

Youth and Family Satisfaction with Mental Health Services

In

New York State

Final Report

2013

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EXECUTIVE SUMMARY

This report presents findings from the 2013 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, 2013 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 66.0% (n=823) and the family response rate was 42.7% (n=1229).

Families rated cultural sensitivity (99%), participation in treatment (98%), global satisfaction (98%), assess (98%), and appropriateness (99%) most positively. Families were less positive about their satisfaction with their child's outcomes (85%) and their own social connectedness (87%). Youths responded more favorably towards outcomes (89% positive) compared to families. Youth were satisfied with cultural sensitivity (95%) and with their accessibility of services (95%). Satisfaction with services differed by the type of program the child and family utilized.

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. 2013 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: 68% (n=5) of SPC that serve children, 70.2% (n=12) of CR, 43% (n=8) of RTF, 47.3% (n=14) of State DT for youth and 61.7% (n=16) for FACS, 24.4% (n=30) of Waiver programs for YACS and 82.4% (n=68) for family, 100% (n=1) of ACT for YACS and 100% for FACS (n=1), and 0.7% (n=8) of CT youth and 2.0% FACS (n=23) programs operating in NYS (Table B).

Table B. 2013 Survey Programs Included & Program Capacity

Program Type Name	N Youth Programs	Youth Samp 13 (n)	Youth Sample % of Total Capacity	N Family Programs	Family Samp 13 (n)	Family Sample % of Total Capacity	Total Capacity *
Children & Youth Community Residence	12	73	70.2	13	81	77.9	104
Clinic Treatment	8	174	0.7	23	539	2.0	26,554*
Day Treatment	14	273	47.3	16	356	61.7	577
HCBS Waiver Individualized Care Coordination	30	389	24.4	68	1313	82.4	1593
Kids ACT	1	88	100	1	88	100	88
Residential Treatment Facility - Children & Youth	8	125	43	11	260	89.3	291
State Psychiatric Center Inpatient	5	232	68	5	242	71	341
Total	78	1354	4.2	137	2879	8.8	32,548

*Based on CAIRS figures as of 2013, PCS** and Children's Operations figures as of 2011.

Survey Implementation

The surveys were conducted cross-sectionally during a two-week period in February, 2013. 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

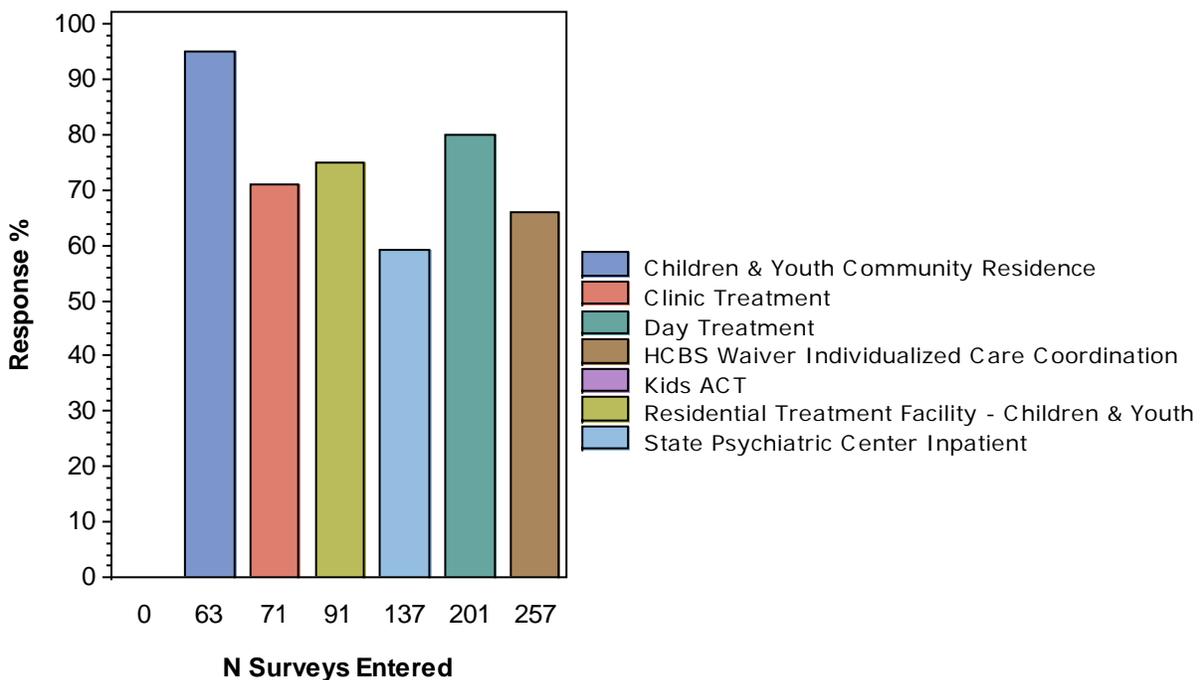
Survey response rates were calculated statewide, by region, county, program type and program site. Characteristics of respondent demographics and services utilized were also tallied. Responses on survey items were tallied as frequencies on a four-point Likert-type scale (4 point scale: Agree (1), Agree 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 66% (n=823) was higher than the family survey response rate of 42.7% (n=1229). Program type differences in response rates were notable. Youth Children & Youth Community Residence had the highest response rate of 96% and Kids ACT had the lowest response rates (0%) (Figure 1). Families with children in Kids ACT Programs had the lowest response rates (0%) while families with children in HCBS Waiver Individualized Care Coordination had the highest rates (56.1%) (Appendix II).

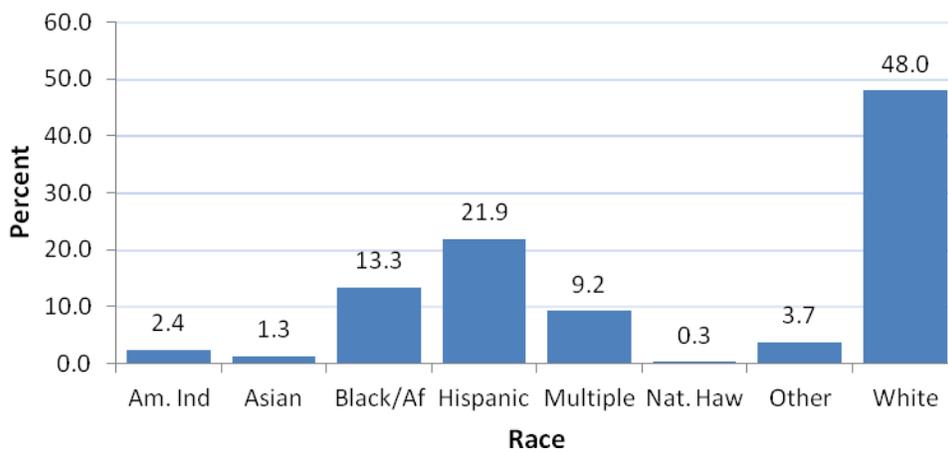
Figure 1. Youth Response Rates by Program Type



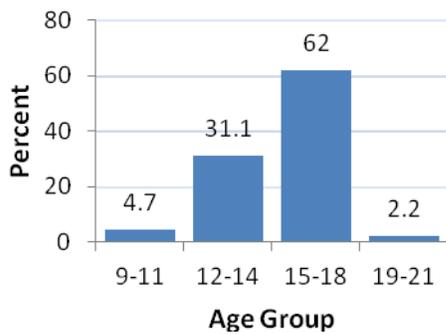
The demographic characteristics of youth and family respondents are tables in Appendix III.

Youth who responded were predominately teens (15-18 years, 62%), male (50.1%), Caucasian (54%), and had been receiving services for 6 months or more (58%). Families responded for their children ages 12-18 (66.4%), who were male (59.2%), Caucasian (48%), and who had been receiving services for 6 months or more (68.2%). (Appendix III)

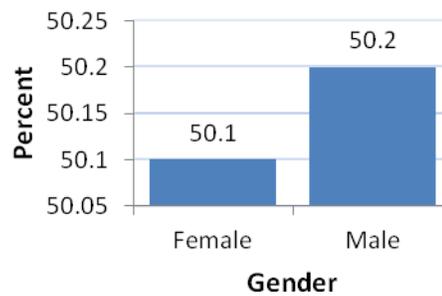
Youth Race Demographics



Youth Age Demographics



Youth Gender 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 (98%), the appropriateness of services (97%), and their global satisfaction (98%). Families were less satisfied with their own level of social connectedness (87%) and with their child's outcomes (outcome/ functioning domain, 85%). 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 (95%) (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 41% of families agreed that their 'child is better able to cope when faced with challenges', and 45% of families agreed that their 'child is happier with life.' Within the outcome/functioning domain, family satisfaction related to school (52.3%) had the highest percent of agreement. Families did not report high levels of satisfaction on the social connectedness domain. Only 35.6% of the families agreed they had more time to do social activities and 37.2 % agreed their lives were less stressful since their child has started services (Appendix III).

Almost all families (94.8%) reported that they had been given a diagnosis for their child. Of these families, 55.7% had children diagnosed with an attention disorder, and almost third of their children were diagnosed with anxiety (41.1%), bipolar disorder (28.9%), or depression/mood disorder (36%) (Appendix III). Most families felt aware of treatment options 85.8%.

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 (90%) compared to statewide response (87%) 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 (89%), with the appropriateness of services (94%), with cultural sensitivity (95%), with the accessibility of services (95%) and about their participation in services (91%). The majority of youth (90%) reported that they are taking medications, and 83% were satisfied on the domain related to understanding these medications (Appendix II).

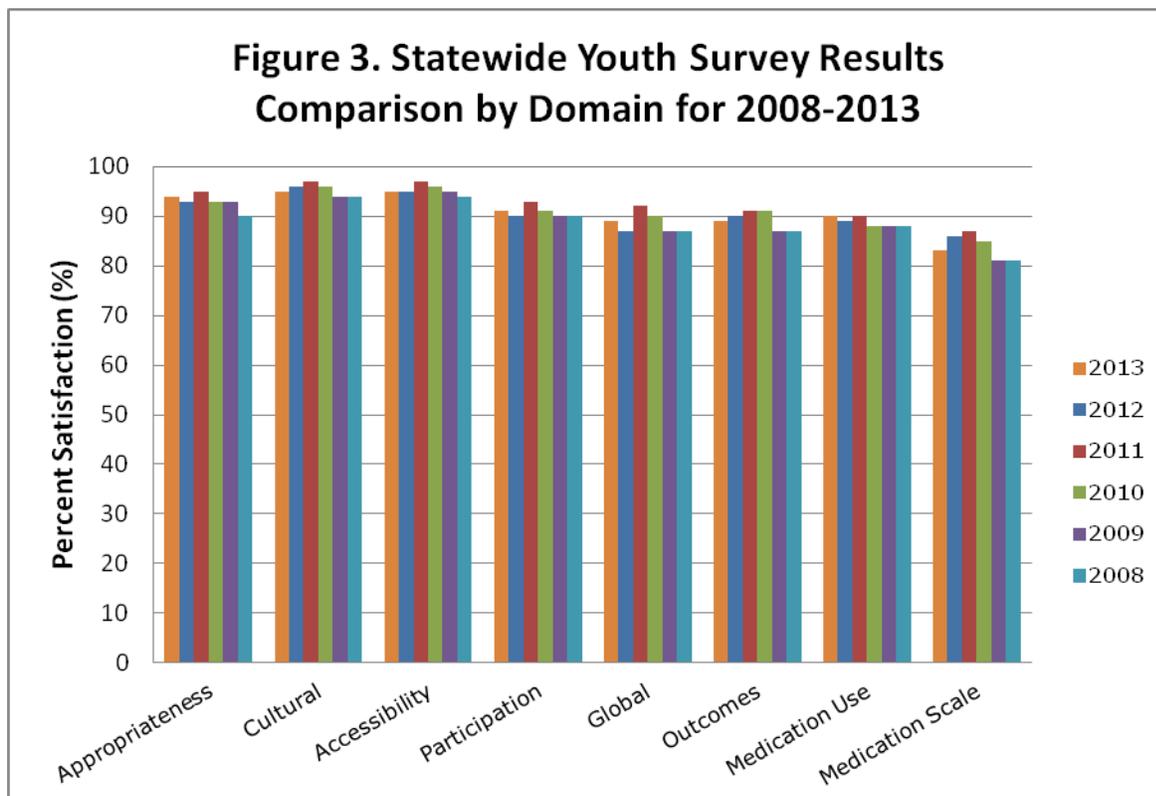
Similar to the family survey results, individual item responses on the youth surveys were more variable than were the domain indicators of satisfaction (Appendix III). In terms of outcomes, 53.2% of youth agreed that they were happier with their life and 54.9% got along better with their family. In terms of participation in services, only 60% of youth agreed that their treatment goals were stated in their own words (Appendix III).

The majority of youth (91.4%) reported that they had been given a diagnosis. The most common diagnosis reported by youth (46.2%) was ADHD/ADD followed by depression/mood disorder (40.8%) (Appendix III). Most youth indicated that they were aware of treatment options 85.8%.

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

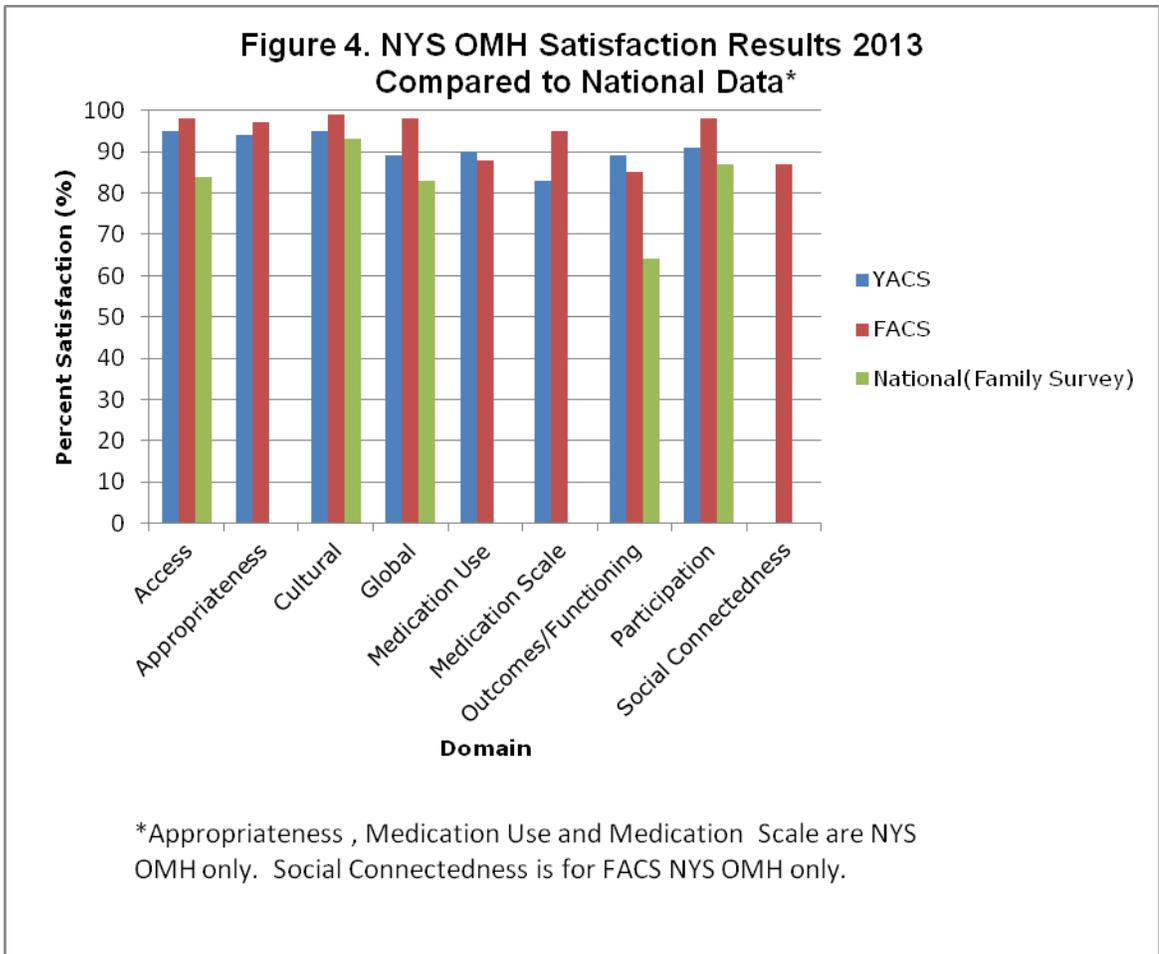
Comparison of 2008, 2009, 2010, 2011, 2012 and 2013 Survey Results

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 2013 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 2013

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?

- | | |
|---|--|
| <input type="checkbox"/> Parent/Parents | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Relative (e.g., aunt, grandparent) | <input type="checkbox"/> Other _____ |

40 Where does your child live?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> At Home (with parent/parents) | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> At Home (with relatives -e.g., aunt, grandparent) | <input type="checkbox"/> 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 2013

NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
1 - Statewide	Statewide	2879	1229	42.7
2 - Program Type	Children & Youth Community Res	81	32	39.5
	Clinic Treatment	539	169	31.4
	Day Treatment	356	172	48.3
	HCBS Waiver Individualized Car	1313	736	56.1
	Kids ACT	88	0	0.0
	Residential Treatment Facility	260	77	29.6
	State Psychiatric Center Inpat	242	43	17.8
3 - County	Albany	140	88	62.9
	Allegany	6	5	83.3
	Bronx	262	14	5.3
	Broome	44	23	52.3
	Cattaraugus	112	25	22.3
	Cayuga	52	11	21.2
	Chautauqua	6	2	33.3
	Chemung	10	6	60.0
	Chenango	20	6	30.0
	Clinton	12	12	100.0
	Columbia	14	3	21.4
	Cortland	6	3	50.0
	Delaware	8	8	100.0
	Dutchess	33	15	45.5
	Erie	231	99	42.9

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Essex	12	12	100.0
	Franklin	49	13	26.5
	Fulton	6	6	100.0
	Genesee	5	5	100.0
	Greene	6	5	83.3
	Hamilton	4	1	25.0
	Herkimer	5	1	20.0
	Jefferson	36	15	41.7
	Kings	160	81	50.6
	Lewis	5	4	80.0
	Livingston	5	5	100.0
	Madison	6	6	100.0
	Monroe	126	77	61.1
	Montgomery	4	3	75.0
	Nassau	97	78	80.4
	New York	171	29	17.0
	Niagara	13	13	100.0
	Oneida	88	0	0.0
	Onondaga	181	40	22.1
	Ontario	50	19	38.0
	Orange	25	12	48.0
	Orleans	8	8	100.0
	Oswego	6	1	16.7

NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Otsego	9	9	100.0
	Putnam	51	12	23.5
	Queens	162	78	48.1
	Rensselaer	19	15	78.9
	Richmond	50	44	88.0
	Rockland	65	22	33.8
	Saratoga	13	10	76.9
	Schenectady	23	5	21.7
	Schoharie	5	4	80.0
	Schuyler	5	0	0.0
	Seneca	6	4	66.7
	St. Lawrence	15	8	53.3
	Steuben	13	8	61.5
	Suffolk	221	142	64.3
	Sullivan	13	10	76.9
	Tioga	6	1	16.7
	Tompkins	11	5	45.5
	Ulster	32	18	56.3
	Warren	6	1	16.7
	Washington	7	7	100.0
	Wayne	20	12	60.0
	Westchester	92	49	53.3
	Wyoming	5	5	100.0

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Yates	6	6	100.0
4 - Region	Central New York	568	182	32.0
	Hudson River	544	276	50.7
	Long Island	318	220	69.2
	New York City	805	246	30.6
	Western New York	644	305	47.4

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
<i>Children & Youth Community Res</i>	<i>Abbott House, Inc.</i>	<i>Pleasantville Community Reside</i>	<i>Westchester</i>	8	0	0.0
	Cath Char/RC Diocese/Syracuse	Boys of Courage	Broome	5	3	60.0
	Citizen Advocates Inc. dba Nor	Adirondack Youth Lodge	Franklin	8	8	100.0
	<i>Jewish Board of Family & Child</i>	<i>JBFCs Henry Ittleson Community</i>	<i>Bronx</i>	8	0	0.0
	MercyFirst	Merrick House	Nassau	2	2	100.0
	North Country Transitional Liv	Washington Street Community Re	Jefferson	6	4	66.7
	Parsons Child and Family Cente	Miriam House	Albany	8	3	37.5
	Pathways, Inc.	Conable House	Steuben	4	1	25.0
		Lake Breeze Community Residenc	Ontario	6	1	16.7
	Pederson-Krag Center, Inc.	Pederson-Krag House	Suffolk	8	7	87.5
	<i>SCO Family of Services</i>	<i>'I Can' Community Residence</i>	<i>Queens</i>	2	0	0.0
	St. Joseph's Villa of Rocheste	Tuckahoe Road Children's Commu	Wayne	8	3	37.5
	<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>		81	32	39.5
Clinic Treatment	ARISE Child and Family Service	Arise Child & Family Service O	Onondaga	149	26	17.4
	Cattaraugus County Community S	Cattaraugus County Counseling	Cattaraugus	100	20	20.0
	MH Servs-Erie Co SE Corp V dba	South Buffalo Counseling Cente	Erie	73	19	26.0
	Mount Sinai Medical Center	Child and Family Outpatient Cl	New York	13	13	100.0
	Ohel Children's Home & Family	Ohel - Tikvah Clinic	Kings	40	16	40.0
	Parsons Child and Family Cente	Child and Family Guidance Clin	Albany	99	72	72.7
	Putnam Family and Community Se	Putnam Community Mental Health	Putnam	35	2	5.7
	St. Regis Mohawk Education & C	St. Regis Mohawk Mental Health	Franklin	30	1	3.3

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
<i>Clinic Treatment</i>		<i>Total</i>		539	169	31.4
Day Treatment	Elmira Psychiatric Center	Wayne Finger Lakes Day Treatme	Ontario	28	3	10.7
	Greater Binghamton Health Cent	Adolescent Day Treatment Progr	Broome	16	1	6.3
	Rockland Children's Psychiatri	Dutchess Intensive Day Treatme	Dutchess	6	3	50.0
		Orange Day Treatment Program	Orange	10	6	60.0
		Rockland Intensive Day Treatme	Rockland	13	9	69.2
		<i>Southern Westchester Day Treat</i>	<i>Westchester</i>	<i>14</i>	<i>0</i>	<i>0.0</i>
		Sullivan Day Treatment	Sullivan	6	4	66.7
		Ulster County Day Treatment Pr	Ulster	13	4	30.8
		Yonkers Day Treatment Program	Westchester	38	28	73.7
	Sagamore Children's Psychiatri	Bellport Day Treatment	Suffolk	40	16	40.0
		SCPC Western Suffolk Day Treat	Suffolk	53	29	54.7
		Sayville Day Treatment Program	Suffolk	22	14	63.6
		Wantagh Day Treatment Program	Nassau	25	20	80.0
	South Beach Psychiatric Center	South Beach Adolescent Day Tre	Richmond	20	17	85.0
	St. Lawrence Psychiatric Cente	Jefferson/Lewis Collaborative	Jefferson	16	6	37.5
	Western New York Children's Ps	WNYCPC Day Treatment Center	Erie	36	12	33.3
<i>Day Treatment</i>		<i>Total</i>		356	172	48.3
HCBS Waiver Individualized Car	Astor Home for Children	Astor HCBS - ICC	Dutchess	9	7	77.8
	Behavioral Health Services Nor	Behav Health HCBS - ICC	Clinton	12	12	100.0
	Cath Char/RC Diocese/Syracuse	C.C. Broome HCBS - ICC	Broome	23	19	82.6

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Cattaraugus Rehabilitation Cen	Rehab Ctr HCBS - ICC	Allegany	6	5	83.3
		Rehab Ctr HCBS - ICC	Cattaraugus	12	5	41.7
		Rehab Ctr HCBS - ICC	Chautauqua	6	2	33.3
	Child and Family Services of E	Child & Family HCBS - ICC	Erie	35	26	74.3
	Citizen Advocates Inc. dba Nor	Citizens Advocate HCBS - ICC	Franklin	11	4	36.4
	Families First of Essex County	Families First HCBS - ICC	Essex	12	12	100.0
	Family and Children's Associat	Family & Children HCBS - ICC	Nassau	60	52	86.7
	Green Chimneys Children's Svcs	Green Chimneys HCBS Waiver Ind	Putnam	6	6	100.0
	Hillside Children's Center	Hillside HCBS - ICC -CENTRAL	Cayuga	12	3	25.0
		Hillside HCBS - ICC -CENTRAL	Cortland	6	3	50.0
		Hillside HCBS - ICC -CENTRAL	Madison	6	6	100.0
		Hillside HCBS - ICC -CENTRAL	Onondaga	19	7	36.8
		Hillside HCBS - ICC -CENTRAL	Oswego	6	1	16.7
		Hillside-Monroe HCBS - ICC	Monroe	54	30	55.6
		Hillside-Monroe HCBS - ICC	Wayne	12	9	75.0
		Hillside-NIGLO HCBS - ICC	Genesee	5	5	100.0
		Hillside-NIGLO HCBS - ICC	Livingston	5	5	100.0
		Hillside-NIGLO HCBS - ICC	Niagara	13	13	100.0
		Hillside-NIGLO HCBS - ICC	Orleans	8	8	100.0
		Hillside-NIGLO HCBS - ICC	Wyoming	5	5	100.0
	Jewish Board of Family & Child	JBFCS-Home & Community-Based S	Richmond	30	27	90.0
	Jewish Child Care Association	Jewish Child Care Assoc HCBS -	Kings	72	50	69.4
	Liberty Resources, Inc.	Children's HCBS Waiver Program	Onondaga	13	7	53.8

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	Mental Health Association in U	MHA Ulster HCBS - ICC	Chenango	2	2	100.0
		MHA Ulster HCBS - ICC	Delaware	8	8	100.0
		MHA Ulster HCBS - ICC	Otsego	9	9	100.0
		MHA Ulster HCBS - ICC	Sullivan	7	6	85.7
		MHA Ulster HCBS - ICC	Ulster	10	9	90.0
	Mental Health Association of W	MHA Westchester HCBS - ICC	Westchester	17	7	41.2
	Mid-Erie Counseling and Treatm	Mid-Erie Counseling HCBS - ICC	Erie	20	20	100.0
	North Country Transitional Liv	North Country TLS HCBS - ICC	Jefferson	14	5	35.7
		North Country TLS HCBS - ICC	Lewis	5	4	80.0
		North Country TLS HCBS - ICC	St. Lawrence	15	8	53.3
	Occupations, Inc.	Occupations, Inc. HCBS - ICC	Orange	15	6	40.0
	Parsons Child and Family Cente	Parson's - HCBW Services	Ulster	9	5	55.6
		Parson's HCBS - ICC	Albany	13	7	53.8
		Parson's HCBS - ICC	Columbia	14	3	21.4
		Parson's HCBS - ICC	Fulton	6	6	100.0
		Parson's HCBS - ICC	Greene	6	5	83.3
		Parson's HCBS - ICC	Hamilton	4	1	25.0
		Parson's HCBS - ICC	Herkimer	5	1	20.0
		Parson's HCBS - ICC	Montgomery	4	3	75.0
		Parson's HCBS - ICC	Rensselaer	19	15	78.9
		Parson's HCBS - ICC	Saratoga	13	10	76.9
		Parson's HCBS - ICC	Schenectady	23	5	21.7
		Parson's HCBS - ICC	Schoharie	5	4	80.0

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
		Parson's HCBS - ICC	Warren	6	1	16.7
		Parson's HCBS - ICC	Washington	7	7	100.0
	Pathways, Inc.	Pathways, Inc. HCBS - ICC	Chemung	10	6	60.0
		Pathways, Inc. HCBS - ICC	Ontario	16	15	93.8
		<i>Pathways, Inc. HCBS - ICC</i>	<i>Schuyler</i>	<i>5</i>	<i>0</i>	<i>0.0</i>
		Pathways, Inc. HCBS - ICC	Seneca	6	4	66.7
		Pathways, Inc. HCBS - ICC	Steuben	9	7	77.8
		Pathways, Inc. HCBS - ICC	Tioga	6	1	16.7
		Pathways, Inc. HCBS - ICC	Tompkins	11	5	45.5
		Pathways, Inc. HCBS - ICC	Yates	6	6	100.0
	Pederson-Krag Center, Inc.	Pederson-Krag HCBS - ICC	Suffolk	61	61	100.0
	SCO Family of Services	SCO- HCBS-ICC	Kings	48	15	31.3
	St. Dominic's Home	St. Dominic's HCBS - ICC	Bronx	143	14	9.8
		St. Dominic's HCBS - ICC	Rockland	24	6	25.0
	St. Joseph's Villa of Rocheste	HCBS Waiver Individualized Car	Monroe	16	15	93.8
	St. Luke's-Roosevelt Hospital	St. Lukes-Roosevelt HCBS - ICC	New York	132	11	8.3
	Steinway Child and Family Serv	Steinway HCBS - ICC	Queens	62	53	85.5
	The Child Center of NY, Inc.	HCBS Waiver Individualized Car	Queens	29	17	58.6
	Westchester Jewish Community S	WJCS HCBS - ICC	Westchester	15	14	93.3
<i>HCBS Waiver Individualized Car</i>		<i>Total</i>		<i>1313</i>	<i>736</i>	<i>56.1</i>
<i>Kids ACT</i>	<i>Kids Oneida, Inc.</i>	<i>Kids Oneida ACT Team</i>	<i>Oneida</i>	<i>88</i>	<i>0</i>	<i>0.0</i>
<i>Kids ACT</i>		<i>Total</i>		<i>88</i>	<i>0</i>	<i>0.0</i>

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Family Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
Residential Treatment Facility	Astor Home for Children	Astor Home for Children	Dutchess	18	5	27.8
	August Aichhorn Ctr./Adoles. R	August Aichhorn Center	New York	26	5	19.2
	Baker Hall, Inc. dba Baker Vic	Baker Victory Services Residen	Erie	37	9	24.3
	Children's Home RTF, Inc.	Children's Home RTF/dba Stillw	Chenango	18	4	22.2
	Green Chimneys Children's Svcs	David Hall RTF	Putnam	10	4	40.0
	Hillside Children's Center	Hillside Children's Center RTF	Monroe	42	22	52.4
		Hillside Finger Lakes Campus,	Cayuga	40	8	20.0
	<i>Jewish Board of Family & Child</i>	<i>Henry Ittleson Center RTF</i>	<i>Bronx</i>	<i>25</i>	<i>0</i>	<i>0.0</i>
	MercyFirst	McKeown House RTF	Nassau	10	4	40.0
	Parsons Child and Family Cente	Parsons Child & Family Center	Albany	20	6	30.0
	St. Joseph's Villa of Rocheste	St. Joseph's Villa RTF	Monroe	14	10	71.4
<i>Residential Treatment Facility</i>		<i>Total</i>		<i>260</i>	<i>77</i>	<i>29.6</i>
<i>State Psychiatric Center Inpat</i>	<i>Bronx Children's Psychiatric C</i>	<i>Bronx Children's Psychiatric C</i>	<i>Bronx</i>	<i>86</i>	<i>0</i>	<i>0.0</i>
	Queens Children's Psychiatric	Queens Children's Psychiatric	Queens	61	8	13.1
	Rockland Children's Psychiatri	Rockland Children's Psychiatri	Rockland	28	7	25.0
	Sagamore Children's Psychiatri	Sagamore Children's Psychiatri	Suffolk	37	15	40.5
	Western New York Children's Ps	Western New York Children's Ps	Erie	30	13	43.3
<i>State Psychiatric Center Inpat</i>		<i>Total</i>		<i>242</i>	<i>43</i>	<i>17.8</i>
		<i>Grand Total</i>		<i>2879</i>	<i>1229</i>	<i>42.7</i>

NYSOMH Family Assessment of Care Survey Results 2013

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)	1226	1198	98	N/A	98.0
	Appropriateness (Q1-Q3)	1225	1194	97	N/A	97.0
	Cultural (Q4-Q6)	1225	1216	99	N/A	99.0
	Global(Q14-Q17)	1224	1198	98	N/A	98.0
	Medication (Y/N) (Q28)	1229	1077	88	N/A	88.0
	Medication Scale (Q28a-Q28e) ⁴	1074	1024	95	N/A	95.0
	Outcomes/Functioning (Q18-Q22)	1219	1034	85	N/A	85.0
	Participation (Q10-Q13)	1224	1205	98	N/A	98.0
	Social Connectedness (Q23-Q27)	1222	1058	87	N/A	87.0
Children & Youth Community Res	Access(Q7-Q9)	32	30	94	-	98.0
	Appropriateness (Q1-Q3)	32	29	91	-	97.0
	Cultural (Q4-Q6)	32	32	100	+	99.0
	Global(Q14-Q17)	32	31	97	-	98.0
	Medication (Y/N) (Q28)	32	30	94	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	30	28	93	-	95.0
	Outcomes/Functioning (Q18-Q22)	32	25	78	-	85.0
	Participation (Q10-Q13)	32	31	97	-	98.0

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 2013

Statewide Summary Report

Family Survey Results by Domain and Program Type

Program Type	Domain	N ¹	N Positive ²	% Positive	95% CI Significance ³	Statewide Rate
	Social Connectedness (Q23-Q27)	32	29	91	+	87.0
Clinic Treatment	Access(Q7-Q9)	167	163	98	NS	98.0
	Appropriateness (Q1-Q3)	167	162	97	NS	97.0
	Cultural (Q4-Q6)	167	167	100	+	99.0
	Global(Q14-Q17)	165	160	97	-	98.0
	Medication (Y/N) (Q28)	169	106	63	-	88.0
	Medication Scale (Q28a-Q28e) ⁴	106	102	96	NS	95.0
	Outcomes/Functioning (Q18-Q22)	166	146	88	+	85.0
	Participation (Q10-Q13)	166	163	98	NS	98.0
	Social Connectedness (Q23-Q27)	166	147	89	+	87.0
Day Treatment	Access(Q7-Q9)	171	169	99	+	98.0
	Appropriateness (Q1-Q3)	172	170	99	+	97.0
	Cultural (Q4-Q6)	171	170	99	NS	99.0
	Global(Q14-Q17)	171	169	99	+	98.0
	Medication (Y/N) (Q28)	172	153	89	NS	88.0
	Medication Scale (Q28a-Q28e) ⁴	153	150	98	+	95.0
	Outcomes/Functioning (Q18-Q22)	171	157	92	+	85.0

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NYSOMH Family Assessment of Care Survey Results 2013

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)	170	170	100	+	98.0
	Social Connectedness (Q23-Q27)	171	152	89	+	87.0
HCBS Waiver Individualized Car	Access(Q7-Q9)	736	725	99	NS	98.0
	Appropriateness (Q1-Q3)	734	719	98	NS	97.0
	Cultural (Q4-Q6)	735	732	100	NS	99.0
	Global(Q14-Q17)	736	723	98	NS	98.0
	Medication (Y/N) (Q28)	736	670	91	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	668	634	95	NS	95.0
	Outcomes/Functioning (Q18-Q22)	733	608	83	NS	85.0
	Participation (Q10-Q13)	736	728	99	NS	98.0
	Social Connectedness (Q23-Q27)	734	625	85	NS	87.0
Residential Treatment Facility	Access(Q7-Q9)	77	72	94	-	98.0
	Appropriateness (Q1-Q3)	77	71	92	-	97.0
	Cultural (Q4-Q6)	77	73	95	-	99.0
	Global(Q14-Q17)	77	73	95	-	98.0
	Medication (Y/N) (Q28)	77	75	97	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	75	70	93	-	95.0

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

***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Family Survey Results by Domain and Program Type***

Program Type	Domain	N ¹	N Positive ²	% Positive	95% CI Significance ³	Statewide Rate
	Outcomes/Functioning (Q18-Q22)	77	59	77	-	85.0
	Participation (Q10-Q13)	77	71	92	-	98.0
	Social Connectedness (Q23-Q27)	77	67	87	NS	87.0
State Psychiatric Center Inpat	Access(Q7-Q9)	43	39	91	-	98.0
	Appropriateness (Q1-Q3)	43	43	100	+	97.0
	Cultural (Q4-Q6)	43	42	98	-	99.0
	Global(Q14-Q17)	43	42	98	NS	98.0
	Medication (Y/N) (Q28)	43	43	100	+	88.0
	Medication Scale (Q28a-Q28e) ⁴	42	40	95	NS	95.0
	Outcomes/Functioning (Q18-Q22)	40	39	98	+	85.0
	Participation (Q10-Q13)	43	42	98	-	98.0
	Social Connectedness (Q23-Q27)	42	38	90	+	87.0

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

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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 2013
Statewide Summary Report
Response Rate for Youth Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
1 - Statewide	Statewide	1247	823	66.0
2 - Program Type	Children & Youth Community Res	66	63	95.5
	Clinic Treatment	99	71	71.7
	Day Treatment	250	201	80.4
	HCBS Waiver Individualized Car	387	257	66.4
	Kids ACT	88	0	0.0
	Residential Treatment Facility	125	94	75.2
	State Psychiatric Center Inpat	232	137	59.1
3 - County	Albany	41	30	73.2
	Bronx	104	14	13.5
	Broome	32	26	81.3
	Cattaraugus	20	1	5.0
	Cayuga	31	26	83.9
	Chenango	19	11	57.9
	Columbia	9	5	55.6
	Cortland	6	3	50.0
	Dutchess	7	6	85.7
	Erie	101	84	83.2
	Franklin	18	8	44.4
	Fulton	5	3	60.0
	Genesee	3	3	100.0
	Greene	6	1	16.7
	Hamilton	1	0	0.0

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Herkimer	4	1	25.0
	Jefferson	28	20	71.4
	Kings	42	42	100.0
	Lewis	4	4	100.0
	Monroe	7	7	100.0
	Montgomery	3	3	100.0
	Nassau	76	66	86.8
	New York	42	38	90.5
	Niagara	6	6	100.0
	Oneida	88	0	0.0
	Onondaga	38	11	28.9
	Ontario	18	14	77.8
	Orange	1	1	100.0
	Putnam	58	9	15.5
	Queens	74	68	91.9
	Rensselaer	19	13	68.4
	Richmond	41	32	78.0
	Rockland	40	36	90.0
	Saratoga	11	10	90.9
	Schenectady	18	5	27.8
	Schoharie	5	3	60.0
	St. Lawrence	13	6	46.2
	Steuben	1	0	0.0

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

Category	Value	Surveys Distributed	Surveys Completed	Response Rate
	Suffolk	187	169	90.4
	Sullivan	12	12	100.0
	Ulster	16	2	12.5
	Warren	4	1	25.0
	Washington	6	6	100.0
	Wayne	17	17	100.0
4 - Region	Central New York	290	122	42.1
	Hudson River	253	140	55.3
	Long Island	263	235	89.4
	New York City	274	194	70.8
	Western New York	167	132	79.0

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
Children & Youth Community Res	Cath Char/RC Diocese/Syracuse	Boys of Courage	Broome	5	4	80.0
	Citizen Advocates Inc. dba Nor	Adirondack Youth Lodge	Franklin	8	8	100.0
	Jewish Board of Family & Child	JBFCS Henry Ittleson Community	Bronx	8	7	87.5
	MercyFirst	Merrick House	Nassau	2	2	100.0
	North Country Transitional Liv	Washington Street Community Re	Jefferson	6	4	66.7
	Parsons Child and Family Cente	Miriam House	Albany	8	8	100.0
	<i>Pathways, Inc.</i>	<i>Conable House</i>	<i>Steuben</i>	<i>1</i>	<i>0</i>	<i>0.0</i>
		Lake Breeze Community Residenc	Ontario	6	5	83.3
	Pederson-Krag Center, Inc.	Pederson-Krag House	Suffolk	8	8	100.0
	SCO Family of Services	'I Can' Community Residence	Queens	5	5	100.0
	St. Joseph's Villa of Rocheste	Tuckahoe Road Children's Commu	Wayne	7	7	100.0
	St. Vincent's Services, Inc.	Springfield Gardens Community	Queens	8	5	62.5
<i>Children & Youth Community Res</i>		<i>Total</i>		<i>72</i>	<i>63</i>	<i>87.5</i>
<i>Clinic Treatment</i>	<i>ARISE Child and Family Service</i>	<i>Arise Child & Family Service O</i>	<i>Onondaga</i>	<i>24</i>	<i>0</i>	<i>0.0</i>
	Cattaraugus County Community S	Cattaraugus County Counseling	Cattaraugus	20	1	5.0
	MH Servs-Erie Co SE Corp V dba	South Buffalo Counseling Cente	Erie	13	12	92.3
	Mount Sinai Medical Center	Child and Family Outpatient Cl	New York	12	10	83.3
	Ohel Children's Home & Family	Ohel - Tikvah Clinic	Kings	29	29	100.0
	Parsons Child and Family Cente	Child and Family Guidance Clin	Albany	20	17	85.0
	Putnam Family and Community Se	Putnam Community Mental Health	Putnam	35	2	5.7
	<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>163</i>	<i>71</i>	<i>43.6</i>

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
Day Treatment	Elmira Psychiatric Center	Wayne Finger Lakes Day Treatme	Ontario	12	9	75.0
	Greater Binghamton Health Cent	Adolescent Day Treatment Progr	Broome	16	11	68.8
	Rockland Children's Psychiatri	Dutchess Intensive Day Treatme	Dutchess	1	1	100.0
		Orange Day Treatment Program	Orange	1	1	100.0
		Rockland Intensive Day Treatme	Rockland	9	5	55.6
		Sullivan Day Treatment	Sullivan	12	12	100.0
		<i>Ulster County Day Treatment Pr</i>	<i>Ulster</i>	<i>13</i>	<i>0</i>	<i>0.0</i>
	Sagamore Children's Psychiatri	Bellport Day Treatment	Suffolk	40	33	82.5
		SCPC Western Suffolk Day Treat	Suffolk	53	50	94.3
		<i>Sayville Day Treatment Program</i>	<i>Suffolk</i>	<i>1</i>	<i>0</i>	<i>0.0</i>
		Wantagh Day Treatment Program	Nassau	25	23	92.0
	South Beach Psychiatric Center	South Beach Adolescent Day Tre	Richmond	20	19	95.0
	St. Lawrence Psychiatric Cente	Jefferson/Lewis Collaborative	Jefferson	11	11	100.0
	Western New York Children's Ps	WNYCPC Day Treatment Center	Erie	36	26	72.2
<i>Day Treatment</i>		<i>Total</i>		<i>250</i>	<i>201</i>	<i>80.4</i>
HCBS Waiver Individualized Car	Astor Home for Children	Astor HCBS - ICC	Dutchess	2	2	100.0
	Cath Char/RC Diocese/Syracuse	C.C. Broome HCBS - ICC	Broome	11	11	100.0
	Child and Family Services of E	Child & Family HCBS - ICC	Erie	33	28	84.8
	Family and Children's Associat	Family & Children HCBS - ICC	Nassau	39	33	84.6
	Green Chimneys Children's Svcs	Green Chimneys HCBS Waiver Ind	Putnam	9	3	33.3
	Hillside Children's Center	Hillside HCBS - ICC -CENTRAL	Cortland	6	3	50.0

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
		Hillside HCBS - ICC -CENTRAL	Onondaga	14	11	78.6
		Hillside-Monroe HCBS - ICC	Wayne	10	10	100.0
		Hillside-NIGLO HCBS - ICC	Genesee	3	3	100.0
		Hillside-NIGLO HCBS - ICC	Niagara	6	6	100.0
	Jewish Board of Family & Child	JBFCs-Home & Community-Based S	Richmond	21	13	61.9
	North Country Transitional Liv	North Country TLS HCBS - ICC	Jefferson	11	5	45.5
		North Country TLS HCBS - ICC	Lewis	4	4	100.0
		North Country TLS HCBS - ICC	St. Lawrence	13	6	46.2
	Parsons Child and Family Cente	Parson's - HCBW Services	Ulster	3	2	66.7
		Parson's HCBS - ICC	Albany	13	5	38.5
		Parson's HCBS - ICC	Columbia	9	5	55.6
		Parson's HCBS - ICC	Fulton	5	3	60.0
		Parson's HCBS - ICC	Greene	6	1	16.7
		<i>Parson's HCBS - ICC</i>	<i>Hamilton</i>	<i>1</i>	<i>0</i>	<i>0.0</i>
		Parson's HCBS - ICC	Herkimer	4	1	25.0
		Parson's HCBS - ICC	Montgomery	3	3	100.0
		Parson's HCBS - ICC	Rensselaer	19	13	68.4
		Parson's HCBS - ICC	Saratoga	11	10	90.9
		Parson's HCBS - ICC	Schenectady	18	5	27.8
		Parson's HCBS - ICC	Schoharie	5	3	60.0
		Parson's HCBS - ICC	Warren	4	1	25.0
		Parson's HCBS - ICC	Washington	6	6	100.0
	Pederson-Krag Center, Inc.	Pederson-Krag HCBS - ICC	Suffolk	50	48	96.0

***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
	SCO Family of Services	SCO- HCBS-ICC	Kings	48	13	27.1
<i>HCBS Waiver Individualized Car</i>		<i>Total</i>		387	257	66.4
<i>Kids ACT</i>	<i>Kids Oneida, Inc.</i>	<i>Kids Oneida ACT Team</i>	<i>Oneida</i>	88	0	0.0
<i>Kids ACT</i>		<i>Total</i>		88	0	0.0
Residential Treatment Facility	Astor Home for Children	Astor Home for Children	Dutchess	4	3	75.0
	August Aichhorn Ctr./Adoles. R	August Aichhorn Center	New York	30	28	93.3
	Children's Home RTF, Inc.	Children's Home RTF/dba Stillw	Chenango	19	11	57.9
	Green Chimneys Children's Svcs	David Hall RTF	Putnam	14	4	28.6
	Hillside Children's Center	Hillside Finger Lakes Campus,	Cayuga	31	26	83.9
	Jewish Board of Family & Child	Henry Ittleson Center RTF	Bronx	10	7	70.0
	MercyFirst	McKeown House RTF	Nassau	10	8	80.0
	St. Joseph's Villa of Rocheste	St. Joseph's Villa RTF	Monroe	7	7	100.0
<i>Residential Treatment Facility</i>		<i>Total</i>		125	94	75.2
<i>State Psychiatric Center Inpat</i>	<i>Bronx Children's Psychiatric C</i>	<i>Bronx Children's Psychiatric C</i>	<i>Bronx</i>	86	0	0.0
	Queens Children's Psychiatric	Queens Children's Psychiatric	Queens	61	58	95.1
	Rockland Children's Psychiatri	Rockland Children's Psychiatri	Rockland	31	31	100.0
	Sagamore Children's Psychiatri	Sagamore Children's Psychiatri	Suffolk	35	30	85.7
	Western New York Children's Ps	Western New York Children's Ps	Erie	19	18	94.7
<i>State Psychiatric Center Inpat</i>		<i>Total</i>		232	137	59.1

***NYSOMH Youth Assessment of Care Survey Results 2013
 Statewide Summary Report
 Response Rate for Youth Survey***

ProgramTypeName	Agency	ProgramName	County	Surveys Distributed	Surveys Completed	Response Rate
		<i>Grand Total</i>		<i>1317</i>	<i>823</i>	<i>62.5</i>

NYSOMH Youth Assessment of Care Survey Results 2013

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)	820	778	95	N/A	95.0
	Appropriateness (Q1-Q3)	822	775	94	N/A	94.0
	Cultural (Q4-Q6)	820	779	95	N/A	95.0
	Global(Q15)	815	722	89	N/A	89.0
	Medication (Y/N) (Q21)	823	737	90	N/A	90.0
	Medication Scale (Q21a-Q21e) ⁴	733	608	83	N/A	83.0
	Outcomes/Functioning (Q16-Q20a)	819	731	89	N/A	89.0
	Participation (Q11-Q14)	821	746	91	N/A	91.0
Children & Youth Community Res	Access(Q7-Q10)	63	60	95	NS	95.0
	Appropriateness (Q1-Q3)	63	60	95	NS	94.0
	Cultural (Q4-Q6)	63	58	92	-	95.0
	Global(Q15)	63	55	87	NS	89.0
	Medication (Y/N) (Q21)	63	63	100	+	90.0
	Medication Scale (Q21a-Q21e) ⁴	63	50	79	-	83.0
	Outcomes/Functioning (Q16-Q20a)	63	53	84	-	89.0
	Participation (Q11-Q14)	63	58	92	NS	91.0
Clinic Treatment	Access(Q7-Q10)	71	71	100	+	95.0

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 2013

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
	Appropriateness (Q1-Q3)	71	69	97	+	94.0
	Cultural (Q4-Q6)	71	69	97	+	95.0
	Global(Q15)	71	66	93	+	89.0
	Medication (Y/N) (Q21)	71	43	61	-	90.0
	Medication Scale (Q21a-Q21e) ⁴	43	40	93	+	83.0
	Outcomes/Functioning (Q16-Q20a)	71	65	92	+	89.0
	Participation (Q11-Q14)	71	70	99	+	91.0
Day Treatment	Access(Q7-Q10)	201	188	94	NS	95.0
	Appropriateness (Q1-Q3)	201	192	96	NS	94.0
	Cultural (Q4-Q6)	201	194	97	+	95.0
	Global(Q15)	200	176	88	NS	89.0
	Medication (Y/N) (Q21)	201	175	87	-	90.0
	Medication Scale (Q21a-Q21e) ⁴	172	139	81	NS	83.0
	Outcomes/Functioning (Q16-Q20a)	201	179	89	NS	89.0
	Participation (Q11-Q14)	201	184	92	NS	91.0
HCBS Waiver Individualized Car	Access(Q7-Q10)	255	255	100	+	95.0
	Appropriateness (Q1-Q3)	257	249	97	+	94.0

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NYSOMH Youth Assessment of Care Survey Results 2013

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)	255	255	100	+	95.0
	Global(Q15)	254	248	98	+	89.0
	Medication (Y/N) (Q21)	257	239	93	+	90.0
	Medication Scale (Q21a-Q21e) ⁴	238	199	84	NS	83.0
	Outcomes/Functioning (Q16-Q20a)	256	228	89	NS	89.0
	Participation (Q11-Q14)	256	243	95	+	91.0
Residential Treatment Facility	Access(Q7-Q10)	94	88	94	NS	95.0
	Appropriateness (Q1-Q3)	94	89	95	NS	94.0
	Cultural (Q4-Q6)	94	85	90	-	95.0
	Global(Q15)	93	78	84	-	89.0
	Medication (Y/N) (Q21)	94	90	96	+	90.0
	Medication Scale (Q21a-Q21e) ⁴	90	71	79	-	83.0
	Outcomes/Functioning (Q16-Q20a)	93	87	94	+	89.0
	Participation (Q11-Q14)	94	87	93	NS	91.0
State Psychiatric Center Inpat	Access(Q7-Q10)	136	116	85	-	95.0
	Appropriateness (Q1-Q3)	136	116	85	-	94.0
	Cultural (Q4-Q6)	136	118	87	-	95.0

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***NYSOMH Youth Assessment of Care Survey Results 2013
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
	Global(Q15)	134	99	74	-	89.0
	Medication (Y/N) (Q21)	137	127	93	+	90.0
	Medication Scale (Q21a-Q21e) ⁴	127	109	86	+	83.0
	Outcomes/Functioning (Q16-Q20a)	135	119	88	NS	89.0
	Participation (Q11-Q14)	136	104	76	-	91.0

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Appendix III

Item Frequency Report 2013

NYSOMH Family Assessment of Care Survey Results 2013

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	832	71.54
No	204	17.54
Unknown/Not Sure/Unsure	127	10.92

Frequency Missing = 66

Did SPOA make it easier to access services?		
F_Q30a	Frequency	Percent
Yes	711	87.45
No	102	12.55

Frequency Missing = 416

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Through SPOA, I was directly involved with determining what services my child received		
F_Q30b	Frequency	Percent
Yes	694	86.64
No	107	13.36

Frequency Missing = 428

My childs and familys strengths were recognized during the SPOA process		
F_Q30c	Frequency	Percent
Yes	693	87.17
No	102	12.83

Frequency Missing = 434

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***NYSOMH Family Assessment of Care Survey Results 2013
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	41	3.54
1-2 months	103	8.89
3-5 months	224	19.34
6 months to 1 year	402	34.72
More than 1 year- 3 years	332	28.67
More than 3 years	56	4.84

Frequency Missing = 71

Is your child still getting the services from this program?		
F_b	Frequency	Percent
Yes	973	96.62
No	34	3.38

Frequency Missing = 222

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

The services my child and/or family received were helpful for us.		
F_Q1	Frequency	Percent
Agree	1056	86.35
Agree Slightly	139	11.37
Disagree Slightly	22	1.80
Disagree	6	0.49

Frequency Missing = 6

My child had someone to talk to when he/she was troubled.		
F_Q2	Frequency	Percent
Agree	1009	82.64
Agree Slightly	179	14.66
Disagree Slightly	25	2.05
Disagree	8	0.66

Frequency Missing = 8

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Services helped my family make positive changes.		
F_Q3	Frequency	Percent
Agree	912	75.25
Agree Slightly	243	20.05
Disagree Slightly	42	3.47
Disagree	15	1.24

Frequency Missing = 17

Staff treated me with respect.		
F_Q4	Frequency	Percent
Agree	1122	91.74
Agree Slightly	83	6.79
Disagree Slightly	11	0.90
Disagree	7	0.57

Frequency Missing = 6

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Staff was sensitive to my cultural / ethnic background.		
F_Q5	Frequency	Percent
Agree	1114	91.91
Agree Slightly	81	6.68
Disagree Slightly	11	0.91
Disagree	6	0.50

Frequency Missing = 17

Staff spoke with me in a way I understood.		
F_Q6	Frequency	Percent
Agree	1124	91.91
Agree Slightly	88	7.20
Disagree Slightly	9	0.74
Disagree	2	0.16

Frequency Missing = 6

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

My child could get services when he/she needed them.		
F_Q7	Frequency	Percent
Agree	995	81.89
Agree Slightly	169	13.91
Disagree Slightly	40	3.29
Disagree	11	0.91

Frequency Missing = 14

The location of services was convenient for us.		
F_Q8	Frequency	Percent
Agree	1006	82.73
Agree Slightly	141	11.60
Disagree Slightly	43	3.54
Disagree	26	2.14

Frequency Missing = 13

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

My child was able to get help in a crisis.		
F_Q9	Frequency	Percent
Agree	971	81.39
Agree Slightly	174	14.59
Disagree Slightly	32	2.68
Disagree	16	1.34

Frequency Missing = 36

I was included as a partner in planning my child's services.		
F_Q10	Frequency	Percent
Agree	1063	87.49
Agree Slightly	126	10.37
Disagree Slightly	21	1.73
Disagree	5	0.41

Frequency Missing = 14

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NYSOMH Family Assessment of Care Survey Results 2013

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	1081	88.61
Agree Slightly	109	8.93
Disagree Slightly	26	2.13
Disagree	4	0.33

Frequency Missing = 9

I had a say in the kinds of treatment and services my child received.		
F_Q12	Frequency	Percent
Agree	1046	85.81
Agree Slightly	133	10.91
Disagree Slightly	28	2.30
Disagree	12	0.98

Frequency Missing = 10

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

My child and I have a safety plan that would work for us if we needed one.		
F_Q13	Frequency	Percent
Agree	940	78.73
Agree Slightly	174	14.57
Disagree Slightly	41	3.43
Disagree	39	3.27

Frequency Missing = 35

My out-of-pocket expenses for services are affordable.		
F_Q14	Frequency	Percent
Agree	949	81.46
Agree Slightly	120	10.30
Disagree Slightly	42	3.61
Disagree	54	4.64

Frequency Missing = 64

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

My child's treatment was comprehensive. (Included school, home, therapy, etc.)		
F_Q15	Frequency	Percent
Agree	991	82.04
Agree Slightly	166	13.74
Disagree Slightly	37	3.06
Disagree	14	1.16

Frequency Missing = 21

My child's services were coordinated. (Providers were on the same page.)		
F_Q16	Frequency	Percent
Agree	987	82.46
Agree Slightly	146	12.20
Disagree Slightly	44	3.68
Disagree	20	1.67

Frequency Missing = 32

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Overall, I am satisfied with the services my child received.		
F_Q17	Frequency	Percent
Agree	1038	85.43
Agree Slightly	145	11.93
Disagree Slightly	21	1.73
Disagree	11	0.91

Frequency Missing = 14

My child is behaving better in school.		
F_Q18	Frequency	Percent
Agree	619	52.28
Agree Slightly	371	31.33
Disagree Slightly	122	10.30
Disagree	72	6.08

Frequency Missing = 45

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

My child is happier with his/her life.		
F_Q19	Frequency	Percent
Agree	544	45.03
Agree Slightly	460	38.08
Disagree Slightly	142	11.75
Disagree	62	5.13

Frequency Missing = 21

My child is better able to cope when faced with challenges.		
F_Q20	Frequency	Percent
Agree	496	41.03
Agree Slightly	487	40.28
Disagree Slightly	139	11.50
Disagree	87	7.20

Frequency Missing = 20

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

My child has been able to make friends.		
F_Q21	Frequency	Percent
Agree	544	45.18
Agree Slightly	400	33.22
Disagree Slightly	172	14.29
Disagree	88	7.31

Frequency Missing = 25

We get along better as a family.		
F_Q22	Frequency	Percent
Agree	578	48.09
Agree Slightly	445	37.02
Disagree Slightly	107	8.90
Disagree	72	5.99

Frequency Missing = 27

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

I have more time to do social activities.		
F_Q23	Frequency	Percent
Agree	423	35.58
Agree Slightly	406	34.15
Disagree Slightly	207	17.41
Disagree	153	12.87

Frequency Missing = 40

In a crisis, I have someone who would help.		
F_Q24	Frequency	Percent
Agree	880	72.61
Agree Slightly	235	19.39
Disagree Slightly	68	5.61
Disagree	29	2.39

Frequency Missing = 17

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

I have the support I need from others.		
F_Q25	Frequency	Percent
Agree	794	65.57
Agree Slightly	299	24.69
Disagree Slightly	82	6.77
Disagree	36	2.97

Frequency Missing = 18

My life is less stressful.		
F_Q26	Frequency	Percent
Agree	449	37.17
Agree Slightly	421	34.85
Disagree Slightly	193	15.98
Disagree	145	12.00

Frequency Missing = 21

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

My relationship with my child is better.		
F_Q27	Frequency	Percent
Agree	637	52.69
Agree Slightly	400	33.09
Disagree Slightly	118	9.76
Disagree	54	4.47

Frequency Missing = 20

Does your child take medication for his / her emotional or behavioral reasons?		
F_Q28	Frequency	Percent
Yes	1077	87.99
No	147	12.01

Frequency Missing = 5

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

I understand what my child's medications are for.		
F_Q28a	Frequency	Percent
Agree	956	89.43
Agree Slightly	92	8.61
Disagree Slightly	13	1.22
Disagree	8	0.75

Frequency Missing = 160

I know what medication side effects to watch for in my child.		
F_Q28b	Frequency	Percent
Agree	897	83.99
Agree Slightly	120	11.24
Disagree Slightly	31	2.90
Disagree	20	1.87

Frequency Missing = 161

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

My child and I had choices about taking medications.		
F_Q28c	Frequency	Percent
Agree	785	74.76
Agree Slightly	143	13.62
Disagree Slightly	71	6.76
Disagree	51	4.86

Frequency Missing = 179

Medication has helped my child.		
F_Q28d	Frequency	Percent
Agree	700	66.10
Agree Slightly	240	22.66
Disagree Slightly	85	8.03
Disagree	34	3.21

Frequency Missing = 170

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

My child feels comfortable about taking medication.		
F_Q28e	Frequency	Percent
Agree	690	65.16
Agree Slightly	214	20.21
Disagree Slightly	71	6.70
Disagree	84	7.93

Frequency Missing = 170

Have you been given a diagnosis for your child's emotional/mental health issues?		
F_Q29	Frequency	Percent
Yes	1144	94.78
No	63	5.22

Frequency Missing = 22

ADHD/ADD		
F_Q29a_a	Frequency	Percent
No	544	44.26
Yes	685	55.74

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Anxiety (e.g., OCD, PTSD)		
F_Q29a_b	Frequency	Percent
No	724	58.91
Yes	505	41.09

Attachment DO/Separation Anxiety		
F_Q29a_c	Frequency	Percent
No	1072	87.23
Yes	157	12.77

Bipolar		
F_Q29a_d	Frequency	Percent
No	874	71.11
Yes	355	28.89

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Developmental (e.g., PDD, Autism)		
F_Q29a_e	Frequency	Percent
No	1066	86.74
Yes	163	13.26

Depression/Mood DO		
F_Q29a_f	Frequency	Percent
No	787	64.04
Yes	442	35.96

Disruptive (e.g., ODD, CD)		
F_Q29a_g	Frequency	Percent
No	873	71.03
Yes	356	28.97

Learning DO		
F_Q29a_h	Frequency	Percent
No	1006	81.86
Yes	223	18.14

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Mental Retardation		
F_Q29a_i	Frequency	Percent
No	1209	98.37
Yes	20	1.63

Schizophrenia & Other Psychotic DO		
F_Q29a_j	Frequency	Percent
No	1154	93.90
Yes	75	6.10

Substance Use		
F_Q29a_k	Frequency	Percent
No	1208	98.29
Yes	21	1.71

Tourettes/Tics		
F_Q29a_l	Frequency	Percent
No	1204	97.97
Yes	25	2.03

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Other		
F_Q29a_m	Frequency	Percent
No	1059	86.17
Yes	170	13.83

Have you been informed of therapy options?		
F_Q29b	Frequency	Percent
Yes	956	87.23
No	140	12.77

Frequency Missing = 133

Do you have access to family advocate?		
F_Q31	Frequency	Percent
Yes	867	72.25
No	136	11.33
Unknown/Not Sure/Unsure	197	16.42

Frequency Missing = 29

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Was your child arrested since starting to get services from this program?		
F_Q32	Frequency	Percent
Yes	65	5.35
No	1149	94.65

Frequency Missing = 15

Was your child on PINS (Person in Need of Supervision) or PINS diversion since starting services?			
	F_Q33	Frequency	Percent
	Yes	93	7.64
	No	983	80.71
	Does not apply	96	7.88
	Unknown/Not Sure/Unsure	46	3.78

Frequency Missing = 11

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Was your child expelled or suspended from school since starting to receive services from this program?		
F_Q34	Frequency	Percent
Yes	232	19.06
No	817	67.13
No, but was prior to starting services	88	7.23
Does not apply	80	6.57

Frequency Missing = 12

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	391	32.37
About the same	571	47.27
Less	82	6.79
Does not apply	164	13.58

Frequency Missing = 21

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Your child's age (check one)		
F_Q36	Frequency	Percent
4 years or younger	7	0.57
5-8 years old	156	12.75
9-11 years old	242	19.77
12-14 years old	338	27.61
15-18 years old	475	38.81
19-21 years old	6	0.49

Frequency Missing = 5

Your child's gender		
F_Q37	Frequency	Percent
Female	492	40.76
Male	715	59.24

Frequency Missing = 22

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

RACE	Frequency	Percent
Am. Ind	11	0.90
Asian	17	1.39
Black/Af	198	16.20
Hispanic	238	19.48
Multiple	65	5.32
Nat. Haw	4	0.33
Other	25	2.05
White	664	54.34

Frequency Missing = 7

What is your relationship to this child?		
F_Q40	Frequency	Percent
Parent	1042	85.13
Relative	128	10.46
Foster Parent	27	2.21
Other	27	2.21

Frequency Missing = 5

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Where does your child live?		
F_Q41	Frequency	Percent
At Home (with parent/parents)	972	79.28
At Home (with relatives-e.g., aunt, grandparent, etc.)	114	9.30
Foster home	20	1.63
Residential Program	103	8.40
Other	17	1.39

Frequency Missing = 3

School Work		
F_Q45_a	Frequency	Percent
No	813	66.15
Yes	416	33.85

Make Friends		
F_Q45_b	Frequency	Percent
No	721	58.67
Yes	508	41.33

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Food/Nutrition		
F_Q45_c	Frequency	Percent
No	899	73.15
Yes	330	26.85

Health/Hygiene		
F_Q45_d	Frequency	Percent
No	898	73.07
Yes	331	26.93

Recreation		
F_Q45_e	Frequency	Percent
No	807	65.66
Yes	422	34.34

Service Eligibility (e.g., SSI, Medicaid, HEAP)		
F_Q45_f	Frequency	Percent
No	1062	86.41
Yes	167	13.59

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Work Readiness		
F_Q45_g	Frequency	Percent
No	965	78.52
Yes	264	21.48

Sex Education		
F_Q45_h	Frequency	Percent
No	1066	86.74
Yes	163	13.26

Driving/Transportation		
F_Q45_i	Frequency	Percent
No	1053	85.68
Yes	176	14.32

Leadership Training		
F_Q45_j	Frequency	Percent
No	1087	88.45
Yes	142	11.55

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Money Management		
F_Q45_k	Frequency	Percent
No	1005	81.77
Yes	224	18.23

Natural Supports (e.g., extended family, community)		
F_Q45_l	Frequency	Percent
No	1072	87.23
Yes	157	12.77

After School Programs/Community Activities		
F_Q45_m	Frequency	Percent
No	714	58.10
Yes	515	41.90

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Anger Management Skills		
F_Q45_n	Frequency	Percent
No	689	56.06
Yes	540	43.94

Self Advocacy/Empowerment		
F_Q45_o	Frequency	Percent
No	1008	82.02
Yes	221	17.98

College/Continuing Education		
F_Q45_p	Frequency	Percent
No	1060	86.25
Yes	169	13.75

Non-medication therapy options		
F_Q45_r	Frequency	Percent
No	1031	83.89
Yes	198	16.11

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Other		
F_Q45_s	Frequency	Percent
No	1184	96.34
Yes	45	3.66

Respite		
F_Q46_a	Frequency	Percent
No	861	70.06
Yes	368	29.94

Parenting Skills		
F_Q46_b	Frequency	Percent
No	997	81.12
Yes	232	18.88

Parent Support		
F_Q46_c	Frequency	Percent
No	905	73.64
Yes	324	26.36

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Sibling Support		
F_Q46_d	Frequency	Percent
No	898	73.07
Yes	331	26.93

Advocacy Skills		
F_Q46_e	Frequency	Percent
No	1091	88.77
Yes	138	11.23

Family Counseling		
F_Q46_f	Frequency	Percent
No	880	71.60
Yes	349	28.40

Transition Planning		
F_Q46_g	Frequency	Percent
No	982	79.90
Yes	247	20.10

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Education & Training		
F_Q46_h	Frequency	Percent
No	1048	85.27
Yes	181	14.73

Other		
F_Q46_i	Frequency	Percent
No	1183	96.26
Yes	46	3.74

Length was just right		
F_Q47_a	Frequency	Percent
No	542	44.10
Yes	687	55.90

Hard to fill out		
F_Q47_b	Frequency	Percent
No	1189	96.75
Yes	40	3.25

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Too long		
F_Q47_c	Frequency	Percent
No	1016	82.67
Yes	213	17.33

Words were easy to read		
F_Q47_d	Frequency	Percent
No	896	72.90
Yes	333	27.10

Too short		
F_Q47_e	Frequency	Percent
No	1220	99.27
Yes	9	0.73

Hard to Understand		
F_Q47_f	Frequency	Percent
No	1199	97.56
Yes	30	2.44

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***NYSOMH Family Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Family Survey***

Questions were things that are important to me		
F_Q47_g	Frequency	Percent
No	845	68.76
Yes	384	31.24

Other		
F_Q47_h	Frequency	Percent
No	1151	93.65
Yes	78	6.35

Did someone help you complete this form?		
F_Q48	Frequency	Percent
Yes	208	17.63
No	972	82.37

Frequency Missing = 49

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NYSOMH Family Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Family Survey

Wrote down the answers I gave		
F_Q48a_a	Frequency	Percent
No	1121	91.21
Yes	108	8.79

Read the questions to me		
F_Q48a_b	Frequency	Percent
No	1093	88.93
Yes	136	11.07

Translated into my language		
F_Q48a_c	Frequency	Percent
No	1203	97.88
Yes	26	2.12

Helped in some other way		
F_Q48a_d	Frequency	Percent
No	1196	97.31
Yes	33	2.69

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***NYSOMH Youth Assessment of Care Survey Results 2013
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	33	4.27
1-2 months	86	11.13
3-5 months	178	23.03
6 months to 1 year	263	34.02
More than 1 year- 3 years	188	24.32
More than 3 years	25	3.23

Frequency Missing = 50

Are you still getting services from this program?		
Y_b	Frequency	Percent
Yes	538	98.53
No	8	1.47

Frequency Missing = 277

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I got services that were helpful for me.		
Y_Q1	Frequency	Percent
Agree	578	70.49
Agree Slightly	195	23.78
Disagree Slightly	23	2.80
Disagree	24	2.93

Frequency Missing = 3

I had someone to talk to when I was troubled.		
Y_Q2	Frequency	Percent
Agree	586	71.46
Agree Slightly	171	20.85
Disagree Slightly	36	4.39
Disagree	27	3.29

Frequency Missing = 3

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Services helped me make positive changes.		
Y_Q3	Frequency	Percent
Agree	532	65.44
Agree Slightly	209	25.71
Disagree Slightly	50	6.15
Disagree	22	2.71

Frequency Missing = 10

Staff treated me with respect.		
Y_Q4	Frequency	Percent
Agree	604	74.11
Agree Slightly	148	18.16
Disagree Slightly	39	4.79
Disagree	24	2.94

Frequency Missing = 8

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Staff was sensitive to my cultural / ethnic background.		
Y_Q5	Frequency	Percent
Agree	633	78.34
Agree Slightly	109	13.49
Disagree Slightly	25	3.09
Disagree	41	5.07

Frequency Missing = 15

Staff spoke with me in a way I understood.		
Y_Q6	Frequency	Percent
Agree	636	77.66
Agree Slightly	132	16.12
Disagree Slightly	33	4.03
Disagree	18	2.20

Frequency Missing = 4

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I felt safe in the places I received services.		
Y_Q7	Frequency	Percent
Agree	617	75.52
Agree Slightly	133	16.28
Disagree Slightly	37	4.53
Disagree	30	3.67

Frequency Missing = 6

I could get services when I needed them.		
Y_Q8	Frequency	Percent
Agree	562	68.79
Agree Slightly	180	22.03
Disagree Slightly	45	5.51
Disagree	30	3.67

Frequency Missing = 6

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

It was easy to get to/from services.		
Y_Q9	Frequency	Percent
Agree	595	73.19
Agree Slightly	150	18.45
Disagree Slightly	37	4.55
Disagree	31	3.81

Frequency Missing = 10

I was able to get help in a crisis.		
Y_Q10	Frequency	Percent
Agree	588	72.86
Agree Slightly	131	16.23
Disagree Slightly	44	5.45
Disagree	44	5.45

Frequency Missing = 16

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I was included as a partner in planning my services.		
Y_Q11	Frequency	Percent
Agree	563	69.25
Agree Slightly	138	16.97
Disagree Slightly	52	6.40
Disagree	60	7.38

Frequency Missing = 10

I had a say in the kinds of treatments/services I got.		
Y_Q12	Frequency	Percent
Agree	518	63.64
Agree Slightly	175	21.50
Disagree Slightly	62	7.62
Disagree	59	7.25

Frequency Missing = 9

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

My treatment goals were in my own words.		
Y_Q13	Frequency	Percent
Agree	488	60.02
Agree Slightly	201	24.72
Disagree Slightly	53	6.52
Disagree	71	8.73

Frequency Missing = 10

I have a safety plan that would work for me if I needed one.		
Y_Q14	Frequency	Percent
Agree	579	71.31
Agree Slightly	134	16.50
Disagree Slightly	47	5.79
Disagree	52	6.40

Frequency Missing = 11

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Overall, I am satisfied with the services my child received.		
Y_Q15	Frequency	Percent
Agree	573	70.31
Agree Slightly	149	18.28
Disagree Slightly	46	5.64
Disagree	47	5.77

Frequency Missing = 8

I am behaving better in school.		
Y_Q16	Frequency	Percent
Agree	512	63.76
Agree Slightly	182	22.67
Disagree Slightly	52	6.48
Disagree	57	7.10

Frequency Missing = 20

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I am happier with my life.		
Y_Q17	Frequency	Percent
Agree	434	53.19
Agree Slightly	231	28.31
Disagree Slightly	72	8.82
Disagree	79	9.68

Frequency Missing = 7

I am better able to cope when faced with challenges.		
Y_Q18	Frequency	Percent
Agree	452	55.46
Agree Slightly	248	30.43
Disagree Slightly	69	8.47
Disagree	46	5.64

Frequency Missing = 8

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I have been able to make friends.		
Y_Q19	Frequency	Percent
Agree	522	64.36
Agree Slightly	153	18.87
Disagree Slightly	73	9.00
Disagree	63	7.77

Frequency Missing = 12

I get along better with my family.		
Y_Q20	Frequency	Percent
Agree	445	54.87
Agree Slightly	223	27.50
Disagree Slightly	72	8.88
Disagree	71	8.75

Frequency Missing = 12

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I am more hopeful.		
Y_Q20a	Frequency	Percent
Agree	484	59.39
Agree Slightly	201	24.66
Disagree Slightly	69	8.47
Disagree	61	7.48

Frequency Missing = 8

Do you take medication for emotional or behavioral reasons?		
Y_Q21	Frequency	Percent
Yes	737	90.54
No	77	9.46

Frequency Missing = 9

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

My medications were explained to me in a way that I understood.		
Y_Q21a	Frequency	Percent
Agree	517	70.73
Agree Slightly	130	17.78
Disagree Slightly	45	6.16
Disagree	39	5.34

Frequency Missing = 92

I know what medication side effects to watch for.		
Y_Q21b	Frequency	Percent
Agree	422	58.37
Agree Slightly	124	17.15
Disagree Slightly	71	9.82
Disagree	106	14.66

Frequency Missing = 100

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

I had choices about taking medications.		
Y_Q21c	Frequency	Percent
Agree	324	44.81
Agree Slightly	123	17.01
Disagree Slightly	92	12.72
Disagree	184	25.45

Frequency Missing = 100

My medication has helped me.		
Y_Q21d	Frequency	Percent
Agree	437	60.36
Agree Slightly	177	24.45
Disagree Slightly	46	6.35
Disagree	64	8.84

Frequency Missing = 99

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NYSOMH Youth Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Youth Survey

I feel comfortable about taking medication.		
Y_Q21e	Frequency	Percent
Agree	415	58.04
Agree Slightly	136	19.02
Disagree Slightly	64	8.95
Disagree	100	13.99

Frequency Missing = 108

Have you been given a name or diagnosis for your emotional or mental health difficulties?		
Y_Q22	Frequency	Percent
Yes	725	91.42
No	68	8.58

Frequency Missing = 30

ADHD/ADD		
Y_Q22a_a	Frequency	Percent
No	443	53.83
Yes	380	46.17

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Anxiety (e.g., OCD, PTSD)		
Y_Q22a_b	Frequency	Percent
No	511	62.09
Yes	312	37.91

Attachment DO/Separation Anxiety		
Y_Q22a_c	Frequency	Percent
No	755	91.74
Yes	68	8.26

Bipolar		
Y_Q22a_d	Frequency	Percent
No	545	66.22
Yes	278	33.78

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Developmental (e.g., PDD, Autism)		
Y_Q22a_e	Frequency	Percent
No	788	95.75
Yes	35	4.25

Depression/Mood DO		
Y_Q22a_f	Frequency	Percent
No	487	59.17
Yes	336	40.83

Disruptive (e.g., ODD, CD)		
Y_Q22a_g	Frequency	Percent
No	716	87.00
Yes	107	13.00

Learning DO		
Y_Q22a_h	Frequency	Percent
No	739	89.79
Yes	84	10.21

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Mental Retardation		
Y_Q22a_i	Frequency	Percent
No	819	99.51
Yes	4	0.49

Schizophrenia & Other Psychotic DO		
Y_Q22a_j	Frequency	Percent
No	777	94.41
Yes	46	5.59

Substance Use		
Y_Q22a_k	Frequency	Percent
No	783	95.14
Yes	40	4.86

Tourettes/Tics		
Y_Q22a_l	Frequency	Percent
No	810	98.42
Yes	13	1.58

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Other		
Y_Q22a_m	Frequency	Percent
No	726	88.21
Yes	97	11.79

Are you aware of treatment options?		
Y_Q22b	Frequency	Percent
Yes	657	85.77
No	109	14.23

Frequency Missing = 57

Do you have access to a peer advocate?		
Y_Q23	Frequency	Percent
Yes	256	32.53
No	272	34.56
Unknown/Not Sure/Unsure	259	32.91

Frequency Missing = 36

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***NYSOMH Youth Assessment of Care Survey Results 2013
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	8.14
No	734	91.86

Frequency Missing = 24

Were/are you on PINS or PINS diversion since starting services?			
	Y_Q25	Frequency	Percent
	Yes	73	9.24
	No	597	75.57
Unknown/Not Sure/Unsure		120	15.19

Frequency Missing = 33

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Were you expelled or suspended from school since starting to receive services from this program?		
Y_Q26	Frequency	Percent
Yes	171	21.38
No	518	64.75
No, but was prior to starting services	69	8.63
Does not apply	42	5.25

Frequency Missing = 23

Since starting to receive services from this program, the number of days you were in school is (check one):		
Y_Q27	Frequency	Percent
Greater	325	40.73
About the same	324	40.60
Less	66	8.27
Does not apply	83	10.40

Frequency Missing = 25

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Your age group (check one)		
Y_Q28	Frequency	Percent
9-11 years old	38	4.69
12-14 years old	252	31.11
15-18 years old	502	61.98
19-21 years old	18	2.22

Frequency Missing = 13

Your gender:		
Y_Q29	Frequency	Percent
Female	406	49.94
Male	407	50.06

Frequency Missing = 10

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

RACE	Frequency	Percent
Am. Ind	19	2.37
Asian	10	1.25
Black/Af	107	13.33
Hispanic	176	21.92
Multiple	74	9.22
Nat. Haw	2	0.25
Other	30	3.74
White	385	47.95

Frequency Missing = 20

Where do you live?		
Y_Q32	Frequency	Percent
At Home (with parent/parents)	584	72.19
At Home (with relatives-e.g., aunt, grandparent, etc.)	54	6.67
Foster home	7	0.87
Residential Program	138	17.06
Other	26	3.21

Frequency Missing = 14

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

School Work		
Y_Q35_a	Frequency	Percent
No	542	65.86
Yes	281	34.14

Make Friends		
Y_Q35_b	Frequency	Percent
No	491	59.66
Yes	332	40.34

Food/Nutrition		
Y_Q35_c	Frequency	Percent
No	568	69.02
Yes	255	30.98

Health/Hygiene		
Y_Q35_d	Frequency	Percent
No	662	80.44
Yes	161	19.56

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Recreation		
Y_Q35_e	Frequency	Percent
No	569	69.14
Yes	254	30.86

Service Eligibility (e.g., SSI, Medicaid, HEAP)		
Y_Q35_f	Frequency	Percent
No	776	94.29
Yes	47	5.71

Work Readiness		
Y_Q35_g	Frequency	Percent
No	665	80.80
Yes	158	19.20

Sex Education		
Y_Q35_h	Frequency	Percent
No	721	87.61
Yes	102	12.39

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Driving/Transportation		
Y_Q35_i	Frequency	Percent
No	634	77.04
Yes	189	22.96

Leadership Training		
Y_Q35_j	Frequency	Percent
No	710	86.27
Yes	113	13.73

Money Management		
Y_Q35_k	Frequency	Percent
No	606	73.63
Yes	217	26.37

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Natural Supports (e.g., extended family, community)		
Y_Q35_1	Frequency	Percent
No	716	87.00
Yes	107	13.00

After School Programs/Community Activities		
Y_Q35_m	Frequency	Percent
No	567	68.89
Yes	256	31.11

Anger Management Skills		
Y_Q35_n	Frequency	Percent
No	595	72.30
Yes	228	27.70

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NYSOMH Youth Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Youth Survey

Self Advocacy/Empowerment		
Y_Q35_o	Frequency	Percent
No	715	86.88
Yes	108	13.12

College/Continuing Education		
Y_Q35_p	Frequency	Percent
No	631	76.67
Yes	192	23.33

Non-medication therapy options		
Y_Q35_r	Frequency	Percent
No	670	81.41
Yes	153	18.59

Other		
Y_Q35_s	Frequency	Percent
No	765	92.95
Yes	58	7.05

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

+ = Agency positively significant compared to state;

- = Agency negatively significant compared to state;

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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 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Respite		
Y_Q36_a	Frequency	Percent
No	679	82.50
Yes	144	17.50

Parenting Skills		
Y_Q36_b	Frequency	Percent
No	643	78.13
Yes	180	21.87

Parent Support		
Y_Q36_c	Frequency	Percent
No	604	73.39
Yes	219	26.61

Sibling Support		
Y_Q36_d	Frequency	Percent
No	606	73.63
Yes	217	26.37

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Statewide Summary Report
Item Frequency for Youth Survey***

Advocacy Skills		
Y_Q36_e	Frequency	Percent
No	748	90.89
Yes	75	9.11

Family Counseling		
Y_Q36_f	Frequency	Percent
No	531	64.52
Yes	292	35.48

Transition Planning		
Y_Q36_g	Frequency	Percent
No	702	85.30
Yes	121	14.70

Education & Training		
Y_Q36_h	Frequency	Percent
No	676	82.14
Yes	147	17.86

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Statewide Summary Report
Item Frequency for Youth Survey***

Other		
Y_Q36_i	Frequency	Percent
No	757	91.98
Yes	66	8.02

Length was just right		
Y_Q37_a	Frequency	Percent
No	454	55.16
Yes	369	44.84

Hard to fill out		
Y_Q37_b	Frequency	Percent
No	762	92.59
Yes	61	7.41

Too long		
Y_Q37_c	Frequency	Percent
No	627	76.18
Yes	196	23.82

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Statewide Summary Report
Item Frequency for Youth Survey***

Words were easy to read		
Y_Q37_d	Frequency	Percent
No	564	68.53
Yes	259	31.47

Too short		
Y_Q37_e	Frequency	Percent
No	796	96.72
Yes	27	3.28

Hard to Understand		
Y_Q37_f	Frequency	Percent
No	729	88.58
Yes	94	11.42

Questions were things that are important to me		
Y_Q37_g	Frequency	Percent
No	599	72.78
Yes	224	27.22

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NYSOMH Youth Assessment of Care Survey Results 2013

Statewide Summary Report

Item Frequency for Youth Survey

Other		
Y_Q37_h	Frequency	Percent
No	738	89.67
Yes	85	10.33

Did someone help you complete this form?		
Y_Q38	Frequency	Percent
Yes	339	42.97
No	450	57.03

Frequency Missing = 34

Wrote down the answers I gave		
Y_Q38a_a	Frequency	Percent
No	700	85.05
Yes	123	14.95

Read the questions to me		
Y_Q38a_b	Frequency	Percent
No	613	74.48
Yes	210	25.52

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***NYSOMH Youth Assessment of Care Survey Results 2013
Statewide Summary Report
Item Frequency for Youth Survey***

Translated into my language		
Y_Q38a_c	Frequency	Percent
No	790	95.99
Yes	33	4.01

Helped in some other way		
Y_Q38a_d	Frequency	Percent
No	720	87.48
Yes	103	12.52

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