

Youth and Family Satisfaction with Mental Health Services

In

New York State

Final Report

2012

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EXECUTIVE SUMMARY

This report presents findings from the 2012 New York State Office of Mental Health (OMH) Youth Assessment of Care Survey (YACS) and Family Assessment of Care Survey (FACS) surveys. The YACS and FACS survey instruments include questions related to socio-demographics, global satisfaction, appropriateness, functioning/outcomes, medication, social connectedness (FACS only), cultural sensitivity, access and participation in treatment. The surveys were implemented during a two week period in February, 2012 to youth and families of youth who were receiving services in the following program types: Clinic treatment, Residential Treatment Facilities, Community Residences, State Day Treatment, State Psychiatric Inpatient, HCBS Waiver and Family Based Treatment. The youth response rate was 65.1% (n=768) and the family response rate was 43.8% (n=1231).

Families rated cultural sensitivity (99%), participation in treatment (99%), global satisfaction (99%), assess (98%), and appropriateness (98%) most positively. Families were less positive about their satisfaction with their child's outcomes (84%) and their own social connectedness (89%). Youths responded more favorably towards outcomes (90% positive) compared to families. Youth were satisfied with cultural sensitivity (96%) and with their accessibility of services (95%). Satisfaction with services differed by the type of program the child and family utilized. Most notable were lower levels of family satisfaction with Residential Treatment Facility.

INTRODUCTION

Self-reported consumer satisfaction with mental health services is an important outcome measure and quality assurance indicator. Satisfaction surveys have been used nationally to gain feedback on the quality of public mental health services. In NYS, understanding youth and families perception of mental health services provides feedback essential to the improvement of mental health programs to meet the needs of the children and families. During the past two decades, the roles of family and youth consumers in shaping the mental health service system have expanded. The need to include family and children's voices in the development of services has been reinforced by a growing body of evidence showing that providing services with family-centered values is associated with positive functional outcomes for children. In terms of satisfaction content area, researchers and practitioners have moved beyond solely assessing global satisfaction and have developed instruments to measure family oriented values, including:

- family centeredness (i.e., the degree to which a service is oriented toward meeting the needs of the family, rather than requiring the family to conform to the nature of the program);
- family empowerment (i.e., enabling families to influence how their child's mental health services are delivered);
- service coordination (i.e., the match between the services provided and the family's needs);
- family supportiveness (i.e., the family's perception of the level of support provided by a program);
- cultural competence (i.e., the cultural and ethnic sensitivity of providers, programs, and the instruments used to assess principles of service delivery).

Development of the NYS OMH Assessment of Care Survey Instruments

In 2006 pilot versions of the youth and family assessment of care surveys (YACS and FACS) were disseminated. The 2006 results were used to identify a subset of questions that were relevant. A number of modifications were made including adding a set of questions for youth and family on medication use and new items related to services, diagnosis, PINS, awareness of treatment options and social connectedness questions for the FACS. Since 2009 no changes have been made in terms of survey content. In 2010 the forms were converted to ‘Teleforms’ (form versions which can be scanned). This method was chosen so that forms could be processed more quickly. (YACS and FACS surveys are found in Appendix I, survey domains and survey items are shown below in Table A).

Table A. 2012 YACS and FACS Survey Domains and Item Numbers

Domains	Youth Survey Item Numbers	Family Survey Item Numbers
Appropriateness	1-3	1-3
Cultural Sensitivity	4-6	4-6
Access	7-10	7-9
Participation	11-14	10-13
Global	15	14-17
Outcomes/Functioning	16-20a	18-22
Social Connectedness	N/A	23-27
Medication	21a-21e	28a-28e

METHOD

Sample Selection

Several program areas were prioritized by the OMH Division of Children and Families for collection of assessment of care information: HCBS Waiver (Waiver), Kids ACT (ACT), Residential Treatment Facilities (RTF), Clinic Treatment (CT), Community Residences (CR),

State Day Treatment (DT) programs and State Psychiatric Centers (SPC). A convenience sample of agencies representing all NYS regions and program types were selected. The programs included in this study represented: 8.2% (n=5) of SPC that serve children, 26.7% (n=12) of CR, 20% (n=6) of RTF, 9.9% (n=17) of State DT for youth and 14.6% (n=19) for FACS, 20.5% (n=18) of Waiver programs for YACS and 79.6% (n=68) for family, 69.3% (n=1) of ACT for YACS and 100% for FACS (n=1), and 0.6% (n=9) of CT youth and 1.7% FACS (n=25) programs operating in NYS (Table B).

Table B. 2012 Survey Programs Included & Program Capacity

Program Type Name	N Youth Programs Surveyed	Youth Samp 12 (n)	Youth Sample % of Total Capacity	N Family Programs Surveyed	Family Samp 12 (n)	Family Sample % of Total Capacity	Total Capacity *
Children & Youth Community Residence	12	77	26.7	12	79	27.4	288
Clinic Treatment	9	157	0.6	25	462	1.7	26,554**
Day Treatment	17	330	9.9	19	489	14.6	3347
HCBS Waiver ICC	18	330	20.5	68	1282	79.6	1611
Residential Treatment Facility - Children & Youth	6	106	20	12	270	50.9	530
State Psychiatric Center Inpatient	5	118	8.2	5	138	9.6	1433
Kids ACT	1	61	69.3	1	88	100	88
TOTAL	68	1179	3.5	142	2808	8.3	33851

*Based on CAIRS figures as of 2012, PCS** and Children's Operations figures as of 2011.

Survey Implementation

The surveys were conducted cross-sectionally during a two-week period in February, 2012. Agency programs were asked to implement surveys with all children ages nine and older who had been in care for greater than one month and with families of all children in care for greater than one month during the designated time period. For children younger than nine, surveys were implemented with families only. Surveys were implemented by agency program staff at the point of service or were mailed to family homes by the programs. All surveys were collected confidentially and anonymously. Programs generally mailed a group of youth surveys to OMH in a packet, while families sent back their individual surveys via postal mail. Denominators used to calculate response rates were determined using each program's report of the number of surveys distributed to eligible participants.

Analysis

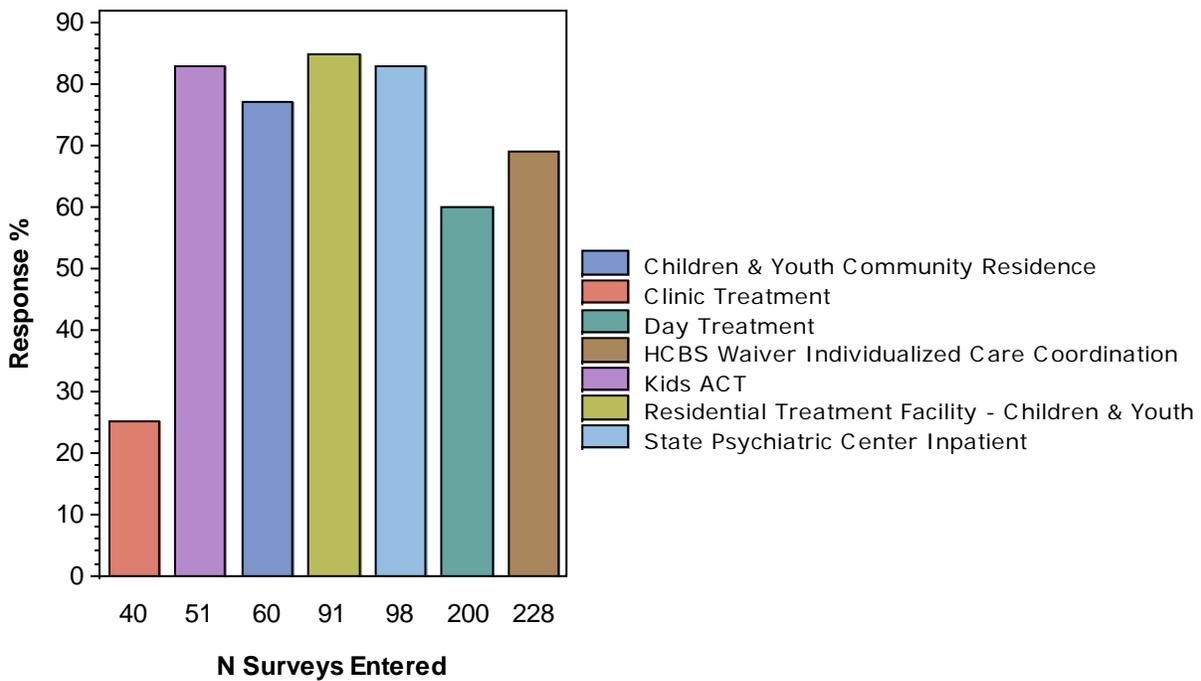
Survey response rates were calculated statewide, by region, county, program type and program site. Characteristics of respondent demographics and services utilized were also tallied. Responses on survey items were tallied as frequencies on a four-point Likert-type scale (4 point scale: Agree (1), Agree Slightly (2), Disagree Slightly (3), Disagree (4)). Dichotomous indicators of satisfaction were constructed by collapsing the four point scale into two points (positive=agree, agree slightly vs. negative=disagree and disagree slightly). Confidence intervals (95%) were constructed to compare program specific responses to statewide responses for the dichotomous domain indicators. Reliability coefficients were calculated for Youth and Family survey domains.

RESULTS

Response rates and sample characteristics

Youth and family response rates are tabled for the state, program type, region, county, and program site in Appendix II. Statewide the youth survey response rate of 65.1% (n=768) was higher than the family survey response rate of 43.8% (n=1231). Program type differences in response rates were notable. Youth Residential Treatment Facility programs had the highest response rate of 85.8% and Clinic Treatment had the lowest response rates (25.5%) (Figure 1). Families with children in Clinic Treatment Programs had the lowest response rates (21%) while families with children in Kids ACT had the highest rates (79.5%) (Appendix II).

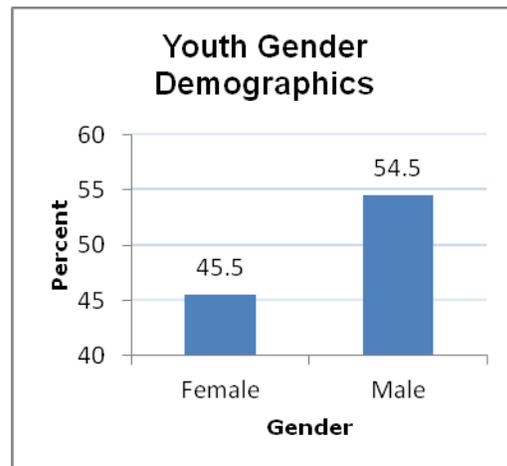
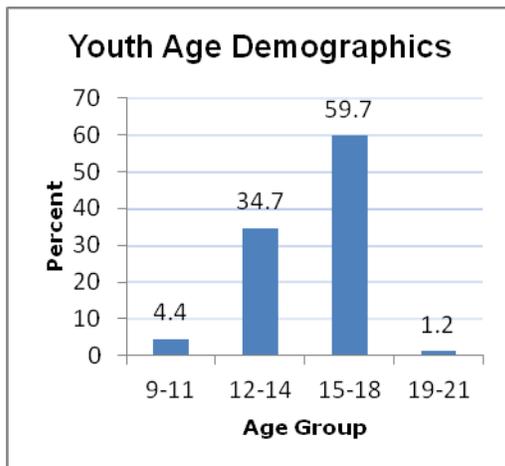
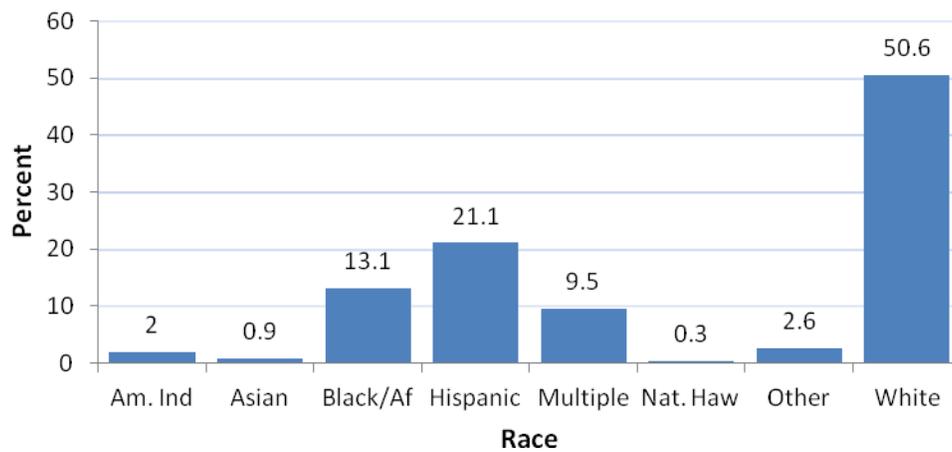
Figure 1. Youth Response Rates by Program Type



The demographic characteristics of youth and family respondents are tables in Appendix III.

Youth who responded were predominately teens (15-18 years, 59.7%), male (54.5%), Caucasian (50.6%), and had been receiving services for 6 months or more (58%). Families responded for their children ages 12-18 (67.8%), who were male (61%), Caucasian (51.4%), and who had been receiving services for 6 months or more (58.0%). (Appendix III)

Youth Race Demographics



Family Results

Results of family surveys are presented in Appendix II & III. Across the state, families were largely satisfied with the cultural sensitivity of services (99%), participation in services (99%), the appropriateness of services (98%), and their global satisfaction (99%). Families were less satisfied with their own level of social connectedness (89%) and with their child's outcomes (outcome/ functioning domain, 84%). The majority of families (88%) reported that their child was taking medication for emotional/behavioral needs. Families who answered that their child was taking medication were largely satisfied in terms of their understanding of these medications (98%) (Appendix II).

Individual item responses on the family surveys were more variable than were the dichotomous indicators of satisfaction on survey domains (Appendix III). In terms of the outcomes domain, only 43.4% of families agreed that their 'child is better able to cope when faced with challenges', and 46.8% of families agreed that their 'child is happier with life.' Within the outcome/functioning domain, family satisfaction related to school (54.5%) had the highest percent of agreement. Families did not report high levels of satisfaction on the social connectedness domain. Only 40% of the families agreed they had more time to do social activities and 41.9% agreed their lives were less stressful since their child has started services (Appendix III).

Almost all families (96%) reported that they had been given a diagnosis for their child. Of these families, 55.5% had children diagnosed with an attention disorder, and almost third of their children were diagnosed with anxiety (37%), bipolar disorder (34.8%), or depression/mood disorder (33.7%) (Appendix III). Most families felt aware of treatment options 87.9%.

Family satisfaction differed by service program type (Appendix II). Families whose children were in Clinic Treatment reported significantly lower levels of satisfaction with a few domains as compared to the statewide average (Appendix II). Families utilizing State

Psychiatric Centers responded significantly more positively (93%) compared to statewide response (86%) regarding social connectedness. (Appendix II).

Youth Results

Results of youth surveys are presented in Appendix II & III. Overall, youth tended to be less satisfied than were families on the satisfaction domains. Youth were satisfied globally (87%), with the appropriateness of services (93%), with cultural sensitivity (96%), with the accessibility of services (95%) and about their participation in services (90%). The majority of youth (89%) reported that they are taking medications, and 86% were satisfied on the domain related to understanding these medications (Appendix II).

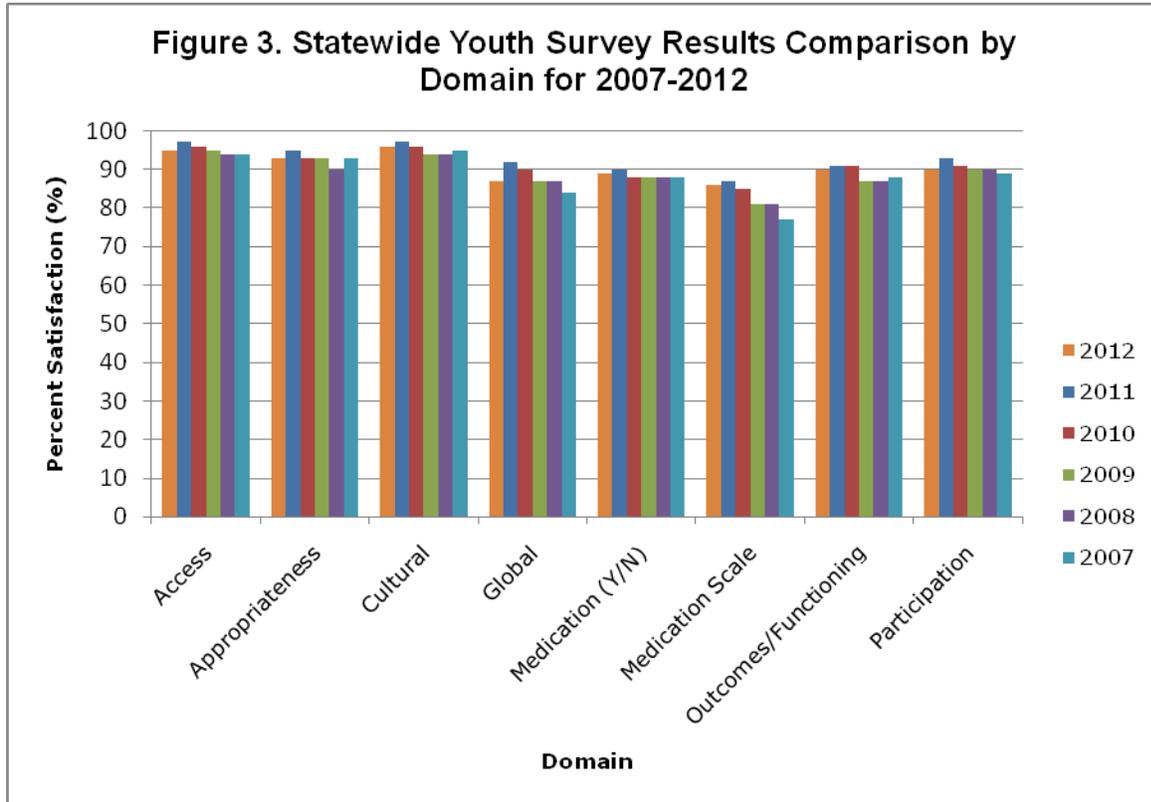
Similar to the family survey results, individual item responses on the youth surveys were more variable than were the domain indicators of satisfaction (Appendix III). In terms of outcomes, only 54.6% of youth agreed that they were happier with their life and 56.4% got along better with their family. In terms of participation in services, only 59.3% of youth agreed that their treatment goals were stated in their own words (Appendix III).

The majority of youth (93.6%) reported that they had been given a diagnosis. The most common diagnosis reported by youth (55.4%) was ADHD/ADD followed by depression/mood disorder (39.3%) (Appendix III). Most youth indicated that they were aware of treatment options 85.4%.

Youth satisfaction also differed by service program type (Appendix II). Youth in State Psychiatric Centers and Residential Treatment Facility reported lower satisfaction with every domain besides medication use compared with statewide.

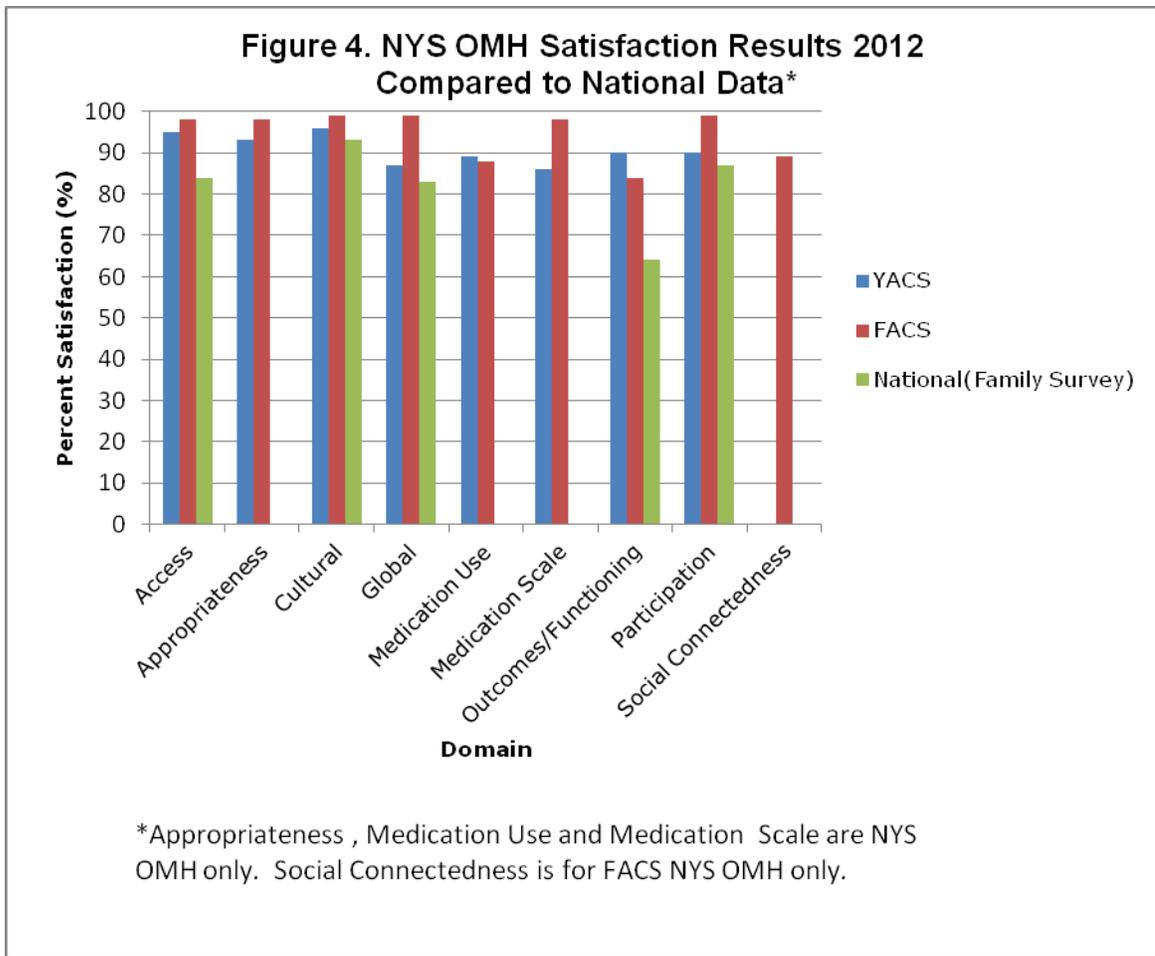
Comparison of 2007, 2008, 2009, 2010, 2011 and 2012 Survey Results

Youth satisfaction on most domains was relatively stable over time with the exceptions of outcomes, global, and medication scale (Figure 3).



Comparison of NYS OMH Survey Results to National Data

The OMH YACS and FACS have substantial overlap and share satisfaction content domains with the national survey counterparts the YSS and YSS-F. Currently, only family results were available for the national data charted below (The Center for Mental Health Services, 2008). Families in NYS reported higher rates of satisfaction on all domains available to compare except outcomes relative to national results (Figure 4).



CONCLUSIONS

The 2012 YACS and FACS surveys provided estimates of youth and family satisfaction with mental health services in New York State. The surveys used at NYS OMH overlap to a great extent with surveys used at the national level. The YACS and FACS were developed with a great deal of provider, family and youth input. By working with providers to implement the surveys we have been able to obtain an extremely high rate of participation from youth and a higher than average survey participation rate from families.

Results from family and youth mental health consumer satisfaction surveys presented as dichotomous indicators of agreement (yes/no) on survey domains such as access, participation, and cultural sensitivity indicators may seem uniformly high. NYS compares favorably to available national satisfaction survey results. Examining individual survey item responses on the

four point scale (agree—disagree) showed more variability and may be useful for providers and State level planners to help differentiate degrees of satisfaction with services.

Reports on the YACS and FACS are distributed to participating agencies individually each year and are also available on the Children, Teens and Families Indicators Portal.

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- SAS Institute, Version 9.1, Copyright (c) 2002-2003 by SAS Institute Inc., Cary, NC, USA.

Appendix I

YACS and FACS Survey Instruments 2012

Youth Assessment of Care Survey



Dear Youth,

This survey was developed by parents and youth, family and youth advocates, service providers, and the New York State Office of Mental Health (NYS OMH) to help us get your input on how services work for you.

- ◆ This survey is *anonymous* - you don't put your name on the paper.
- ◆ This survey is *confidential* - agency staff won't see your completed survey.
- ◆ Please answer the survey questions about the last **6 months** of services your child and family received from this program.
- ◆ The NYS OMH uses the information you provide to help agencies improve services for families and youth in New York State.
- ◆ Please fill out and return the survey in the envelope provided to agency survey coordinator at the NYS OMH YSR 44 Holland Avenue Albany, NY 12229 within the **next two** weeks.

If you have any questions about the survey, please call the family survey coordinator toll free at 1-800-430-3586. Para asistencia en español, favor de llamar al 1-800-430-3586.

Thank You!

Agency Information:

Agency Name and Program:

Youth Assessment of Care Survey (YACS)

Please help our agency improve services by answering some questions about your services during the last 6 months. There are no right or wrong answers and all responses will be kept private.

How long have you received services from the program listed on the front page of this survey?

- Less than 1 month 3-5 months More than 1 year- 3 years
 1-2 months 6 months to 1 year More than 3 years

Are you still getting services from this program? Yes No

Place an in the box that best shows how much you agree with each statement.

	Agree	Agree Slightly	Disagree Slightly	Disagree
1 I got services that were helpful for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I had someone to talk to when I was troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Services helped me make positive changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I felt safe in the places I received services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I could get services when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 It was easy to get to/from services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I was able to get help in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I was included as a partner in planning my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I had a say in the kinds of treatment/services I got.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My treatment goals were in my own words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I have a safety plan that would work for me if I needed one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Overall, I am happy with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Because of these services:

16 I am behaving better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 I am happier with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 I am better able to cope when faced with challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 I have been able to make friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 I get along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20a I am more hopeful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page.

Youth Assessment of Care Survey

- 21** Do you take medication for emotional or behavioral reasons? Yes No (skip to 22)
- If yes.....**
- | | Agree | Agree Slightly | Disagree Slightly | Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 21a My medications were explained to me in a way that I understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21b I know what medication side effects to watch for. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21c I had choices about taking medications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21d My medication has helped me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21e I feel comfortable about taking medication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 22** Have you been given a diagnosis for your emotional/mental health issues? Yes No
- If yes.....**
- 22a (check all that apply)**
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Disruptive (e.g. ODD, CD) | <input type="checkbox"/> Schizophrenia/Psychosis |
| <input type="checkbox"/> Anxiety (e.g., OCD, PTSD) | <input type="checkbox"/> Developmental (e.g., PDD, Autism) | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Attachment/Separation Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Tourettes/Tics |
| | | | <input type="checkbox"/> Other _____ |
- 22b** Have you been informed of therapy options? Yes No
- 23** Do you have access to a peer advocate (a youth with prior mental health experience, who works for a mental health agency)? Yes No Unsure
- 24** Were you arrested since you started receiving services?
 Yes No
- 25** Were/are you on PINS (Person In Need of Supervision) or PINS diversion since starting services?
 Yes No Unsure
- 26** Were you expelled or suspended from school since you started receiving services?
 Yes No No, but was prior to starting services Does not apply
- 27** Since starting to receive services, the number of days you were in school is:
 Greater About the same Less Does not apply

Please tell us a little more about yourself

- 28** Your age group (*check one*):
- | | |
|--|--|
| <input type="checkbox"/> 9-11 years old | <input type="checkbox"/> 15-18 years old |
| <input type="checkbox"/> 12-14 years old | <input type="checkbox"/> 19-21 years old |
- 29** Your gender:
 Female Male
- 30** Are you of Hispanic ethnicity?
 Yes No Unsure
- 31** Your race is (*check as many as needed*):
- | | |
|---|---|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
- 32** Where do you live?
 At Home (with parent/parents)
 At Home (with relatives -e.g., aunt, grandparent)
 Foster Home
 Residential Program
 Other _____

Please continue on the back of the page

Youth Assessment of Care Survey

33 What were the **2 most helpful** services provided by this program?

1) _____

2) _____

34 What **2** things would you change about services provided by this program?

1) _____

2) _____

35 What additional services and/or supports would be helpful to you? (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> School Work | <input type="checkbox"/> Work Readiness | <input type="checkbox"/> After School Programs/Community Activities |
| <input type="checkbox"/> Make Friends | <input type="checkbox"/> Sex Education | <input type="checkbox"/> Anger Management Skills |
| <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Driving/Transportation | <input type="checkbox"/> Self Advocacy/Empowerment |
| <input type="checkbox"/> Health/Hygiene | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> College/Continuing Education |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Money Management | <input type="checkbox"/> Non-medication therapy options |
| <input type="checkbox"/> Service Eligibility (e.g., SSI, Medicaid, HEAP) | <input type="checkbox"/> Natural Supports (e.g., extended family, community) | <input type="checkbox"/> Other _____ |

36 What additional services would be helpful to you or your family? (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Respite | <input type="checkbox"/> Sibling Support | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Advocacy Skills | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Parent Support | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Other _____ |

We would appreciate your feedback on this survey.

37 What did you think of the overall survey? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Length was just right | <input type="checkbox"/> Words were easy to read | <input type="checkbox"/> Questions were things that are important to me |
| <input type="checkbox"/> Hard to fill out | <input type="checkbox"/> Too Short | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Too long | <input type="checkbox"/> Hard to understand | |

38 Did someone help you complete this form?

- Yes No

If yes.....

38a How did that person help you? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wrote down the answers I gave | <input type="checkbox"/> Translated into my language |
| <input type="checkbox"/> Read the questions to me | <input type="checkbox"/> Helped in some other way _____ |

Please return your survey to your program or to:
NYS OMH Youth Services Evaluation Research
44 Holland Ave.
Albany, NY 12229

If you have any questions about the survey call toll free at 1-800-430-3586.

Thank you for filling out this survey!

Family Assessment of Care Survey



Dear Parent/Guardian,

This survey was developed by parents and youth, family and youth advocates, service providers, and the New York State Office of Mental Health (NYS OMH) to help us get your input on how services work for you.

- ◆ This survey is *anonymous* - you don't put your name on the paper.
- ◆ This survey is *confidential* - agency staff won't see your completed survey.
- ◆ Please answer the survey questions about the last **6 months** of services your child and family received from this program.
- ◆ The NYS OMH uses the information you provide to help agencies improve services for families and youth in New York State.
- ◆ Please fill out and return the survey in the envelope provided to agency survey coordinator at the NYS OMH YSR 44 Holland Avenue Albany, NY 12229 within the **next two** weeks.

If you have any questions about the survey, please call the family survey coordinator toll free at 1-800-430-3586. Para asistencia en español, favor de llamar al 1-800-430-3586.

Thank You!

Agency Information:

Agency Name and Program:

Family Assessment of Care Survey (FACS)

Please answer the following questions about the Children's Single Point of Access (SPOA): The SPOA is a process to help ensure that children with serious emotional disturbance have access to appropriate mental health services that best fit their needs

Were you referred to the program listed on the front page of this survey through SPOA? Yes No **Unsure**

If yes.....

- Did SPOA make it easier to access services? Yes No
- Through SPOA, I was directly involved with determining what services my child received. Yes No
- My child's and family's strengths were recognized during the SPOA process. Yes No

How long has your child received services from the program listed on the front page of this survey? **(check one):**

- Less than 1 month 3-5 months More than 1 year- 3 years
- 1-2 months 6 months to 1 year More than 3 years

Is your child still getting services from this program? Yes No

	Agree	Agree Slightly	Disagree Slightly	Disagree
1 The services my child and/or family received were helpful for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My child had someone to talk to when he/she was troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Services helped my family make positive changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Staff was sensitive to our cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 My child could get services when he/she needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 The location of services was convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 My child was able to get help in a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I was included as a partner in planning my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 There was a way for me to be involved in my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I had a say in the kinds of treatment and services my child received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 My child and I have a safety plan that would work for us if we needed one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 My out-of-pocket expenses for services are affordable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 My child's treatment was comprehensive. (Included school, home, therapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 My child's services were coordinated. (Providers were on the same page.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Overall, I am satisfied with the services my child received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How have things changed for your child and family?				
18 My child is behaving better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 My child is happier with his/her life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 My child is better able to cope when faced with challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 My child has been able to make friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 We get along better as a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How have things changed for you?				
23 I have more time to do social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 In a crisis, I have someone who would help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 I have the support I need from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 My life is less stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 My relationship with my child is better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page

Family Assessment of Care Survey

28 Does your child take medication for emotional or behavioral reasons?

Yes No (skip to 29)

If yes.....

Agree	Agree Slightly	Disagree Slightly	Disagree
-------	----------------	-------------------	----------

28a I understand what my child's medications are for.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28b I know what medication side effects to watch for in my child.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28c My child and I had choices about taking medications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28d Medication has helped my child.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28e My child feels comfortable about taking medication.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

29 Have you been given a diagnosis for your child's emotional/mental health issues?

Yes No

If Yes.....

29a (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Disruptive (e.g., ODD, CD) | <input type="checkbox"/> Schizophrenia/Psychosis |
| <input type="checkbox"/> Anxiety (e.g., OCD, PTSD) | <input type="checkbox"/> Developmental (e.g., PDD, Autism) | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Attachment/ Separation Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Tourettes/Tics |
| | | | <input type="checkbox"/> Other _____ |

29b Have you been informed of therapy options?

Yes No

30 Do you have access to a family advocate?

Yes No Unsure

31 Was your child arrested since starting to get services from this program?

Yes No

32 Was your child on PINS (Person In Need of Supervision) or PINS diversion since starting services?

Yes No Unsure Does not apply

33 Was your child expelled or suspended from school since starting to receive services from this program?

Yes No No, but was prior to starting services Does not apply

34 Since starting to receive services from this program, the number of days your child was in school is:

Greater About the same Less Does not apply

Please tell us a little more about your child (who is receiving services) and family:

35 Your child's age (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> 4 years old or under | <input type="checkbox"/> 9-11 years old | <input type="checkbox"/> 15-18 years old |
| <input type="checkbox"/> 5-8 years old | <input type="checkbox"/> 12-14 years old | <input type="checkbox"/> 19-21 years old |

36 Your child's gender:

Female Male

37 Is your child of Hispanic ethnicity?

Yes No Unsure

38 Your child's race is (check as many as needed):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |

39 What is your relationship to this child?

Parent/Parents Foster Parent
 Relative (e.g., aunt, grandparent) Other _____

40 Where does your child live?

At Home (with parent/parents) Foster Home Other _____
 At Home (with relatives -e.g., aunt, grandparent) Residential Program

41 What is your family's **county** of residence? (e.g. Ulster) _____

Please continue to the back of the page

Family Assessment of Care Survey

42 What were the 2 most helpful services provided by this program?

1) _____

2) _____

43 What 2 things would you change about services provided by this program?

1) _____

2) _____

44 What additional services and/or supports would be helpful to your child? (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> School Work | <input type="checkbox"/> Work Readiness | <input type="checkbox"/> After School Programs/Community Activities |
| <input type="checkbox"/> Make Friends | <input type="checkbox"/> Sex Education | <input type="checkbox"/> Anger Management Skills |
| <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Driving/Transportation | <input type="checkbox"/> Self Advocacy/Empowerment |
| <input type="checkbox"/> Health/Hygiene | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> College/Continuing Education |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Money Management | <input type="checkbox"/> Non-medication therapy options |
| <input type="checkbox"/> Service Eligibility
(e.g., SSI, Medicaid,
HEAP) | <input type="checkbox"/> Natural Supports (e.g.,
extended family,
community) | <input type="checkbox"/> Other _____ |

45 What additional services would be helpful to you or your family? (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Respite | <input type="checkbox"/> Sibling Support | <input type="checkbox"/> Transition Planning |
| <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Advocacy Skills | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Parent Support | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Other _____ |

We would appreciate your feedback on this survey.

46 What did you think of the overall survey? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Length was just right | <input type="checkbox"/> Words were easy to read | <input type="checkbox"/> Questions were things that are important to me |
| <input type="checkbox"/> Hard to fill out | <input type="checkbox"/> Too Short | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Too long | <input type="checkbox"/> Hard to understand | |

47 Did someone help you complete this form?

If Yes.....

- Yes No

47a How did that person help you? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wrote down the answers I gave | <input type="checkbox"/> Translated into my language |
| <input type="checkbox"/> Read the questions to me | <input type="checkbox"/> Helped in some other way _____ |

Please return your survey to your program or to:
NYS OMH Youth Services Evaluation Research
44 Holland Ave.
Albany, NY 12229

If you have any questions about the survey you can call toll free at 1-800-430-3586.
Para asistencia en español, favor de llamar al 1-800-430-3586.

Thank you for taking this survey!

Family Assessment of Care Survey



Estimado padre/tutor,

El Departamento de Salud Mental de Estado de Nueva York (NYS OMH por sus siglas en inglés) preparó esta encuesta con contribuciones de padres y jóvenes, de aquellos que abogan por la familia y la juventud y de agencias.

- ◆ Esta encuesta es *anónima*, no tiene que poner su nombre en el papel.
- ◆ Esta encuesta es *confidencial* – los empleados de la agencia no verán la encuesta completada por usted.
- ◆ Sírvase contestar las preguntas de la encuesta sobre los últimos **6 meses** de servicios que usted y su hijo han recibido de este programa.
- ◆ El NYS OMH usa la información proporcionada por usted para ayudar a que las agencias mejoren los servicios para familias y jóvenes en el Estado de Nueva York.
- ◆ Por favor, tome su tiempo para llenar la encuesta y devolverla en el sobre con la dirección y franqueo que adjuntamos a la NYS OMH YSR 44 Holland Avenue Albany, NY 12229 dentro de las **próximas dos** semanas.

Si tiene alguna pregunta sobre la encuesta, llame gratis al coordinador de servicios de familia al 1-800-430-3586. Para ayuda en español, favor de llamar al 1-800-430-3586. Para recibir la encuesta en español, llame al 1-800-430-3586.

¡Muchas gracias!

Agency Information:

Agency Name and Program:

Encuesta para la evaluación de servicios a la familia (FACS- siglas en inglés)

Sírvase contestar las preguntas siguientes sobre el Punto Único de Acceso para Niños (SPOA-Children's Single Point of Access):

El SPOA es un proceso creado para ayudar a asegurar que los niños que tienen trastornos emotivos graves tengan acceso a los servicios de salud mental adecuados que mejor se adapten a sus necesidades.

¿Le refirieron a este programa listed on the front page of this survey desde SPOA? **Sí** **No** No sé

Si la respuesta afirmativa.....

El SPOA, ¿hizo que le fuera más fácil tener acceso a los servicios? Sí No

Participé directamente en la determinación de los servicios que mi hijo recibió por medio de SPOA. Sí No

Durante el proceso de SPOA se reconocieron los puntos fuertes de mi hijo y de mi familia. Sí No

¿Cuánto tiempo hace que su hijo recibe servicios de este programa enumerado en la primera página de la encuesta? (marque uno) :

- Menos de 1 mes 3-5 meses Más de 1 año- 3 años
 1-2 meses 6 meses a 1 año Más de 3 años

¿Todavía está su hijo recibiendo servicios de este programa? Sí No

	De acuerdo	Un poco de acuerdo	Un poco en desacuerdo	No estoy de acuerdo
1 Los servicios que mi hijo y/o familia han recibido han sido de ayuda para nosotros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Mi hijo tenía alguien con quien hablar cuando estaba atribulado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Los servicios ayudaron a que mi familia hiciera cambios positivos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Los empleados me trataban con respeto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Los empleados eran considerados con nuestros antecedentes culturales/étnicos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Los empleados me hablaban de una manera que yo entendía.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Mi hijo podía obtener servicios cuando los necesitaba.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 El lugar donde prestaban servicios era conveniente para nosotros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Mi hijo podía obtener ayuda cuando tenía una crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Me incluyeron como participante en la planificación de los servicios de mi hijo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Existía una manera en que yo podía participar de los servicios de mi hijo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Yo podía dar mi opinión sobre el tipo de tratamiento y servicios recibidos por mi hijo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Mi hijo y yo teníamos un plan de seguridad que nos funcionaría si alguna vez lo llegáramos a necesitar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Los gastos que tengo que pagar de mi propio bolsillo están a mi alcance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 El tratamiento de mi hijo era global (incluía la escuela, hogar, terapia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Los servicios de mi hijo estaban coordinados (Los proveedores estaban de acuerdo en todo.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 En general, me siento satisfecho/a con los servicios que mi hijo recibió.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Cómo han cambiado las cosas para su hijo y su familia?

18 Mi hijo se porta mejor en la escuela.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Mi hijo se siente más contento con su vida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Mi hijo puede encarar mejor los desafíos que se le presentan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 A mi hijo le ha sido posible hacer amigos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Nos llevamos mejor como familia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¿Cómo le han cambiado las cosas a usted?

23 Tengo más tiempo para actividades sociales.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 En una crisis, tengo a alguien que ayudaría.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Cuento con el apoyo que necesito de otros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Mi vida es menos estresante.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 La relación con mi hijo es mejor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encuesta para la evaluación de servicios a la familia (FACS- siglas en inglés)

28 ¿Toma medicamentos su hijo por razones emocionales o del comportamiento? Sí No (continúe al 29)

De acuerdo Un poco de acuerdo Un poco en desacuerdo No estoy de acuerdo

Si la respuesta es afirmativa.....

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 28a Entiendo para qué son los medicamentos de mi hijo. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28b Sé los efectos secundarios del medicamento que tengo que vigilar en mi hijo. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28c Mi hijo y yo podíamos tomar decisiones sobre tomar medicamentos. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28d Los medicamentos han ayudado a mi hijo. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28e Mi hijo se siente bien con la idea de tomar medicamentos. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29 ¿Alguna vez le han dicho el diagnóstico de los problemas emocionales/de salud mental de su hijo? Sí No

Si la respuesta es afirmativa

29a (marque todos los que correspondan)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Desafiante (por ejemplo, ODD, CD) | <input type="checkbox"/> Esquizofrenia/Psicosis |
| <input type="checkbox"/> Ansiedad (por ejemplo, trastorno obsesivo-compulsivo, PTSD) | <input type="checkbox"/> Del desarrollo (por ejemplo., PDD, autismo) | <input type="checkbox"/> Discapacidad de aprendizaje | <input type="checkbox"/> Uso de sustancias |
| <input type="checkbox"/> Ansiedad de apego/ separación | <input type="checkbox"/> Depresión | <input type="checkbox"/> Retraso mental | <input type="checkbox"/> Tourettes/Tics |
| | | | <input type="checkbox"/> Otro _____ |

29b ¿Le han informado sobre las opciones de terapia? Sí No

30 ¿Tiene acceso a alguien que abogue por su familia?
 Sí No No sé

31 ¿Han arrestado a su hijo desde que empezó a recibir servicios en este programa?
 Sí No

32 ¿Se incluyó a su hijo en el programa PINS (sigla en inglés de "persona que necesita supervisión") o fue derivado a través del mismo desde que se iniciaron los servicios?
 Sí No No sé No corresponde

33 ¿Han expulsado o suspendido a su hijo de la escuela desde que empezó a recibir servicios en este programa?
 Sí No No, pero antes de empezar los servicios No corresponde

34 Desde que empezó a recibir servicios en este programa, la cantidad de días que su hijo ha estado en la escuela es:
 Más cantidad Por el estilo Menos No corresponde

Digamos un poco más sobre su hijo (él/la que recibe los servicios) y/o familia:

35 La edad de su hijo (marque uno):
 4 años de edad o menos 9-11 años de edad 15-18 años de edad
 5-8 años de edad 12-14 años de edad 19-21 años de edad

36 El sexo de su hijo:
 Femenino Masculino

37 ¿Es su hijo de ascendencia hispana?
 Sí No No sé

38 La raza de su hijo es (marque todas las necesarias):
 Indio americano/nativo de Alaska Nativo de Hawai/de las Islas del Pacífico
 Asiático Blanco/caucásico
 Negro/Afro Americano Otra _____

39 ¿Cuál es su parentesco con este niño?
 Padre/madre Padre de crianza
 Pariente (por ejemplo, tía, abuelo) Otro _____

40 ¿Dónde vive su hijo?
 En casa (con un padre o con los padres) En hogar de crianza (foster home) Otro _____
 En casa (con parientes -por ejemplo, tía, abuelo) En un programa residencial

41 ¿En qué condado vive su familia? (eg Ulster) _____

Encuesta para la evaluación de servicios a la familia

42 ¿Cuáles fueron los 2 servicios proporcionados por este programa que le ayudaron más?

1) _____

2) _____

43 ¿Qué 2 cosas cambiaría de los servicios proporcionados por este programa?

1) _____

2) _____

44 ¿Qué servicios adicionales y/o apoyo serían de ayuda para su hijo (Marque todos los que correspondan):

- | | | |
|---|--|---|
| <input type="checkbox"/> Trabajo escolar | <input type="checkbox"/> Preparación para el trabajo | <input type="checkbox"/> Programas después de la escuela/Actividades comunitarias |
| <input type="checkbox"/> Hacer amigos | <input type="checkbox"/> Educación sexual | <input type="checkbox"/> Destrezas para manejar la ira |
| <input type="checkbox"/> Alimentos/Nutrición | <input type="checkbox"/> Manejar/Transportación | <input type="checkbox"/> Auto defensa/Potenciación |
| <input type="checkbox"/> Salud/Higiene | <input type="checkbox"/> Formación en el liderazgo | <input type="checkbox"/> Universidad/Educación continua |
| <input type="checkbox"/> Recreación | <input type="checkbox"/> Administración del dinero | <input type="checkbox"/> Opciones de tratamiento que no incluyan medicamentos |
| <input type="checkbox"/> Derecho a servicios (por ejemplo, SSI, Medicaid, HEAP) | <input type="checkbox"/> Apoyo natural (por ejemplo, el resto de la familia, la comunidad) | <input type="checkbox"/> Otro _____ |

45 ¿Qué servicios adicionales serían de ayuda para usted y su familia? (Marque todos los que correspondan):

- | | | |
|--|---|---|
| <input type="checkbox"/> Descanso | <input type="checkbox"/> Apoyo a hermanos | <input type="checkbox"/> Planificación para la transición |
| <input type="checkbox"/> Técnicas de crianza | <input type="checkbox"/> Técnicas de abogacía | <input type="checkbox"/> Educación y capacitación |
| <input type="checkbox"/> Apoyo a los padres | <input type="checkbox"/> Consejería familiar | <input type="checkbox"/> Otro _____ |

Aprenderíamos que nos diera su opinión sobre esta encuesta.

46 ¿Qué pensó de la encuesta en general? (Marque todos los que corresponden)

- | | | |
|--|--|--|
| <input type="checkbox"/> Tiene el largo perfecto | <input type="checkbox"/> Las palabras fueron fáciles de leer | <input type="checkbox"/> Las preguntas fueron cosas que son importantes para mí. |
| <input type="checkbox"/> Difícil de llenar | <input type="checkbox"/> Muy corta | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Muy larga | <input type="checkbox"/> Difícil de entender | |

47 ¿Le ayudó alguien a completar este formulario?

- Sí No

Si la respuesta es afirmativa.....

47a ¿Cómo le ayudó esa persona? (Marque todas las que correspondan.)

- | | |
|---|---|
| <input type="checkbox"/> Anotó las respuestas que yo le daba. | <input type="checkbox"/> Me lo tradujo a mi idioma |
| <input type="checkbox"/> Me leyó las preguntas | <input type="checkbox"/> Ayudó de alguna otra forma _____ |

Sírvase devolver su encuesta en el sobre adjunto con franqueo pagado a:

NYS OMH Youth Services Evaluation Research

44 Holland Ave.

Albany, NY 12229

Si tiene alguna pregunta sobre la encuesta, puede llamar gratis al 1-800-430-3586.

Para ayuda en español, favor de llamar al 1-800-430-3586.

¡Muchas gracias por completar esta encuesta!

Appendix II

YACS and FACS Response Rate 2012

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Family Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
1 - Statewide	Statewide	2808	1231	43.8
2 - Program Type	Children & Youth Community Res	79	26	32.9
	Clinic Treatment	462	97	21.0
	Day Treatment	489	157	32.1
	HCBS Waiver Individualized Car	1282	730	56.9
	Kids ACT	88	70	79.5
	Residential Treatment Facility	270	84	31.1
	State Psychiatric Center Inpat	138	67	48.6
3 - County	Albany	108	68	63.0
	Allegany	6	6	100.0
	Bronx	188	35	18.6
	Broome	47	23	48.9
	Cattaraugus	107	2	1.9
	Cayuga	43	13	30.2
	Chautauqua	4	3	75.0
	Chemung	6	6	100.0
	Chenango	23	8	34.8
	Clinton	12	12	100.0
	Columbia	14	14	100.0
	Cortland	5	1	20.0
	Delaware	11	10	90.9
	Dutchess	44	25	56.8
	Erie	242	78	32.2
	Essex	12	8	66.7
	Franklin	50	12	24.0
	Fulton	6	0	0.0
	Genesee	6	2	33.3
	Greene	6	4	66.7
	Hamilton	2	1	50.0
	Herkimer	4	3	75.0
	Jefferson	37	14	37.8
	Kings	177	96	54.2

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Family Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Lewis	6	0	0.0
	Livingston	4	4	100.0
	Madison	6	3	50.0
	Monroe	109	61	56.0
	Montgomery	4	1	25.0
	Nassau	126	80	63.5
	New York	183	23	12.6
	Niagara	11	10	90.9
	Oneida	91	70	76.9
	Onondaga	124	35	28.2
	Ontario	40	14	35.0
	Orange	23	5	21.7
	Orleans	5	5	100.0
	Oswego	6	2	33.3
	Otsego	7	7	100.0
	Putnam	28	21	75.0
	Queens	149	87	58.4
	Rensselaer	21	10	47.6
	Richmond	53	44	83.0
	Rockland	50	25	50.0
	Saratoga	12	5	41.7
	Schenectady	12	6	50.0
	Schoharie	5	5	100.0
	Schuyler	5	3	60.0
	Seneca	5	3	60.0
	St. Lawrence	18	8	44.4
	Steuben	17	9	52.9
	Suffolk	211	154	73.0
	Sullivan	10	10	100.0
	Tioga	6	4	66.7
	Tompkins	6	2	33.3
	Ulster	116	17	14.7

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Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Warren	5	3	60.0
	Washington	5	5	100.0
	Wayne	17	13	76.5
	Westchester	143	31	21.7
	Wyoming	3	2	66.7
	Yates	6	0	0.0
4 - Region	Central New York	514	231	44.9
	Hudson River	602	254	42.2
	Long Island	337	234	69.4
	New York City	750	285	38.0
	Western New York	605	227	37.5

***NYSOMH Family Assessment of Care Survey Results 2012
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ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
<i>Children & Youth Community Res</i>	<i>Catholic Charities of Broome C</i>	<i>Boys of Courage</i>	<i>Broome</i>	8	0	0.0
	Citizen Advocates, Inc. dba No	Adirondack Youth Lodge	Franklin	8	6	75.0
	<i>Jewish Board of Family & Child</i>	<i>JBFCs Henry Ittleson Community</i>	<i>Bronx</i>	7	0	0.0
	MercyFirst	Merrick House	Nassau	5	1	20.0
	North Country Transitional Liv	Washington Street Community Re	Jefferson	6	6	100.0
	<i>Parsons Child and Family Cente</i>	<i>Miriam House</i>	<i>Albany</i>	8	0	0.0
	<i>Pathways, Inc.</i>	<i>Conable House</i>	<i>Steuben</i>	5	0	0.0
		Lake Breeze Community Residenc	Ontario	5	1	20.0
	Pederson-Krag Center, Inc.	Pederson-Krag House	Suffolk	6	4	66.7
	SCO Family of Services	'I Can' Community Residence	Queens	5	2	40.0
	St. Joseph's Villa of Rocheste	Tuckahoe Road Children's Commu	Wayne	8	6	75.0
	<i>St. Vincent's Services, Inc.</i>	<i>Springfield Gardens Community</i>	<i>Queens</i>	8	0	0.0
<i>Children & Youth Community Res</i>		<i>Total</i>		79	26	32.9
Clinic Treatment	ARISE Child and Family Service	Arise Child & Family Service O	Onondaga	82	20	24.4
	Brooklyn Children's Psychiatri	Brooklyn Children's Behavioral	Kings	20	13	65.0
	<i>Cattaraugus County Community S</i>	<i>Cattaraugus County Counseling</i>	<i>Cattaraugus</i>	100	0	0.0
	<i>MH Servs-Erie Co SE Corp V dba</i>	<i>South Buffalo Counseling Cente</i>	<i>Erie</i>	90	0	0.0
	<i>Mount Sinai Medical Center</i>	<i>Child and Family Outpatient Cl</i>	<i>New York</i>	24	0	0.0
	Ohel Children's Home & Family	Ohel - Tikvah Clinic	Kings	40	8	20.0

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ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Parsons Child and Family Cente	Child and Family Guidance Clin	Albany	70	50	71.4
	Putnam Family and Community Se	Putnam Community Mental Health	Putnam	6	6	100.0
	<i>St. Regis Mohawk Education & C</i>	<i>St. Regis Mohawk Mental Health</i>	<i>Franklin</i>	<i>30</i>	<i>0</i>	<i>0.0</i>
<i>Clinic Treatment</i>		<i>Total</i>		<i>462</i>	<i>97</i>	<i>21.0</i>
Day Treatment	Brooklyn Children's Psychiatri	Brooklyn Children's Day Treatm	Kings	16	16	100.0
	Elmira Psychiatric Center	Wayne Finger Lakes Day Treatme	Ontario	22	3	13.6
	Greater Binghamton Health Cent	Adolescent Day Treatment Progr	Broome	16	8	50.0
	Queens Children's Psychiatric	QCPC Intensive Day Treatment P	Queens	11	6	54.5
		<i>Queens Children's PC Iris Hill</i>	<i>Queens</i>	<i>24</i>	<i>0</i>	<i>0.0</i>
	Rockland Children's Psychiatri	Dutchess Intensive Day Treatme	Dutchess	7	4	57.1
		Orange Day Treatment Program	Orange	7	1	14.3
		Rockland Intensive Day Treatme	Rockland	6	5	83.3
		<i>Southern Westchester Day Treat</i>	<i>Westchester</i>	<i>14</i>	<i>0</i>	<i>0.0</i>
		Sullivan Day Treatment	Sullivan	2	2	100.0
		<i>Ulster County Day Treatment Pr</i>	<i>Ulster</i>	<i>90</i>	<i>0</i>	<i>0.0</i>
		<i>Yonkers Day Treatment Program</i>	<i>Westchester</i>	<i>86</i>	<i>0</i>	<i>0.0</i>
	Sagamore Children's Psychiatri	Bellport Day Treatment	Suffolk	31	11	35.5
		SCPC Western Suffolk Day Treat	Suffolk	42	28	66.7
		Sayville Day Treatment Program	Suffolk	22	16	72.7
		Wantagh Day Treatment Program	Nassau	29	27	93.1

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ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	South Beach Psychiatric Center	South Beach Adolescent Day Tre	Richmond	23	20	87.0
	St. Lawrence Psychiatric Cente	Jefferson/Lewis Collaborative	Jefferson	14	2	14.3
	Western New York Children's Ps	WNYCPC Day Treatment Center	Erie	27	8	29.6
<i>Day Treatment</i>		<i>Total</i>		489	157	32.1
HCBS Waiver Individualized Car	Astor Services for Children &	Astor HCBS - ICC	Dutchess	17	12	70.6
	Behavioral Health Services Nor	Behav Health HCBS - ICC	Clinton	12	12	100.0
	Catholic Charities of Broome C	C.C. Broome HCBS - ICC	Broome	23	15	65.2
	Cattaraugus Rehabilitation Cen	Rehab Ctr HCBS - ICC	Allegany	6	6	100.0
		Rehab Ctr HCBS - ICC	Cattaraugus	7	2	28.6
		Rehab Ctr HCBS - ICC	Chautauqua	4	3	75.0
	Child and Family Services of E	Child & Family HCBS - ICC	Erie	19	18	94.7
	Citizen Advocates, Inc. dba No	Citizens Advocate HCBS - ICC	Franklin	12	6	50.0
	Families First of Essex County	Families First HCBS - ICC	Essex	12	8	66.7
	Family and Children's Associat	Family & Children HCBS - ICC	Nassau	80	51	63.8
	Green Chimneys Children & Serv	Green Chimneys HCBS Waiver Ind	Putnam	10	9	90.0
	Hillside Children's Center	Hillside HCBS - ICC -CENTRAL	Cayuga	10	4	40.0
		Hillside HCBS - ICC -CENTRAL	Cortland	5	1	20.0
		Hillside HCBS - ICC -CENTRAL	Madison	6	3	50.0
		Hillside HCBS - ICC -CENTRAL	Onondaga	24	4	16.7
		Hillside HCBS - ICC -CENTRAL	Oswego	6	2	33.3

***NYSOMH Family Assessment of Care Survey Results 2012
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ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
		Hillside-Monroe HCBS - ICC	Monroe	35	29	82.9
		Hillside-Monroe HCBS - ICC	Wayne	9	7	77.8
		Hillside-NIGLO HCBS - ICC	Genesee	6	2	33.3
		Hillside-NIGLO HCBS - ICC	Livingston	4	4	100.0
		Hillside-NIGLO HCBS - ICC	Niagara	11	10	90.9
		Hillside-NIGLO HCBS - ICC	Orleans	5	5	100.0
		Hillside-NIGLO HCBS - ICC	Wyoming	3	2	66.7
	Jewish Board of Family & Child	JBFCS-Home & Community-Based S	Richmond	30	24	80.0
	Jewish Child Care Association	Jewish Child Care Assoc HCBS -	Kings	59	47	79.7
	Liberty Resources, Inc.	Children's HCBS Waiver Program	Onondaga	18	11	61.1
	Mental Health Association in U	MHA Ulster HCBS - ICC	Chenango	5	4	80.0
		MHA Ulster HCBS - ICC	Delaware	11	10	90.9
		MHA Ulster HCBS - ICC	Otsego	7	7	100.0
		MHA Ulster HCBS - ICC	Sullivan	8	8	100.0
		MHA Ulster HCBS - ICC	Ulster	16	14	87.5
	Mental Health Association of W	MHA Westchester HCBS - ICC	Westchester	20	11	55.0
	Mid-Erie Counseling and Treatm	Mid-Erie Counseling HCBS - ICC	Erie	21	21	100.0
	North Country Transitional Liv	North Country TLS HCBS - ICC	Jefferson	17	6	35.3
		<i>North Country TLS HCBS - ICC</i>	<i>Lewis</i>	<i>6</i>	<i>0</i>	<i>0.0</i>
		North Country TLS HCBS - ICC	St. Lawrence	18	8	44.4
	Occupations, Inc.	Occupations, Inc. HCBS - ICC	Orange	16	4	25.0
	Parsons Child and Family Cente	Parson's - HCBW Services	Ulster	10	3	30.0
		Parson's HCBS - ICC	Albany	12	12	100.0
		Parson's HCBS - ICC	Columbia	14	14	100.0
		<i>Parson's HCBS - ICC</i>	<i>Fulton</i>	<i>6</i>	<i>0</i>	<i>0.0</i>
		Parson's HCBS - ICC	Greene	6	4	66.7
		Parson's HCBS - ICC	Hamilton	2	1	50.0

***NYSOMH Family Assessment of Care Survey Results 2012
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ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
		Parson's HCBS - ICC	Herkimer	4	3	75.0
		Parson's HCBS - ICC	Montgomery	4	1	25.0
		Parson's HCBS - ICC	Rensselaer	21	10	47.6
		Parson's HCBS - ICC	Saratoga	12	5	41.7
		Parson's HCBS - ICC	Schenectady	12	6	50.0
		Parson's HCBS - ICC	Schoharie	5	5	100.0
		Parson's HCBS - ICC	Warren	5	3	60.0
		Parson's HCBS - ICC	Washington	5	5	100.0
	Pathways, Inc.	Pathways, Inc. HCBS - ICC	Chemung	6	6	100.0
		Pathways, Inc. HCBS - ICC	Ontario	13	10	76.9
		Pathways, Inc. HCBS - ICC	Schuyler	5	3	60.0
		Pathways, Inc. HCBS - ICC	Seneca	5	3	60.0
		Pathways, Inc. HCBS - ICC	Steuben	12	9	75.0
		Pathways, Inc. HCBS - ICC	Tioga	6	4	66.7
		Pathways, Inc. HCBS - ICC	Tompkins	6	2	33.3
		<i>Pathways, Inc. HCBS - ICC</i>	<i>Yates</i>	<i>6</i>	<i>0</i>	<i>0.0</i>
	Pederson-Krag Center, Inc.	Pederson-Krag HCBS - ICC	Suffolk	68	67	98.5
	SCO Family of Services	SCO- HCBS-ICC	Kings	42	12	28.6
	St. Dominic's Home	St. Dominic's HCBS - ICC	Bronx	125	19	15.2
		St. Dominic's HCBS - ICC	Rockland	24	7	29.2
	St. Joseph's Villa of Rocheste	HCBS Waiver Individualized Car	Monroe	18	12	66.7
	St. Luke's-Roosevelt Hospital	St. Lukes-Roosevelt HCBS - ICC	New York	132	19	14.4
	Steinway Child and Family Serv	Steinway HCBS - ICC	Queens	66	54	81.8
	The Child Center of NY, Inc.	HCBS Waiver Individualized Car	Queens	35	25	71.4
	Westchester Jewish Community S	WJCS HCBS - ICC	Westchester	17	16	94.1
<i>HCBS Waiver Individualized Car</i>		<i>Total</i>		<i>1282</i>	<i>730</i>	<i>56.9</i>

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Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
Kids ACT	Kids Oneida, Inc.	Kids Oneida ACT Team	Oneida	88	70	79.5
<i>Kids ACT</i>		<i>Total</i>		88	70	79.5
Residential Treatment Facility	Astor Services for Children &	Astor Home for Children	Dutchess	20	9	45.0
	August Aichhorn Ctr./Adoles. R	August Aichhorn Center	New York	27	4	14.8
	Baker Hall, Inc. dba Baker Vic	Baker Victory Services Residen	Erie	40	17	42.5
	Children's Home RTF, Inc./dba	Children's Home RTF/dba Stillw	Chenango	18	4	22.2
	Green Chimneys Children & Serv	David Hall RTF	Putnam	12	6	50.0
	Hillside Children's Center	Hillside Children's Center RTF	Monroe	42	8	19.0
		Hillside Finger Lakes Campus,	Cayuga	33	9	27.3
	Jewish Board of Family & Child	Henry Ittleson Center RTF	Bronx	28	4	14.3
	MercyFirst	McKeown House RTF	Nassau	12	1	8.3
	Parsons Child and Family Cente	Parsons Child & Family Center	Albany	18	6	33.3
	St. Joseph's Villa of Rocheste	St. Joseph's Villa RTF	Monroe	14	12	85.7
	The Children's Village, Inc.	The Children's Village	Westchester	6	4	66.7
<i>Residential Treatment Facility</i>		<i>Total</i>		270	84	31.1
State Psychiatric Center Inpat	Bronx Children's Psychiatric C	Bronx Children's Psychiatric C	Bronx	28	12	42.9
	<i>Mohawk Valley Psychiatric Cent</i>	<i>Mohawk Valley Psychiatric Cent</i>	<i>Oneida</i>	3	0	0.0
	Rockland Children's Psychiatri	Rockland Children's Psychiatri	Rockland	20	13	65.0
	Sagamore Children's Psychiatri	Sagamore Children's Psychiatri	Suffolk	42	28	66.7

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Western New York Children's Ps	Western New York Children's Ps	Erie	45	14	31.1
<i>State Psychiatric Center Inpat</i>		<i>Total</i>		<i>138</i>	<i>67</i>	<i>48.6</i>
		<i>Grand Total</i>		<i>2808</i>	<i>1231</i>	<i>43.8</i>

NYSOMH Family Assessment of Care Survey Results 2012

Statewide Summary Report

Family Survey Results by Domain and Program Type

Program Type	Domain	N¹	N Positive²	% Positive	95% CI Significance³	Statewide Rate
STATEWIDE	Access(Q7-Q9)	1227	1199	98	N/A	98.0
	Appropriateness (Q1-Q3)	1226	1202	98	N/A	98.0
	Cultural (Q4-Q6)	1227	1217	99	N/A	99.0
	Global(Q14-Q17)	1223	1206	99	N/A	99.0
	Medication (Y/N) (Q28)	1231	1088	88	N/A	88.0
	Medication Scale (Q28a-Q28e) ⁴	1078	1052	98	N/A	98.0
	Outcomes/Functioning (Q18-Q22)	1215	1020	84	N/A	84.0
	Participation (Q10-Q13)	1226	1217	99	N/A	99.0
	Social Connectedness (Q23-Q27)	1214	1083	89	N/A	89.0
Children & Youth Community Res	Access(Q7-Q9)	26	25	96	-	98.0
	Appropriateness (Q1-Q3)	26	26	100	+	98.0
	Cultural (Q4-Q6)	26	26	100	+	99.0
	Global(Q14-Q17)	26	26	100	+	99.0
	Medication (Y/N) (Q28)	26	24	92	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	24	24	100	+	98.0
	Outcomes/Functioning (Q18-Q22)	26	21	81	-	84.0
	Participation (Q10-Q13)	26	26	100	+	99.0
	Social Connectedness (Q23-Q27)	26	23	88	NS	89.0
Clinic Treatment	Access(Q7-Q9)	95	92	97	-	98.0
	Appropriateness (Q1-Q3)	94	92	98	NS	98.0
	Cultural (Q4-Q6)	95	95	100	+	99.0
	Global(Q14-Q17)	95	93	98	-	99.0
	Medication (Y/N) (Q28)	97	59	61	-	88.0
	Medication Scale (Q28a-Q28e) ⁴	59	56	95	-	98.0
	Outcomes/Functioning (Q18-Q22)	94	82	87	+	84.0
	Participation (Q10-Q13)	95	95	100	+	99.0

¹ Agency N = Number of response; N varies because of missing data

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

³ 95% Confidence Interval compares program type % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

N/A = Not Applicable

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

NYSOMH Family Assessment of Care Survey Results 2012

Statewide Summary Report

Family Survey Results by Domain and Program Type

Program Type	Domain	N¹	N Positive²	% Positive	95% CI Significance³	Statewide Rate
	Social Connectedness (Q23-Q27)	94	83	88	NS	89.0
Day Treatment	Access(Q7-Q9)	157	154	98	NS	98.0
	Appropriateness (Q1-Q3)	157	154	98	NS	98.0
	Cultural (Q4-Q6)	157	154	98	-	99.0
	Global(Q14-Q17)	154	152	99	NS	99.0
	Medication (Y/N) (Q28)	157	144	92	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	143	142	99	+	98.0
	Outcomes/Functioning (Q18-Q22)	156	138	88	+	84.0
	Participation (Q10-Q13)	156	155	99	NS	99.0
	Social Connectedness (Q23-Q27)	156	142	91	+	89.0
HCBS Waiver Individualized Car	Access(Q7-Q9)	729	712	98	NS	98.0
	Appropriateness (Q1-Q3)	729	716	98	NS	98.0
	Cultural (Q4-Q6)	729	725	99	NS	99.0
	Global(Q14-Q17)	728	718	99	NS	99.0
	Medication (Y/N) (Q28)	730	651	89	NS	88.0
	Medication Scale (Q28a-Q28e) ⁴	646	628	97	NS	98.0
	Outcomes/Functioning (Q18-Q22)	723	593	82	NS	84.0
	Participation (Q10-Q13)	729	725	99	NS	99.0
	Social Connectedness (Q23-Q27)	722	636	88	NS	89.0
Kids ACT	Access(Q7-Q9)	70	70	100	+	98.0
	Appropriateness (Q1-Q3)	70	70	100	+	98.0
	Cultural (Q4-Q6)	70	70	100	+	99.0
	Global(Q14-Q17)	70	70	100	+	99.0
	Medication (Y/N) (Q28)	70	61	87	NS	88.0
	Medication Scale (Q28a-Q28e) ⁴	58	57	98	NS	98.0
	Outcomes/Functioning (Q18-Q22)	70	60	86	NS	84.0

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***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Family Survey Results by Domain and Program Type***

Program Type	Domain	N¹	N Positive²	% Positive	95% CI Significance³	Statewide Rate
	Participation (Q10-Q13)	70	70	100	+	99.0
	Social Connectedness (Q23-Q27)	70	63	90	NS	89.0
Residential Treatment Facility	Access(Q7-Q9)	83	81	98	NS	98.0
	Appropriateness (Q1-Q3)	83	81	98	NS	98.0
	Cultural (Q4-Q6)	83	81	98	-	99.0
	Global(Q14-Q17)	83	81	98	-	99.0
	Medication (Y/N) (Q28)	84	83	99	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	82	80	98	NS	98.0
	Outcomes/Functioning (Q18-Q22)	82	71	87	+	84.0
	Participation (Q10-Q13)	83	80	96	-	99.0
	Social Connectedness (Q23-Q27)	82	76	93	+	89.0
State Psychiatric Center Inpat	Access(Q7-Q9)	67	65	97	NS	98.0
	Appropriateness (Q1-Q3)	67	63	94	-	98.0
	Cultural (Q4-Q6)	67	66	99	-	99.0
	Global(Q14-Q17)	67	66	99	NS	99.0
	Medication (Y/N) (Q28)	67	66	99	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	66	65	98	NS	98.0
	Outcomes/Functioning (Q18-Q22)	64	55	86	NS	84.0
	Participation (Q10-Q13)	67	66	99	-	99.0
	Social Connectedness (Q23-Q27)	64	60	94	+	89.0

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N/A = Not Applicable

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

***NYSOMH Youth Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Youth Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
1 - Statewide	Statewide	1179	768	65.1
2 - Program Type	Children & Youth Community Res	77	60	77.9
	Clinic Treatment	157	40	25.5
	Day Treatment	330	200	60.6
	HCBS Waiver Individualized Car	330	228	69.1
	Kids ACT	61	51	83.6
	Residential Treatment Facility	106	91	85.8
	State Psychiatric Center Inpat	118	98	83.1
3 - County	Albany	42	36	85.7
	Bronx	24	23	95.8
	Broome	37	27	73.0
	Cattaraugus	26	1	3.8
	Cayuga	32	29	90.6
	Chenango	16	13	81.3
	Dutchess	14	13	92.9
	Erie	104	54	51.9
	Franklin	18	6	33.3
	Herkimer	4	2	50.0
	Jefferson	23	21	91.3
	Kings	107	41	38.3
	Monroe	12	12	100.0
	Nassau	111	83	74.8
	New York	43	22	51.2
	Niagara	5	5	100.0
	Oneida	64	54	84.4
	Onondaga	29	3	10.3
	Ontario	26	21	80.8
	Orange	2	0	0.0
	Putnam	15	14	93.3
	Queens	42	6	14.3
	Richmond	44	41	93.2
	Rockland	48	33	68.8

***NYSOMH Youth Assessment of Care Survey Results 2012
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Response Rate for Youth Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	St. Lawrence	13	11	84.6
	Steuben	9	9	100.0
	Suffolk	166	150	90.4
	Sullivan	8	4	50.0
	Ulster	87	26	29.9
	Wayne	8	8	100.0
4 - Region	Central New York	236	166	70.3
	Hudson River	216	126	58.3
	Long Island	277	233	84.1
	New York City	260	133	51.2
	Western New York	190	110	57.9

***NYSOMH Youth Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
Children & Youth Community Res	Catholic Charities of Broome C	Boys of Courage	Broome	8	6	75.0
	Citizen Advocates, Inc. dba No	Adirondack Youth Lodge	Franklin	8	6	75.0
	Jewish Board of Family & Child	JBFCFS Henry Ittleson Community	Bronx	6	5	83.3
	MercyFirst	Merrick House	Nassau	5	5	100.0
	North Country Transitional Liv	Washington Street Community Re	Jefferson	6	6	100.0
	Parsons Child and Family Cente	Miriam House	Albany	8	6	75.0
	Pathways, Inc.	Conable House	Steuben	5	5	100.0
		Lake Breeze Community Residenc	Ontario	4	3	75.0
	Pederson-Krag Center, Inc.	Pederson-Krag House	Suffolk	6	6	100.0
	SCO Family of Services	'I Can' Community Residence	Queens	5	4	80.0
	St. Joseph's Villa of Rocheste	Tuckahoe Road Children's Commu	Wayne	8	8	100.0
	<i>St. Vincent's Services, Inc.</i>	<i>Springfield Gardens Community</i>	<i>Queens</i>	<i>8</i>	<i>0</i>	<i>0.0</i>
<i>Children & Youth Community Res</i>		<i>Total</i>		<i>77</i>	<i>60</i>	<i>77.9</i>
<i>Clinic Treatment</i>	<i>ARISE Child and Family Service</i>	<i>Arise Child & Family Service O</i>	<i>Onondaga</i>	<i>5</i>	<i>0</i>	<i>0.0</i>
	Brooklyn Children's Psychiatri	Brooklyn Children's Behavioral	Kings	20	7	35.0
	<i>Cattaraugus County Community S</i>	<i>Cattaraugus County Counseling</i>	<i>Cattaraugus</i>	<i>20</i>	<i>0</i>	<i>0.0</i>
	<i>MH Servs-Erie Co SE Corp V dba</i>	<i>South Buffalo Counseling Cente</i>	<i>Erie</i>	<i>30</i>	<i>0</i>	<i>0.0</i>
	<i>Mount Sinai Medical Center</i>	<i>Child and Family Outpatient Cl</i>	<i>New York</i>	<i>12</i>	<i>0</i>	<i>0.0</i>
	Ohel Children's Home & Family	Ohel - Tikvah Clinic	Kings	29	6	20.7

***NYSOMH Youth Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Parsons Child and Family Cente	Child and Family Guidance Clin	Albany	22	18	81.8
	Putnam Family and Community Se	Putnam Community Mental Health	Putnam	9	9	100.0
	<i>St. Regis Mohawk Education & C</i>	<i>St. Regis Mohawk Mental Health</i>	<i>Franklin</i>	<i>10</i>	<i>0</i>	<i>0.0</i>
<i>Clinic Treatment</i>		<i>Total</i>		<i>157</i>	<i>40</i>	<i>25.5</i>
Day Treatment	Brooklyn Children's Psychiatri	Brooklyn Children's Day Treatm	Kings	16	16	100.0
	Elmira Psychiatric Center	Wayne Finger Lakes Day Treatme	Ontario	22	18	81.8
	Greater Binghamton Health Cent	Adolescent Day Treatment Progr	Broome	16	10	62.5
	Queens Children's Psychiatric	QCPC Intensive Day Treatment P	Queens	5	2	40.0
		<i>Queens Children's PC Iris Hill</i>	<i>Queens</i>	<i>24</i>	<i>0</i>	<i>0.0</i>
	Rockland Children's Psychiatri	Dutchess Intensive Day Treatme	Dutchess	5	5	100.0
		<i>Orange Day Treatment Program</i>	<i>Orange</i>	<i>2</i>	<i>0</i>	<i>0.0</i>
		Rockland Intensive Day Treatme	Rockland	4	4	100.0
		Sullivan Day Treatment	Sullivan	8	4	50.0
		Ulster County Day Treatment Pr	Ulster	67	12	17.9
	Sagamore Children's Psychiatri	Bellport Day Treatment	Suffolk	31	24	77.4
		SCPC Western Suffolk Day Treat	Suffolk	42	39	92.9
		Sayville Day Treatment Program	Suffolk	0	0	.
		Wantagh Day Treatment Program	Nassau	28	25	89.3
	South Beach Psychiatric Center	South Beach Adolescent Day Tre	Richmond	23	20	87.0
	St. Lawrence Psychiatric Cente	Jefferson/Lewis Collaborative	Jefferson	5	5	100.0

***NYSOMH Youth Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Western New York Children's Ps	WNYCPC Day Treatment Center	Erie	32	16	50.0
<i>Day Treatment</i>		<i>Total</i>		330	200	60.6
HCBS Waiver Individualized Car	Astor Services for Children &	Astor HCBS - ICC	Dutchess	9	8	88.9
	Catholic Charities of Broome C	C.C. Broome HCBS - ICC	Broome	13	11	84.6
	Cattaraugus Rehabilitation Cen	Rehab Ctr HCBS - ICC	Cattaraugus	6	1	16.7
	Child and Family Services of E	Child & Family HCBS - ICC	Erie	22	19	86.4
	Family and Children's Associat	Family & Children HCBS - ICC	Nassau	66	41	62.1
	Green Chimneys Children & Serv	Green Chimneys HCBS Waiver Ind	Putnam	6	5	83.3
	Hillside Children's Center	Hillside HCBS - ICC -CENTRAL	Onondaga	24	3	12.5
		Hillside-NIGLO HCBS - ICC	Niagara	5	5	100.0
	Jewish Board of Family & Child	JBFCS-Home & Community-Based S	Richmond	21	21	100.0
	Mental Health Association in U	MHA Ulster HCBS - ICC	Ulster	10	10	100.0
	North Country Transitional Liv	North Country TLS HCBS - ICC	Jefferson	12	10	83.3
		North Country TLS HCBS - ICC	St. Lawrence	13	11	84.6
	Parsons Child and Family Cente	Parson's - HCBW Services	Ulster	10	4	40.0
		Parson's HCBS - ICC	Albany	12	12	100.0
		Parson's HCBS - ICC	Herkimer	4	2	50.0
	Pathways, Inc.	Pathways, Inc. HCBS - ICC	Steuben	4	4	100.0
	Pederson-Krag Center, Inc.	Pederson-Krag HCBS - ICC	Suffolk	51	49	96.1
	SCO Family of Services	SCO- HCBS-ICC	Kings	42	12	28.6

***NYSOMH Youth Assessment of Care Survey Results 2012
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
<i>HCBS Waiver Individualized Car</i>		<i>Total</i>		330	228	69.1
Kids ACT	Kids Oneida, Inc.	Kids Oneida ACT Team	Oneida	61	51	83.6
<i>Kids ACT</i>		<i>Total</i>		61	51	83.6
Residential Treatment Facility	August Aichhorn Ctr./Adoles. R	August Aichhorn Center	New York	31	22	71.0
	Children's Home RTF, Inc./dba	Children's Home RTF/dba Stillw	Chenango	16	13	81.3
	Hillside Children's Center	Hillside Finger Lakes Campus,	Cayuga	32	29	90.6
	Jewish Board of Family & Child	Henry Ittleson Center RTF	Bronx	3	3	100.0
	MercyFirst	McKeown House RTF	Nassau	12	12	100.0
	St. Joseph's Villa of Rocheste	St. Joseph's Villa RTF	Monroe	12	12	100.0
<i>Residential Treatment Facility</i>		<i>Total</i>		106	91	85.8
State Psychiatric Center Inpat	Bronx Children's Psychiatric C	Bronx Children's Psychiatric C	Bronx	15	15	100.0
	Mohawk Valley Psychiatric Cent	Mohawk Valley Psychiatric Cent	Oneida	3	3	100.0
	Rockland Children's Psychiatri	Rockland Children's Psychiatri	Rockland	44	29	65.9
	Sagamore Children's Psychiatri	Sagamore Children's Psychiatri	Suffolk	36	32	88.9
	Western New York Children's Ps	Western New York Children's Ps	Erie	20	19	95.0
<i>State Psychiatric Center Inpat</i>		<i>Total</i>		118	98	83.1
		<i>Grand Total</i>		1179	768	65.1

NYSOMH Youth Assessment of Care Survey Results 2012

Statewide Summary Report

Youth Survey Results by Domain and Program Type

Program Type	Domain	N ¹	N Positive ²	% Positive	95% CI Significance ³	Statewide Rate
STATEWIDE	Access(Q7-Q10)	783	741	95	N/A	95.0
	Appropriateness (Q1-Q3)	782	724	93	N/A	93.0
	Cultural (Q4-Q6)	782	748	96	N/A	96.0
	Global(Q15)	777	677	87	N/A	87.0
	Medication (Y/N) (Q21)	783	697	89	N/A	89.0
	Medication Scale (Q21a-Q21e) ⁴	691	595	86	N/A	86.0
	Outcomes/Functioning (Q16-Q20a)	782	706	90	N/A	90.0
	Participation (Q11-Q14)	782	703	90	N/A	90.0
Children & Youth Community Res	Access(Q7-Q10)	60	59	98	+	95.0
	Appropriateness (Q1-Q3)	60	57	95	+	93.0
	Cultural (Q4-Q6)	60	60	100	+	96.0
	Global(Q15)	60	52	87	NS	87.0
	Medication (Y/N) (Q21)	60	58	97	+	89.0
	Medication Scale (Q21a-Q21e) ⁴	58	50	86	NS	86.0
	Outcomes/Functioning (Q16-Q20a)	60	55	92	NS	90.0
	Participation (Q11-Q14)	60	55	92	NS	90.0
Clinic Treatment	Access(Q7-Q10)	40	39	98	+	95.0
	Appropriateness (Q1-Q3)	40	37	93	NS	93.0
	Cultural (Q4-Q6)	40	40	100	+	96.0
	Global(Q15)	40	37	93	+	87.0
	Medication (Y/N) (Q21)	40	28	70	-	89.0
	Medication Scale (Q21a-Q21e) ⁴	27	25	93	+	86.0
	Outcomes/Functioning (Q16-Q20a)	40	37	93	+	90.0
	Participation (Q11-Q14)	40	39	98	+	90.0
Day Treatment	Access(Q7-Q10)	200	190	95	NS	95.0
	Appropriateness (Q1-Q3)	199	184	92	NS	93.0

¹ Agency N = Number of response; N varies because of missing data

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

³ 95% Confidence Interval compares program type % Positive to statewide % Positive;

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

N/A = Not Applicable

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

NYSOMH Youth Assessment of Care Survey Results 2012

Statewide Summary Report

Youth Survey Results by Domain and Program Type

Program Type	Domain	N ¹	N Positive ²	% Positive	95% CI Significance ³	Statewide Rate
	Cultural (Q4-Q6)	199	193	97	NS	96.0
	Global(Q15)	196	175	89	NS	87.0
	Medication (Y/N) (Q21)	200	177	89	NS	89.0
	Medication Scale (Q21a-Q21e) ⁴	175	149	85	NS	86.0
	Outcomes/Functioning (Q16-Q20a)	200	180	90	NS	90.0
	Participation (Q11-Q14)	199	175	88	NS	90.0
HCBS Waiver Individualized Car	Access(Q7-Q10)	237	232	98	+	95.0
	Appropriateness (Q1-Q3)	237	228	96	+	93.0
	Cultural (Q4-Q6)	237	236	100	+	96.0
	Global(Q15)	236	224	95	+	87.0
	Medication (Y/N) (Q21)	237	210	89	NS	89.0
	Medication Scale (Q21a-Q21e) ⁴	209	186	89	+	86.0
	Outcomes/Functioning (Q16-Q20a)	236	222	94	+	90.0
	Participation (Q11-Q14)	237	226	95	+	90.0
Kids ACT	Access(Q7-Q10)	51	51	100	+	95.0
	Appropriateness (Q1-Q3)	51	51	100	+	93.0
	Cultural (Q4-Q6)	51	49	96	NS	96.0
	Global(Q15)	51	49	96	+	87.0
	Medication (Y/N) (Q21)	51	43	84	-	89.0
	Medication Scale (Q21a-Q21e) ⁴	43	41	95	+	86.0
	Outcomes/Functioning (Q16-Q20a)	51	47	92	NS	90.0
	Participation (Q11-Q14)	51	48	94	+	90.0
Residential Treatment Facility	Access(Q7-Q10)	97	84	87	-	95.0
	Appropriateness (Q1-Q3)	97	81	84	-	93.0
	Cultural (Q4-Q6)	97	83	86	-	96.0
	Global(Q15)	97	70	72	-	87.0

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N/A = Not Applicable

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

NYSOMH Youth Assessment of Care Survey Results 2012

Statewide Summary Report

Youth Survey Results by Domain and Program Type

Program Type	Domain	N¹	N Positive²	% Positive	95% CI Significance³	Statewide Rate
	Medication (Y/N) (Q21)	97	91	94	+	89.0
	Medication Scale (Q21a-Q21e) ⁴	91	73	80	-	86.0
	Outcomes/Functioning (Q16-Q20a)	97	79	81	-	90.0
	Participation (Q11-Q14)	97	84	87	-	90.0
State Psychiatric Center Inpat	Access(Q7-Q10)	98	86	88	-	95.0
	Appropriateness (Q1-Q3)	98	86	88	-	93.0
	Cultural (Q4-Q6)	98	87	89	-	96.0
	Global(Q15)	97	70	72	-	87.0
	Medication (Y/N) (Q21)	98	90	92	+	89.0
	Medication Scale (Q21a-Q21e) ⁴	88	71	81	-	86.0
	Outcomes/Functioning (Q16-Q20a)	98	86	88	-	90.0
	Participation (Q11-Q14)	98	76	78	-	90.0

¹ Agency N = Number of response; N varies because of missing data

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

³ 95% Confidence Interval compares program type % Positive to statewide % Positive;

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- = Agency negatively significant compared to state;

NS = Agency not significant compared to state

N/A = Not Applicable

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

Appendix III

Item Frequency Report 2012

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Were you referred to this program listed on the front page of this survey through (SPOA)?		
F_Q30	Frequency	Percent
Yes	870	75.39
No	187	16.20
Unknown/Not Sure/Unsure	97	8.41

Frequency Missing = 77

Did SPOA make it easier to access services?		
F_Q30a	Frequency	Percent
Yes	743	87.62
No	105	12.38

Frequency Missing = 383

Through SPOA, I was directly involved with determining what services my child received		
F_Q30b	Frequency	Percent
Yes	717	85.26
No	124	14.74

Frequency Missing = 390

My childs and familys strengths were recognized during the SPOA process		
F_Q30c	Frequency	Percent
Yes	713	86.95
No	107	13.05

Frequency Missing = 411

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

How long has your child received services from this program?		
F_a	Frequency	Percent
Less than one month	31	2.73
1-2 months	129	11.35
3-5 months	232	20.40
6 months to 1 year	420	36.94
More than 1 year- 3 years	284	24.98
More than 3 years	41	3.61

Frequency Missing = 94

Is your child still getting the services from this program?		
F_b	Frequency	Percent
Yes	940	96.21
No	37	3.79

Frequency Missing = 254

The services my child and/or family received were helpful for us.		
F_Q1	Frequency	Percent
Agree	1062	86.84
Agree Slightly	138	11.28
Disagree Slightly	19	1.55
Disagree	4	0.33

Frequency Missing = 8

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

My child had someone to talk to when he/she was troubled.		
F_Q2	Frequency	Percent
Agree	1041	85.26
Agree Slightly	147	12.04
Disagree Slightly	21	1.72
Disagree	12	0.98

Frequency Missing = 10

Services helped my family make positive changes.		
F_Q3	Frequency	Percent
Agree	939	77.60
Agree Slightly	224	18.51
Disagree Slightly	28	2.31
Disagree	19	1.57

Frequency Missing = 21

Staff treated me with respect.		
F_Q4	Frequency	Percent
Agree	1145	93.70
Agree Slightly	56	4.58
Disagree Slightly	15	1.23
Disagree	6	0.49

Frequency Missing = 9

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Staff was sensitive to my cultural / ethnic background.		
F_Q5	Frequency	Percent
Agree	1121	92.64
Agree Slightly	79	6.53
Disagree Slightly	5	0.41
Disagree	5	0.41

Frequency Missing = 21

Staff spoke with me in a way I understood.		
F_Q6	Frequency	Percent
Agree	1160	94.85
Agree Slightly	54	4.42
Disagree Slightly	6	0.49
Disagree	3	0.25

Frequency Missing = 8

My child could get services when he/she needed them.		
F_Q7	Frequency	Percent
Agree	1037	85.07
Agree Slightly	143	11.73
Disagree Slightly	31	2.54
Disagree	8	0.66

Frequency Missing = 12

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

The location of services was convenient for us.		
F_Q8	Frequency	Percent
Agree	1027	84.11
Agree Slightly	127	10.40
Disagree Slightly	44	3.60
Disagree	23	1.88

Frequency Missing = 10

My child was able to get help in a crisis.		
F_Q9	Frequency	Percent
Agree	1001	83.63
Agree Slightly	138	11.53
Disagree Slightly	35	2.92
Disagree	23	1.92

Frequency Missing = 34

I was included as a partner in planning my child's services.		
F_Q10	Frequency	Percent
Agree	1115	91.09
Agree Slightly	94	7.68
Disagree Slightly	9	0.74
Disagree	6	0.49

Frequency Missing = 7

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

There was a way for me to be involved in my child's services.		
F_Q11	Frequency	Percent
Agree	1132	92.56
Agree Slightly	81	6.62
Disagree Slightly	6	0.49
Disagree	4	0.33

Frequency Missing = 8

I had a say in the kinds of treatment and services my child received.		
F_Q12	Frequency	Percent
Agree	1110	90.69
Agree Slightly	89	7.27
Disagree Slightly	15	1.23
Disagree	10	0.82

Frequency Missing = 7

My child and I have a safety plan that would work for us if we needed one.		
F_Q13	Frequency	Percent
Agree	975	81.05
Agree Slightly	156	12.97
Disagree Slightly	31	2.58
Disagree	41	3.41

Frequency Missing = 28

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

My out-of-pocket expenses for services are affordable.		
F_Q14	Frequency	Percent
Agree	977	83.86
Agree Slightly	124	10.64
Disagree Slightly	25	2.15
Disagree	39	3.35

Frequency Missing = 66

My child's treatment was comprehensive. (Included school, home, therapy, etc.)		
F_Q15	Frequency	Percent
Agree	1035	85.68
Agree Slightly	130	10.76
Disagree Slightly	33	2.73
Disagree	10	0.83

Frequency Missing = 23

My child's services were coordinated. (Providers were on the same page.)		
F_Q16	Frequency	Percent
Agree	1044	86.21
Agree Slightly	133	10.98
Disagree Slightly	23	1.90
Disagree	11	0.91

Frequency Missing = 20

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Overall, I am satisfied with the services my child received.		
F_Q17	Frequency	Percent
Agree	1070	87.92
Agree Slightly	110	9.04
Disagree Slightly	28	2.30
Disagree	9	0.74

Frequency Missing = 14

My child is behaving better in school.		
F_Q18	Frequency	Percent
Agree	645	54.52
Agree Slightly	340	28.74
Disagree Slightly	105	8.88
Disagree	93	7.86

Frequency Missing = 48

My child is happier with his/her life.		
F_Q19	Frequency	Percent
Agree	562	46.76
Agree Slightly	439	36.52
Disagree Slightly	121	10.07
Disagree	80	6.66

Frequency Missing = 29

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

My child is better able to cope when faced with challenges.		
F_Q20	Frequency	Percent
Agree	522	43.39
Agree Slightly	444	36.91
Disagree Slightly	136	11.31
Disagree	101	8.40

Frequency Missing = 28

My child has been able to make friends.		
F_Q21	Frequency	Percent
Agree	580	48.45
Agree Slightly	390	32.58
Disagree Slightly	142	11.86
Disagree	85	7.10

Frequency Missing = 34

We get along better as a family.		
F_Q22	Frequency	Percent
Agree	606	50.46
Agree Slightly	406	33.81
Disagree Slightly	118	9.83
Disagree	71	5.91

Frequency Missing = 30

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

I have more time to do social activities.		
F_Q23	Frequency	Percent
Agree	474	39.87
Agree Slightly	422	35.49
Disagree Slightly	160	13.46
Disagree	133	11.19

Frequency Missing = 42

In a crisis, I have someone who would help.		
F_Q24	Frequency	Percent
Agree	908	75.60
Agree Slightly	220	18.32
Disagree Slightly	44	3.66
Disagree	29	2.41

Frequency Missing = 30

I have the support I need from others.		
F_Q25	Frequency	Percent
Agree	890	73.86
Agree Slightly	245	20.33
Disagree Slightly	46	3.82
Disagree	24	1.99

Frequency Missing = 26

My life is less stressful.		
F_Q26	Frequency	Percent
Agree	507	41.94
Agree Slightly	404	33.42
Disagree Slightly	164	13.56
Disagree	134	11.08

Frequency Missing = 22

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

My relationship with my child is better.		
F_Q27	Frequency	Percent
Agree	656	54.49
Agree Slightly	387	32.14
Disagree Slightly	92	7.64
Disagree	69	5.73

Frequency Missing = 27

Does your child take medication for his / her emotional or behavioral reasons?		
F_Q28	Frequency	Percent
Yes	1088	88.96
No	135	11.04

Frequency Missing = 8

I understand what my child's medications are for.		
F_Q28a	Frequency	Percent
Agree	1008	94.03
Agree Slightly	53	4.94
Disagree Slightly	7	0.65
Disagree	4	0.37

Frequency Missing = 159

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

I know what medication side effects to watch for in my child.		
F_Q28b	Frequency	Percent
Agree	961	89.56
Agree Slightly	84	7.83
Disagree Slightly	13	1.21
Disagree	15	1.40

Frequency Missing = 158

My child and I had choices about taking medications.		
F_Q28c	Frequency	Percent
Agree	815	77.03
Agree Slightly	154	14.56
Disagree Slightly	47	4.44
Disagree	42	3.97

Frequency Missing = 173

Medication has helped my child.		
F_Q28d	Frequency	Percent
Agree	743	69.96
Agree Slightly	221	20.81
Disagree Slightly	62	5.84
Disagree	36	3.39

Frequency Missing = 169

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

My child feels comfortable about taking medication.		
F_Q28e	Frequency	Percent
Agree	723	68.40
Agree Slightly	185	17.50
Disagree Slightly	81	7.66
Disagree	68	6.43

Frequency Missing = 174

Have you been given a diagnosis for your child's emotional/mental health issues?		
F_Q29	Frequency	Percent
Yes	1156	96.01
No	48	3.99

Frequency Missing = 27

ADHD/ADD		
F_Q29a_a	Frequency	Percent
No	548	44.52
Yes	683	55.48

Anxiety (e.g., OCD, PTSD)		
F_Q29a_b	Frequency	Percent
No	775	62.96
Yes	456	37.04

Attachment DO/Separation Anxiety		
F_Q29a_c	Frequency	Percent
No	1074	87.25
Yes	157	12.75

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Bipolar		
F_Q29a_d	Frequency	Percent
No	803	65.23
Yes	428	34.77

Developmental (e.g., PDD, Autism)		
F_Q29a_e	Frequency	Percent
No	1093	88.79
Yes	138	11.21

Depression/Mood DO		
F_Q29a_f	Frequency	Percent
No	816	66.29
Yes	415	33.71

Disruptive (e.g., ODD, CD)		
F_Q29a_g	Frequency	Percent
No	879	71.41
Yes	352	28.59

Learning DO		
F_Q29a_h	Frequency	Percent
No	1024	83.18
Yes	207	16.82

Mental Retardation		
F_Q29a_i	Frequency	Percent
No	1195	97.08
Yes	36	2.92

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Schizophrenia & Other Psychotic DO		
F_Q29a_j	Frequency	Percent
No	1139	92.53
Yes	92	7.47

Substance Use		
F_Q29a_k	Frequency	Percent
No	1206	97.97
Yes	25	2.03

Tourettes/Tics		
F_Q29a_l	Frequency	Percent
No	1199	97.40
Yes	32	2.60

Other		
F_Q29a_m	Frequency	Percent
No	1094	88.87
Yes	137	11.13

Have you been informed of therapy options?		
F_Q29b	Frequency	Percent
Yes	984	87.86
No	136	12.14

Frequency Missing = 111

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Do you have access to family advocate?		
F_Q31	Frequency	Percent
Yes	899	74.92
No	111	9.25
Unknown/Not Sure/Unsure	190	15.83

Frequency Missing = 31

Was your child arrested since starting to get services from this program?		
F_Q32	Frequency	Percent
Yes	77	6.32
No	1141	93.68

Frequency Missing = 13

Was your child on PINS (Person in Need of Supervision) or PINS diversion since starting services?		
F_Q33	Frequency	Percent
Yes	106	8.72
No	992	81.58
Does not apply	82	6.74
Unknown/Not Sure/Unsure	36	2.96

Frequency Missing = 15

Was your child expelled or suspended from school since starting to receive services from this program?		
F_Q34	Frequency	Percent
Yes	267	21.99
No	791	65.16
No, but was prior to starting services	90	7.41
Does not apply	66	5.44

Frequency Missing = 17

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Since starting to receive services from this program, the number of days your child was in school is (check one):		
F_Q35	Frequency	Percent
Greater	414	34.47
About the same	549	45.71
Less	92	7.66
Does not apply	146	12.16

Frequency Missing = 30

Your child's age (check one)		
F_Q36	Frequency	Percent
4 years or younger	3	0.24
5-8 years old	125	10.19
9-11 years old	258	21.03
12-14 years old	361	29.42
15-18 years old	471	38.39
19-21 years old	9	0.73

Frequency Missing = 4

Your child's gender		
F_Q37	Frequency	Percent
Female	470	38.94
Male	737	61.06

Frequency Missing = 24

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

RACE	Frequency	Percent
Am. Ind	11	0.90
Asian	22	1.81
Black/Af	218	17.91
Hispanic	252	20.71
Multiple	64	5.26
Nat. Haw	3	0.25
Other	21	1.73
White	626	51.44

Frequency Missing = 14

What is your relationship to this child?		
F_Q40	Frequency	Percent
Parent	1029	84.34
Relative	138	11.31
Foster Parent	22	1.80
Other	31	2.54

Frequency Missing = 11

Where does your child live?			
	F_Q41	Frequency	Percent
At Home (with parent/parents)		925	75.88
At Home (with relatives-e.g., aunt, grandparent, etc.)		129	10.58
Foster home		20	1.64
Residential Program		122	10.01
Other		23	1.89

Frequency Missing = 12

School Work		
F_Q45_a	Frequency	Percent
No	804	65.31
Yes	427	34.69

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Make Friends		
F_Q45_b	Frequency	Percent
No	746	60.60
Yes	485	39.40

Food/Nutrition		
F_Q45_c	Frequency	Percent
No	911	74.00
Yes	320	26.00

Health/Hygiene		
F_Q45_d	Frequency	Percent
No	909	73.84
Yes	322	26.16

Recreation		
F_Q45_e	Frequency	Percent
No	808	65.64
Yes	423	34.36

Service Eligibility (e.g., SSI, Medicaid, HEAP)		
F_Q45_f	Frequency	Percent
No	1066	86.60
Yes	165	13.40

Work Readiness		
F_Q45_g	Frequency	Percent
No	977	79.37
Yes	254	20.63

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Sex Education		
F_Q45_h	Frequency	Percent
No	1057	85.87
Yes	174	14.13

Driving/Transportation		
F_Q45_i	Frequency	Percent
No	1072	87.08
Yes	159	12.92

Leadership Training		
F_Q45_j	Frequency	Percent
No	1091	88.63
Yes	140	11.37

Money Management		
F_Q45_k	Frequency	Percent
No	991	80.50
Yes	240	19.50

Natural Supports (e.g., extended family, community)		
F_Q45_l	Frequency	Percent
No	1094	88.87
Yes	137	11.13

After School Programs/Community Activities		
F_Q45_m	Frequency	Percent
No	729	59.22
Yes	502	40.78

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Anger Management Skills		
F_Q45_n	Frequency	Percent
No	630	51.18
Yes	601	48.82

Self Advocacy/Empowerment		
F_Q45_o	Frequency	Percent
No	1012	82.21
Yes	219	17.79

College/Continuing Education		
F_Q45_p	Frequency	Percent
No	1062	86.27
Yes	169	13.73

Non-medication therapy options		
F_Q45_r	Frequency	Percent
No	1016	82.53
Yes	215	17.47

Other		
F_Q45_s	Frequency	Percent
No	1184	96.18
Yes	47	3.82

Respite		
F_Q46_a	Frequency	Percent
No	862	70.02
Yes	369	29.98

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Parenting Skills		
F_Q46_b	Frequency	Percent
No	1038	84.32
Yes	193	15.68

Parent Support		
F_Q46_c	Frequency	Percent
No	923	74.98
Yes	308	25.02

Sibling Support		
F_Q46_d	Frequency	Percent
No	862	70.02
Yes	369	29.98

Advocacy Skills		
F_Q46_e	Frequency	Percent
No	1106	89.85
Yes	125	10.15

Family Counseling		
F_Q46_f	Frequency	Percent
No	882	71.65
Yes	349	28.35

Transition Planning		
F_Q46_g	Frequency	Percent
No	981	79.69
Yes	250	20.31

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Education & Training		
F_Q46_h	Frequency	Percent
No	1025	83.27
Yes	206	16.73

Other		
F_Q46_i	Frequency	Percent
No	1169	94.96
Yes	62	5.04

Length was just right		
F_Q47_a	Frequency	Percent
No	499	40.54
Yes	732	59.46

Hard to fill out		
F_Q47_b	Frequency	Percent
No	1200	97.48
Yes	31	2.52

Too long		
F_Q47_c	Frequency	Percent
No	1070	86.92
Yes	161	13.08

Words were easy to read		
F_Q47_d	Frequency	Percent
No	836	67.91
Yes	395	32.09

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Too short		
F_Q47_e	Frequency	Percent
No	1225	99.51
Yes	6	0.49

Hard to Understand		
F_Q47_f	Frequency	Percent
No	1209	98.21
Yes	22	1.79

Questions were things that are important to me		
F_Q47_g	Frequency	Percent
No	807	65.56
Yes	424	34.44

Other		
F_Q47_h	Frequency	Percent
No	1168	94.88
Yes	63	5.12

Did someone help you complete this form?		
F_Q48	Frequency	Percent
Yes	242	20.70
No	927	79.30

Frequency Missing = 62

Wrote down the answers I gave		
F_Q48a_a	Frequency	Percent
No	1074	87.25
Yes	157	12.75

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Family Survey***

Read the questions to me		
F_Q48a_b	Frequency	Percent
No	1087	88.30
Yes	144	11.70

Translated into my language		
F_Q48a_c	Frequency	Percent
No	1212	98.46
Yes	19	1.54

Helped in some other way		
F_Q48a_d	Frequency	Percent
No	1189	96.59
Yes	42	3.41

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

How long have you received services from this program?		
Y_a	Frequency	Percent
Less than one month	28	3.91
1-2 months	85	11.87
3-5 months	188	26.26
6 months to 1 year	218	30.45
More than 1 year- 3 years	161	22.49
More than 3 years	36	5.03

Frequency Missing = 67

Are you still getting services from this program?		
Y_b	Frequency	Percent
Yes	513	98.46
No	8	1.54

Frequency Missing = 262

I got services that were helpful for me.		
Y_Q1	Frequency	Percent
Agree	537	68.76
Agree Slightly	180	23.05
Disagree Slightly	30	3.84
Disagree	34	4.35

Frequency Missing = 2

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I had someone to talk to when I was troubled.		
Y_Q2	Frequency	Percent
Agree	568	72.91
Agree Slightly	150	19.26
Disagree Slightly	32	4.11
Disagree	29	3.72

Frequency Missing = 4

Services helped me make positive changes.		
Y_Q3	Frequency	Percent
Agree	484	62.37
Agree Slightly	203	26.16
Disagree Slightly	47	6.06
Disagree	42	5.41

Frequency Missing = 7

Staff treated me with respect.		
Y_Q4	Frequency	Percent
Agree	576	74.04
Agree Slightly	137	17.61
Disagree Slightly	39	5.01
Disagree	26	3.34

Frequency Missing = 5

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Staff was sensitive to my cultural / ethnic background.		
Y_Q5	Frequency	Percent
Agree	627	81.75
Agree Slightly	87	11.34
Disagree Slightly	16	2.09
Disagree	37	4.82

Frequency Missing = 16

Staff spoke with me in a way I understood.		
Y_Q6	Frequency	Percent
Agree	594	76.55
Agree Slightly	143	18.43
Disagree Slightly	21	2.71
Disagree	18	2.32

Frequency Missing = 7

I felt safe in the places I received services.		
Y_Q7	Frequency	Percent
Agree	583	74.65
Agree Slightly	121	15.49
Disagree Slightly	44	5.63
Disagree	33	4.23

Frequency Missing = 2

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I could get services when I needed them.		
Y_Q8	Frequency	Percent
Agree	539	69.37
Agree Slightly	172	22.14
Disagree Slightly	34	4.38
Disagree	32	4.12

Frequency Missing = 6

It was easy to get to/from services.		
Y_Q9	Frequency	Percent
Agree	565	72.81
Agree Slightly	141	18.17
Disagree Slightly	32	4.12
Disagree	38	4.90

Frequency Missing = 7

I was able to get help in a crisis.		
Y_Q10	Frequency	Percent
Agree	539	70.09
Agree Slightly	150	19.51
Disagree Slightly	41	5.33
Disagree	39	5.07

Frequency Missing = 14

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I was included as a partner in planning my services.		
Y_Q11	Frequency	Percent
Agree	532	68.82
Agree Slightly	139	17.98
Disagree Slightly	53	6.86
Disagree	49	6.34

Frequency Missing = 10

I had a say in the kinds of treatments/services I got.		
Y_Q12	Frequency	Percent
Agree	512	66.06
Agree Slightly	149	19.23
Disagree Slightly	50	6.45
Disagree	64	8.26

Frequency Missing = 8

My treatment goals were in my own words.		
Y_Q13	Frequency	Percent
Agree	459	59.30
Agree Slightly	182	23.51
Disagree Slightly	60	7.75
Disagree	73	9.43

Frequency Missing = 9

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I have a safety plan that would work for me if I needed one.		
Y_Q14	Frequency	Percent
Agree	532	69.09
Agree Slightly	137	17.79
Disagree Slightly	41	5.32
Disagree	60	7.79

Frequency Missing = 13

Overall, I am satisfied with the services my child received.		
Y_Q15	Frequency	Percent
Agree	548	70.53
Agree Slightly	129	16.60
Disagree Slightly	42	5.41
Disagree	58	7.46

Frequency Missing = 6

I am behaving better in school.		
Y_Q16	Frequency	Percent
Agree	474	61.80
Agree Slightly	173	22.56
Disagree Slightly	46	6.00
Disagree	74	9.65

Frequency Missing = 16

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I am happier with my life.		
Y_Q17	Frequency	Percent
Agree	422	54.59
Agree Slightly	209	27.04
Disagree Slightly	62	8.02
Disagree	80	10.35

Frequency Missing = 10

I am better able to cope when faced with challenges.		
Y_Q18	Frequency	Percent
Agree	421	54.75
Agree Slightly	237	30.82
Disagree Slightly	54	7.02
Disagree	57	7.41

Frequency Missing = 14

I have been able to make friends.		
Y_Q19	Frequency	Percent
Agree	511	66.28
Agree Slightly	156	20.23
Disagree Slightly	49	6.36
Disagree	55	7.13

Frequency Missing = 12

I get along better with my family.		
Y_Q20	Frequency	Percent
Agree	435	56.42
Agree Slightly	211	27.37
Disagree Slightly	55	7.13
Disagree	70	9.08

Frequency Missing = 12

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I am more hopeful.		
Y_Q20a	Frequency	Percent
Agree	475	61.37
Agree Slightly	186	24.03
Disagree Slightly	49	6.33
Disagree	64	8.27

Frequency Missing = 9

Do you take medication for emotional or behavioral reasons?		
Y_Q21	Frequency	Percent
Yes	697	90.17
No	76	9.83

Frequency Missing = 10

My medications were explained to me in a way that I understood.		
Y_Q21a	Frequency	Percent
Agree	498	72.38
Agree Slightly	123	17.88
Disagree Slightly	27	3.92
Disagree	40	5.81

Frequency Missing = 95

I know what medication side effects to watch for.		
Y_Q21b	Frequency	Percent
Agree	428	62.66
Agree Slightly	118	17.28
Disagree Slightly	50	7.32
Disagree	87	12.74

Frequency Missing = 100

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

I had choices about taking medications.		
Y_Q21c	Frequency	Percent
Agree	345	51.04
Agree Slightly	105	15.53
Disagree Slightly	60	8.88
Disagree	166	24.56

Frequency Missing = 107

My medication has helped me.		
Y_Q21d	Frequency	Percent
Agree	425	62.41
Agree Slightly	150	22.03
Disagree Slightly	45	6.61
Disagree	61	8.96

Frequency Missing = 102

I feel comfortable about taking medication.		
Y_Q21e	Frequency	Percent
Agree	412	61.13
Agree Slightly	120	17.80
Disagree Slightly	55	8.16
Disagree	87	12.91

Frequency Missing = 109

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Have you been given a name or diagnosis for your emotional or mental health difficulties?		
Y_Q22	Frequency	Percent
Yes	702	93.60
No	46	6.13
Unknown/Not Sure/Unsure	2	0.27

Frequency Missing = 33

ADHD/ADD		
Y_Q22a_a	Frequency	Percent
No	434	55.43
Yes	349	44.57

Anxiety (e.g., OCD, PTSD)		
Y_Q22a_b	Frequency	Percent
No	506	64.62
Yes	277	35.38

Attachment DO/Separation Anxiety		
Y_Q22a_c	Frequency	Percent
No	726	92.72
Yes	57	7.28

Bipolar		
Y_Q22a_d	Frequency	Percent
No	516	65.90
Yes	267	34.10

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Developmental (e.g., PDD, Autism)		
Y_Q22a_e	Frequency	Percent
No	736	94.00
Yes	47	6.00

Depression/Mood DO		
Y_Q22a_f	Frequency	Percent
No	475	60.66
Yes	308	39.34

Disruptive (e.g., ODD, CD)		
Y_Q22a_g	Frequency	Percent
No	660	84.29
Yes	123	15.71

Learning DO		
Y_Q22a_h	Frequency	Percent
No	706	90.17
Yes	77	9.83

Mental Retardation		
Y_Q22a_i	Frequency	Percent
No	773	98.72
Yes	10	1.28

Schizophrenia & Other Psychotic DO		
Y_Q22a_j	Frequency	Percent
No	741	94.64
Yes	42	5.36

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Substance Use		
Y_Q22a_k	Frequency	Percent
No	753	96.17
Yes	30	3.83

Tourettes/Tics		
Y_Q22a_l	Frequency	Percent
No	768	98.08
Yes	15	1.92

Other		
Y_Q22a_m	Frequency	Percent
No	700	89.40
Yes	83	10.60

Are you aware of treatment options?		
Y_Q22b	Frequency	Percent
Yes	620	85.40
No	106	14.60

Frequency Missing = 57

Do you have access to a peer advocate?		
Y_Q23	Frequency	Percent
Yes	246	33.38
No	279	37.86
Unknown/Not Sure/Unsure	212	28.77

Frequency Missing = 46

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Were you arrested since starting to get services from this program?		
Y_Q24	Frequency	Percent
Yes	65	8.58
No	693	91.42

Frequency Missing = 25

Were/are you on PINS or PINS diversion since starting services?		
Y_Q25	Frequency	Percent
Yes	81	10.64
No	582	76.48
Unknown/Not Sure/Unsure	98	12.88

Frequency Missing = 22

Were you expelled or suspended from school since starting to receive services from this program?		
Y_Q26	Frequency	Percent
Yes	189	24.80
No	466	61.15
No, but was prior to starting services	72	9.45
Does not apply	35	4.59

Frequency Missing = 21

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Since starting to receive services from this program, the number of days you were in school is (check one):		
Y_Q27	Frequency	Percent
Greater	307	40.82
About the same	317	42.15
Less	73	9.71
Does not apply	55	7.31

Frequency Missing = 31

Your age group (check one)		
Y_Q28	Frequency	Percent
9-11 years old	34	4.40
12-14 years old	268	34.72
15-18 years old	461	59.72
19-21 years old	9	1.17

Frequency Missing = 11

Your gender:		
Y_Q29	Frequency	Percent
Female	348	45.49
Male	417	54.51

Frequency Missing = 18

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

RACE	Frequency	Percent
Am. Ind	15	1.95
Asian	7	0.91
Black/Af	101	13.13
Hispanic	162	21.07
Multiple	73	9.49
Nat. Haw	2	0.26
Other	20	2.60
White	389	50.59

Frequency Missing = 14

Where do you live?		
Y_Q32	Frequency	Percent
At Home (with parent/parents)	524	68.23
At Home (with relatives-e.g., aunt, grandparent, etc.)	63	8.20
Foster home	12	1.56
Residential Program	154	20.05
Other	15	1.95

Frequency Missing = 15

School Work		
Y_Q35_a	Frequency	Percent
No	525	67.05
Yes	258	32.95

Make Friends		
Y_Q35_b	Frequency	Percent
No	526	67.18
Yes	257	32.82

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Food/Nutrition		
Y_Q35_c	Frequency	Percent
No	560	71.52
Yes	223	28.48

Health/Hygiene		
Y_Q35_d	Frequency	Percent
No	625	79.82
Yes	158	20.18

Recreation		
Y_Q35_e	Frequency	Percent
No	549	70.11
Yes	234	29.89

Service Eligibility (e.g., SSI, Medicaid, HEAP)		
Y_Q35_f	Frequency	Percent
No	744	95.02
Yes	39	4.98

Work Readiness		
Y_Q35_g	Frequency	Percent
No	640	81.74
Yes	143	18.26

Sex Education		
Y_Q35_h	Frequency	Percent
No	684	87.36
Yes	99	12.64

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Driving/Transportation		
Y_Q35_i	Frequency	Percent
No	603	77.01
Yes	180	22.99

Leadership Training		
Y_Q35_j	Frequency	Percent
No	685	87.48
Yes	98	12.52

Money Management		
Y_Q35_k	Frequency	Percent
No	587	74.97
Yes	196	25.03

Natural Supports (e.g., extended family, community)		
Y_Q35_l	Frequency	Percent
No	705	90.04
Yes	78	9.96

After School Programs/Community Activities		
Y_Q35_m	Frequency	Percent
No	539	68.84
Yes	244	31.16

Anger Management Skills		
Y_Q35_n	Frequency	Percent
No	568	72.54
Yes	215	27.46

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Self Advocacy/Empowerment		
Y_Q35_o	Frequency	Percent
No	687	87.74
Yes	96	12.26

College/Continuing Education		
Y_Q35_p	Frequency	Percent
No	617	78.80
Yes	166	21.20

Non-medication therapy options		
Y_Q35_r	Frequency	Percent
No	658	84.04
Yes	125	15.96

Other		
Y_Q35_s	Frequency	Percent
No	739	94.38
Yes	44	5.62

Respite		
Y_Q36_a	Frequency	Percent
No	637	81.35
Yes	146	18.65

Parenting Skills		
Y_Q36_b	Frequency	Percent
No	617	78.80
Yes	166	21.20

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Parent Support		
Y_Q36_c	Frequency	Percent
No	587	74.97
Yes	196	25.03

Sibling Support		
Y_Q36_d	Frequency	Percent
No	590	75.35
Yes	193	24.65

Advocacy Skills		
Y_Q36_e	Frequency	Percent
No	713	91.06
Yes	70	8.94

Family Counseling		
Y_Q36_f	Frequency	Percent
No	499	63.73
Yes	284	36.27

Transition Planning		
Y_Q36_g	Frequency	Percent
No	679	86.72
Yes	104	13.28

Education & Training		
Y_Q36_h	Frequency	Percent
No	664	84.80
Yes	119	15.20

***NYSOMH Family Assessment of Care Survey Results 2012
Statewide Summary Report
Item Frequency for Youth Survey***

Other		
Y_Q36_i	Frequency	Percent
No	715	91.32
Yes	68	8.68

Length was just right		
Y_Q37_a	Frequency	Percent
No	401	51.21
Yes	382	48.79

Hard to fill out		
Y_Q37_b	Frequency	Percent
No	730	93.23
Yes	53	6.77

Too long		
Y_Q37_c	Frequency	Percent
No	592	75.61
Yes	191	24.39

Words were easy to read		
Y_Q37_d	Frequency	Percent
No	548	69.99
Yes	235	30.01

Too short		
Y_Q37_e	Frequency	Percent
No	758	96.81
Yes	25	3.19

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Hard to Understand		
Y_Q37_f	Frequency	Percent
No	692	88.38
Yes	91	11.62

Questions were things that are important to me		
Y_Q37_g	Frequency	Percent
No	614	78.42
Yes	169	21.58

Other		
Y_Q37_h	Frequency	Percent
No	722	92.21
Yes	61	7.79

Did someone help you complete this form?		
Y_Q38	Frequency	Percent
Yes	352	46.68
No	402	53.32

Frequency Missing = 29

Wrote down the answers I gave		
Y_Q38a_a	Frequency	Percent
No	643	82.12
Yes	140	17.88

Read the questions to me		
Y_Q38a_b	Frequency	Percent
No	555	70.88
Yes	228	29.12

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Translated into my language		
Y_Q38a_c	Frequency	Percent
No	749	95.66
Yes	34	4.34

Helped in some other way		
Y_Q38a_d	Frequency	Percent
No	690	88.12
Yes	93	11.88