Medication Scale (Q21a-Q21e) ⁴	12	10	83	NS	84

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)	29	27	93	NS	95
Cultural (Q4-Q6)	29	27	93	-	98
Access(Q7-Q10)	29	29	100	NS	99
Participation (Q11-Q14)	29	26	90	-	95
Global(Q15)	28	28	100	+	97
Outcomes/Functioning (Q16-Q20a)	29	27	93	NS	91
Medication (Y/N) (Q21)	29	28	97	+	85
Medication Scale (Q21a-Q21e) ⁴	28	19	68	-	84

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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 2010

South Beach Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	4	18	22.22
Day Treatment	4	18	22.22

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	99
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	97
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	99
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	90
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	88

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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 2010

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	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	99

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 2010

South Beach Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	15	16	93.75
Day Treatment	15	16	93.75

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	-	93
Cultural (Q4-Q6)	15	13	87	-	96
Access(Q7-Q10)	15	13	87	-	96
Participation (Q11-Q14)	15	12	80	-	91
Global(Q15)	15	12	80	-	90
Outcomes/Functioning (Q16-Q20a)	15	12	80	-	91
Medication (Y/N) (Q21)	15	11	73	-	88
Medication Scale (Q21a-Q21e) ⁴	11	8	73	-	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	15	13	87	-	94
Cultural (Q4-Q6)	15	13	87	-	98
Access(Q7-Q10)	15	13	87	-	96
Participation (Q11-Q14)	15	12	80	-	88
Global(Q15)	15	12	80	-	89
Outcomes/Functioning (Q16-Q20a)	15	12	80	-	93
Medication (Y/N) (Q21)	15	11	73	-	84
Medication Scale (Q21a-Q21e) ⁴	11	8	73	-	85

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

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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 2010

St. Catherine's Center for Children

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	2	5	40.00
Family Based Treatment	2	5	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	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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	88
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	92
Access(Q7-Q9)	< 5	N/A	N/A	N/A	86
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	92
Global(Q14-Q17)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	76
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	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 2010

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)	< 5	N/A	N/A	N/A	94
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 2010

St. Catherine's Center for Children

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	4	4	100.00
Family Based Treatment	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)	< 5	N/A	N/A	N/A	93
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	96
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	90
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	91
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	88
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	85

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	94
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q10)	< 5	N/A	N/A	N/A	99
Participation (Q11-Q14)	< 5	N/A	N/A	N/A	93
Global(Q15)	< 5	N/A	N/A	N/A	94
Outcomes/Functioning (Q16-Q20a)	< 5	N/A	N/A	N/A	94
Medication (Y/N) (Q21)	< 5	N/A	N/A	N/A	84
Medication Scale (Q21a-Q21e) ⁴	< 5	N/A	N/A	N/A	84

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 2010

St. Joseph's Villa of Rochester

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	13	36	36.11
Children & Youth Community Residence	2	8	25.00
HCBS Waiver Individualized Care Coordination	5	14	35.71
Residential Treatment Facility - Children & Youth	6	14	42.86

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	12	10	83	-	96
Cultural (Q4-Q6)	12	12	100	+	99
Access(Q7-Q9)	12	10	83	-	96
Participation (Q10-Q13)	12	11	92	-	98
Global(Q14-Q17)	12	11	92	-	98
Outcomes/Functioning (Q18-Q22)	13	8	62	-	84
Social Connectedness (Q23-Q27)	13	9	69	-	87
Medication (Y/N) (Q28)	13	13	100	+	85
Medication Scale (Q28a-Q28e) ⁴	13	12	92	-	97

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	90
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	100
Access(Q7-Q9)	< 5	N/A	N/A	N/A	90
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	93
Global(Q14-Q17)	< 5	N/A	N/A	N/A	90
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	61

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 2010

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
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	86
Medication (Y/N) (Q28)	< 5	N/A	N/A	N/A	100
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	93

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	4	80	-	98
Cultural (Q4-Q6)	5	5	100	NS	100
Access(Q7-Q9)	5	3	60	-	96
Participation (Q10-Q13)	5	5	100	+	99
Global(Q14-Q17)	5	4	80	-	99
Outcomes/Functioning (Q18-Q22)	5	3	60	-	81
Social Connectedness (Q23-Q27)	5	3	60	-	87
Medication (Y/N) (Q28)	5	5	100	+	90
Medication Scale (Q28a-Q28e) ⁴	5	4	80	-	97

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	5	100	+	91
Cultural (Q4-Q6)	5	5	100	NS	98
Access(Q7-Q9)	5	5	100	+	94
Participation (Q10-Q13)	5	5	100	+	94
Global(Q14-Q17)	5	5	100	NS	98
Outcomes/Functioning (Q18-Q22)	6	5	83	NS	80
Social Connectedness (Q23-Q27)	6	5	83	-	91
Medication (Y/N) (Q28)	6	6	100	NS	99
Medication Scale (Q28a-Q28e) ⁴	6	6	100	+	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 2010

St. Joseph's Villa of Rochester

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	20	22	90.91
Children & Youth Community Residence	7	8	87.50
Residential Treatment Facility - Children & Youth	13	14	92.86

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	20	18	90	-	93
Cultural (Q4-Q6)	20	19	95	NS	96
Access(Q7-Q10)	20	20	100	+	96
Participation (Q11-Q14)	20	18	90	NS	91
Global(Q15)	20	18	90	NS	90
Outcomes/Functioning (Q16-Q20a)	20	15	75	-	91
Medication (Y/N) (Q21)	20	17	85	-	88
Medication Scale (Q21a-Q21e) ⁴	17	14	82	NS	85

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	+	92
Cultural (Q4-Q6)	7	6	86	-	94
Access(Q7-Q10)	7	7	100	NS	97
Participation (Q11-Q14)	7	6	86	-	94
Global(Q15)	7	6	86	NS	88
Outcomes/Functioning (Q16-Q20a)	7	4	57	-	86
Medication (Y/N) (Q21)	7	6	86	-	98
Medication Scale (Q21a-Q21e) ⁴	6	4	67	-	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 2010

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)	13	11	85	-	92
Cultural (Q4-Q6)	13	13	100	+	94
Access(Q7-Q10)	13	13	100	+	95
Participation (Q11-Q14)	13	12	92	NS	95
Global(Q15)	13	12	92	NS	91
Outcomes/Functioning (Q16-Q20a)	13	11	85	-	91
Medication (Y/N) (Q21)	13	11	85	-	94
Medication Scale (Q21a-Q21e) ⁴	11	10	91	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 2010

St. Lawrence Psychiatric Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	3	16	18.75
Day Treatment	3	16	18.75

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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	99
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	99
Access(Q7-Q9)	< 5	N/A	N/A	N/A	97
Participation (Q10-Q13)	< 5	N/A	N/A	N/A	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	99
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	90
Social Connectedness (Q23-Q27)	< 5	N/A	N/A	N/A	88

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 2010

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)	< 5	N/A	N/A	N/A	91
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	99

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 2010

St. Lawrence Psychiatric Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	5	5	100.00
Day Treatment	5	5	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)	5	5	100	+	93
Cultural (Q4-Q6)	5	5	100	+	96
Access(Q7-Q10)	5	5	100	+	96
Participation (Q11-Q14)	5	5	100	+	91
Global(Q15)	5	5	100	+	90
Outcomes/Functioning (Q16-Q20a)	5	5	100	+	91
Medication (Y/N) (Q21)	5	5	100	+	88
Medication Scale (Q21a-Q21e) ⁴	5	5	100	+	85

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	+	94
Cultural (Q4-Q6)	5	5	100	+	98
Access(Q7-Q10)	5	5	100	+	96
Participation (Q11-Q14)	5	5	100	+	88
Global(Q15)	5	5	100	+	89
Outcomes/Functioning (Q16-Q20a)	5	5	100	+	93
Medication (Y/N) (Q21)	5	5	100	+	84
Medication Scale (Q21a-Q21e) ⁴	5	5	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 2010

St. Luke's-Roosevelt Hospital Center

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	18	120	15.00
HCBS Waiver Individualized Care Coordination	18	120	15.00

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	+	96
Cultural (Q4-Q6)	18	18	100	+	99
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	16	89	+	84
Social Connectedness (Q23-Q27)	18	17	94	+	87
Medication (Y/N) (Q28)	18	15	83	-	85
Medication Scale (Q28a-Q28e) ⁴	15	14	93	-	97

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	18	100	+	98
Cultural (Q4-Q6)	18	18	100	NS	100
Access(Q7-Q9)	18	18	100	+	96
Participation (Q10-Q13)	18	18	100	+	99
Global(Q14-Q17)	18	18	100	+	99
Outcomes/Functioning (Q18-Q22)	18	16	89	+	81
Social Connectedness (Q23-Q27)	18	17	94	+	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 2010

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)	18	15	83	-	90
Medication Scale (Q28a-Q28e) ⁴	15	14	93	-	97

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 2010

St. Luke's-Roosevelt Hospital Center

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Steinway Child and Family Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	51	66	77.27
HCBS Waiver Individualized Care Coordination	51	66	77.27

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	51	51	100	+	96
Cultural (Q4-Q6)	51	51	100	+	99
Access(Q7-Q9)	51	51	100	+	96
Participation (Q10-Q13)	51	51	100	+	98
Global(Q14-Q17)	51	50	98	NS	98
Outcomes/Functioning (Q18-Q22)	51	41	80	-	84
Social Connectedness (Q23-Q27)	50	44	88	NS	87
Medication (Y/N) (Q28)	51	46	90	+	85
Medication Scale (Q28a-Q28e) ⁴	46	45	98	NS	97

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)	51	51	100	+	98
Cultural (Q4-Q6)	51	51	100	NS	100
Access(Q7-Q9)	51	51	100	+	96
Participation (Q10-Q13)	51	51	100	+	99
Global(Q14-Q17)	51	50	98	-	99
Outcomes/Functioning (Q18-Q22)	51	41	80	NS	81
Social Connectedness (Q23-Q27)	50	44	88	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 2010 Steinway Child and Family Services, Inc.

PROGRAM_TYPE_NAME=HCBS Waiver Individualized Care Coordination

Domain	Agency N¹	Agency N Positive²	Agency % Positive	95% Confidence Interval³	Statewide % Positive
Medication (Y/N) (Q28)	51	46	90	NS	90
Medication Scale (Q28a-Q28e) ⁴	46	45	98	NS	97

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 2010

Steinway Child and Family Services, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

The Child Center of NY, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	19	24	79.17
HCBS Waiver Individualized Care Coordination	19	24	79.17

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	+	96
Cultural (Q4-Q6)	19	19	100	+	99
Access(Q7-Q9)	19	19	100	+	96
Participation (Q10-Q13)	19	19	100	+	98
Global(Q14-Q17)	18	18	100	+	98
Outcomes/Functioning (Q18-Q22)	18	16	89	+	84
Social Connectedness (Q23-Q27)	18	16	89	NS	87
Medication (Y/N) (Q28)	19	17	89	+	85
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	97

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	18	100	+	98
Cultural (Q4-Q6)	19	19	100	NS	100
Access(Q7-Q9)	19	19	100	+	96
Participation (Q10-Q13)	19	19	100	+	99
Global(Q14-Q17)	18	18	100	+	99
Outcomes/Functioning (Q18-Q22)	18	16	89	+	81
Social Connectedness (Q23-Q27)	18	16	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;

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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 2010

The Child Center of NY, 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)	19	17	89	NS	90
Medication Scale (Q28a-Q28e) ⁴	17	17	100	+	97

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 2010

The Child Center of NY, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 Family Assessment of Care Survey Results 2010

The Children's Village, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	3	14	21.43
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	98
Global(Q14-Q17)	< 5	N/A	N/A	N/A	98
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	85
Medication Scale (Q28a-Q28e) ⁴	< 5	N/A	N/A	N/A	97

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	91
Cultural (Q4-Q6)	< 5	N/A	N/A	N/A	98
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	98
Outcomes/Functioning (Q18-Q22)	< 5	N/A	N/A	N/A	80
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;

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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 2010

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	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)

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NYSOMH Youth Assessment of Care Survey Results 2010

The Children's Village, Inc.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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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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 2010

Westchester Jewish Community Services, Inc.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	9	10	90.00
HCBS Waiver Individualized Care Coordination	9	10	90.00

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	+	98
Global(Q14-Q17)	9	9	100	+	98
Outcomes/Functioning (Q18-Q22)	9	6	67	-	84
Social Connectedness (Q23-Q27)	9	9	100	+	87
Medication (Y/N) (Q28)	9	8	89	+	85
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	97

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	+	98
Cultural (Q4-Q6)	9	9	100	NS	100
Access(Q7-Q9)	9	9	100	+	96
Participation (Q10-Q13)	9	9	100	+	99
Global(Q14-Q17)	9	9	100	+	99
Outcomes/Functioning (Q18-Q22)	9	6	67	-	81
Social Connectedness (Q23-Q27)	9	9	100	+	87

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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;

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

NYSOMH Family Assessment of Care Survey Results 2010

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	8	89	NS	90
Medication Scale (Q28a-Q28e) ⁴	8	8	100	+	97

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

***NYSOMH Youth Assessment of Care Survey Results 2010
Westchester Jewish Community Services, Inc.***

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95

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 2010

Western New York Children's Psychiatric Ctr.

Family Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	1315	2978	44.16
Agency Total	36	59	61.02
Day Treatment	23	23	100.00
State Psychiatric Center Inpatient	13	36	36.11

PROGRAM_TYPE_NAME=All

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	36	36	100	+	96
Cultural (Q4-Q6)	36	36	100	+	99
Access(Q7-Q9)	36	35	97	+	96
Participation (Q10-Q13)	36	36	100	+	98
Global(Q14-Q17)	36	36	100	+	98
Outcomes/Functioning (Q18-Q22)	35	32	91	+	84
Social Connectedness (Q23-Q27)	35	33	94	+	87
Medication (Y/N) (Q28)	36	36	100	+	85
Medication Scale (Q28a-Q28e) ⁴	36	36	100	+	97

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	23	23	100	NS	99
Cultural (Q4-Q6)	23	23	100	NS	99
Access(Q7-Q9)	23	23	100	+	97
Participation (Q10-Q13)	23	23	100	NS	98
Global(Q14-Q17)	23	23	100	NS	99
Outcomes/Functioning (Q18-Q22)	23	20	87	NS	90
Social Connectedness (Q23-Q27)	23	22	96	+	88

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 2010

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)	23	23	100	+	91
Medication Scale (Q28a-Q28e) ⁴	23	23	100	NS	99

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)	13	13	100	NS	97
Cultural (Q4-Q6)	13	13	100	NS	99
Access(Q7-Q9)	13	12	92	NS	96
Participation (Q10-Q13)	13	13	100	NS	99
Global(Q14-Q17)	13	13	100	NS	99
Outcomes/Functioning (Q18-Q22)	12	12	100	NS	97
Social Connectedness (Q23-Q27)	12	11	92	NS	91
Medication (Y/N) (Q28)	13	13	100	+	100
Medication Scale (Q28a-Q28e) ⁴	13	13	100	NS	98

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

NYSOMH Youth Assessment of Care Survey Results 2010

Western New York Children's Psychiatric Ctr.

Youth Response Rate

Program Type	Surveys Completed	Surveys Distributed	Response Rate
Statewide	864	1253	68.95
Agency Total	45	45	100.00
Day Treatment	25	25	100.00
State Psychiatric Center Inpatient	20	20	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)	45	38	84	-	93
Cultural (Q4-Q6)	45	42	93	-	96
Access(Q7-Q10)	45	39	87	-	96
Participation (Q11-Q14)	45	37	82	-	91
Global(Q15)	45	37	82	-	90
Outcomes/Functioning (Q16-Q20a)	44	38	86	-	91
Medication (Y/N) (Q21)	45	41	91	+	88
Medication Scale (Q21a-Q21e) ⁴	41	33	80	-	85

PROGRAM_TYPE_NAME=Day Treatment

Domain	Agency N ¹	Agency N Positive ²	Agency % Positive	95% Confidence Interval ³	Statewide % Positive
Appropriateness (Q1-Q3)	25	24	96	NS	94
Cultural (Q4-Q6)	25	25	100	+	98
Access(Q7-Q10)	25	24	96	NS	96
Participation (Q11-Q14)	25	22	88	NS	88
Global(Q15)	25	23	92	NS	89
Outcomes/Functioning (Q16-Q20a)	25	24	96	NS	93
Medication (Y/N) (Q21)	25	23	92	+	84
Medication Scale (Q21a-Q21e) ⁴	23	19	83	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)

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NS = Agency not significant compared to state

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NYSOMH Youth Assessment of Care Survey Results 2010

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)	20	14	70	-	87
Cultural (Q4-Q6)	20	17	85	NS	88
Access(Q7-Q10)	20	15	75	-	88
Participation (Q11-Q14)	20	15	75	-	86
Global(Q15)	20	14	70	-	78
Outcomes/Functioning (Q16-Q20a)	19	14	74	-	89
Medication (Y/N) (Q21)	20	18	90	-	97
Medication Scale (Q21a-Q21e) ⁴	18	14	78	NS	83

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

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