

OUT-OF-STATE PLACEMENT
COMMITTEE: 2008 ANNUAL
REPORT TO THE GOVERNOR
AND LEGISLATURE

FEBRUARY 2009

Submitted by: New York State Council on Children and Families
Pursuant to: Chapter 392 of the Laws of 2005

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Out-of-State Placement Committee:
2008 Annual Report to the Governor
and Legislature

February 2009

Submitted by: The New York State Council on Children and Families
Deborah Benson, Executive Director

OUT-OF-STATE PLACEMENT COMMITTEE

2008 ANNUAL REPORT TO THE GOVERNOR AND THE LEGISLATURE

INTRODUCTION

Annually, the Council on Children and Families is required to submit a report on behalf of the Out-of-State Placement Committee (hereinafter referred to as “Committee”) to the Governor and the Legislature. This fourth annual report begins with a brief background on the establishment and past work of the Committee, and then outlines the continued progress on the reduction of out-of-state residential placements by the State Education Department (SED) and Office of Children and Family Services (OCFS), and other activities addressing services and placement issues for New York’s children and youth. As discussed below, since the reporting of out-of-state placements data in 2005 by the Interagency Out-of-State Residential Placement Work Group (Snapshot Data of June 30, 2004), out-of-state placements have been reduced by 53.3 percent, from 1,400 children and youth, to a total of 654 children and youth placed in out-of-state residential schools and programs. For 2009, the Committee plans to explore more effective integration approaches for delivering services and supports for children, youth and families with complex needs.

I. BACKGROUND

The Out-of-State Placement Committee was established in statute (Chapter 392 of the Laws of 2005) to accomplish the following:

- Develop a monitoring and accountability structure to address the health and safety of children served by out-of-state schools and facilities;
- Enhance New York’s service system infrastructure to allow for the children most at risk of being referred and placed in out-of-state schools and facilities to be served within New York in the most appropriate, least restrictive and safest setting; and
- Strengthen in-state mechanisms that enhance service delivery across agencies.

The Committee is chaired by the Executive Director of the Council on Children and Families and comprises the Commissioners of seven state agencies [the Office of Children and Family Services (OCFS), the State Education Department (SED), the Office of Mental Health (OMH), the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Office of Alcoholism and Substance Abuse Services (OASAS), the Department of Health (DOH), and the Division of Probation and Correctional Alternatives (DPCA)].

Additional agencies and non-governmental representatives participate through a subcommittee structure. The additional contributing agencies include the Division of the Budget (DOB) and the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD); non-governmental representatives include two family liaisons with experience in out-of-state residential placements, and the statewide director of the Coordinated Children’s Services Initiative (CCSI).

II. 2008 ACCOMPLISHMENTS

A. Reduction in Out-of-State Placements

During 2008, efforts continued in reducing out-of-state placements for New York's children and youth. As of December 1, 2008, there were a total of 654 children and youth placed in out-of-state residential schools and facilities by local school districts (478) and local departments of social services (176). In the 2007 Annual Report, there were a total of 723 children and youth placed in out-of-state residential schools and facilities. This reflects a 9.6 percent decrease for the time period from 2007 to 2008. Overall, since the June 1, *2005 Report to the Governor from the Interagency Out-of-State Residential Placement Work Group*, which reported that "1,400 children and youth were being served in residential programs outside of New York State" (*Snapshot Data of June 30, 2004*), there has been a 53.3 percent reduction in out-of-state placement numbers for New York's children and youth.

The continued reductions in out-of-state placements are notably attributed to ongoing monitoring at the state level by SED of requests for out-of-state placements by Committees on Special Education (CSEs), along with policy communicated by OCFS to Local Departments of Social Service (LDSS) requiring them to make every effort to identify appropriate in-state placement options before referring a child or youth in foster care to out-of-state programs; increased access to in-state residential services, thereby enabling more children and youth to remain in New York; ongoing schedule of planned annual monitoring visits to out-of-state schools by SED utilizing established protocols, along with beginning efforts (since November 2007) by OCFS to visit five out-of-state residential programs annually.

B. Development of Monitoring and Accountability Structure

Interagency Review of Out-of-State Schools and Residential Programs

The SED Nondistrict Unit (NDU) was created in 2005 and has responsibility for quality assurance and oversight functions for all SED approved in-state and out-of-state residential schools. Since November 2005, SED has completed a full cycle of on-site visits to all approved out-of-state schools. As a result of these visits and concerns identified, school districts no longer send their students to three out-of-state residential schools. When feasible, administrative staff from in-state private schools accompany SED on visits made to the out-of-state residential schools to observe programming and operations. SED believes these joint visits are helpful in contributing to planning efforts to build in-state capacity and for the seamless transition of students back to NYS. SED is developing a self-audit to be completed by all in-state and out-of-state residential schools during the second semester of the 2008-09 school year. This instrument will focus on compliance with SED resolutions on behavior management including Functional Behavioral Assessments and Behavioral Intervention Plans; use of Time Out Rooms; emergency interventions and procedures for the protection of children. Any deficiencies identified by SED will require correction by the residential schools.

The OCFS Out-of-State Placement Oversight Office began its on-site visits with out-of-state residential programs in November 2007 with a site review conducted at Kids Peace in Pennsylvania. Protocols have been developed by OCFS for conducting these site visits. Five out-of-state residential programs will be visited by OCFS annually, beginning with the five programs serving higher numbers of NYS foster care children and youth. In 2008, OCFS visited Hillcrest (Massachusetts), Eagleton School (Massachusetts), Woods Services (Pennsylvania), Kids Peace (Pennsylvania), and Bennington School (Vermont), and visited Kolburne School (Massachusetts) in January 2009.

OCFS has also begun the process of conducting desk reviews of out-of-state residential programs. Letters were recently sent to all residential programs that have NYS foster care children and youth in placement requesting specific agency information to assist OCFS in its review.

Contract Parameters for Out-of-State Schools and Residential Programs

In 2006, the Committee recommended a set of contract parameters for local school districts and LDSS to include in their contracts with out-of-state schools and residential programs. These parameters are intended to provide greater accountability for the health and safety of New York's children and youth who are placed in out-of-state schools and residential programs.

SED reports that recommendations for regulatory amendments are expected to be presented to the Board of Regents in the fall of 2009. These amendments will address new requirements for approved private schools related to licensing by the host state for out-of-state schools, approval and re-approval of schools, and required communications/notices.

OCFS has integrated the contract parameters recommended by the Committee into its model contract, and notified LDSS Commissioners and Executive Directors of Voluntary Agencies of these parameters through an administrative bulletin.

Communication Agreements with Other States

SED has established communication agreements with 6 of the 10 states where 98 percent of CSE students are placed. (Agreements with the other 4 states are still under review by SED's Office of Counsel.) These communication agreements address immediate notifications in cases that involve death of a student, loss of licensure and other similar incidents.

OCFS has sent out communication agreements to the responsible state agencies in five states serving the highest numbers of NYS foster care children and youth in out-of-state residential programs. These states are Connecticut, Florida, Massachusetts, Pennsylvania and Texas. The agreements stipulate that OCFS be immediately notified of any serious incidents and closures of intake at any residential programs licensed by the five states. In turn, OCFS has signed reciprocal agreements with each of the five states to notify them of any foster care child or youth from their state that are in a residential program licensed by OCFS. (OCFS reports that these numbers are very low.)

Development of Out-of-State Registry

SED has operated its registry of approved out-of-state schools since July 2005. A link on the Council's website currently directs the user to the approved out-of-state schools registry on SED's website.

OCFS is in the process of developing a registry for out-of-state residential programs where NYS foster care children and youth are placed. The first phase of this registry was posted on the OCFS Geographical Information Centers (GIC) site in December 2008. When fully operational, the registry will list the types of services provided by out-of-state residential programs, location and contact information, and ages and gender served. Additionally, the registry will include information on OCFS licensed voluntary agencies in NYS. OCFS envisions that this will serve as a resource for families and local districts when considering placements for youth. OCFS is working with its GIC staff to develop timeframes for making the registry available to the public. When the OCFS registry is made available to the public, the Council will provide a web link to the OCFS registry on the Council's website, as currently provided for the SED registry.

C. Data Collection and Surveys

Children and Youth Discharged from Out-of-State Schools and Residential Programs

SED reports that, in the 2006-07 school year, a total of 213 children and youth were discharged from out-of-state residential schools. For the 2005-06 school year, a total of 271 children and youth were discharged from out-of-state residential schools. The following data is reported by SED for all children and youth returning from out-of-state CSE placements during the 2006-07 school year (the most recent data currently available).

2006-2007
ALL NYS STUDENTS DISCHARGED FROM OUT-OF-STATE SCHOOLS
(WHERE THEY WENT UPON RETURN)

INSTATE PUBLIC	47
INSTATE PRIVATE	40
AGED OUT	48
GRADUATED	34
HOME INSTRUCTION-(MEDICAL)	1
INSTITUTION - (PSYCHIATRIC CENTER or DEVELOPMENTAL CENTER)	0
OTHER: DECEASED	1
1. QUIT	1
2. MOVED	12
3. UNKNOWN	29
TOTAL	213

OCFS reports that it tracked NYS foster care children and youth in out-of-state residential programs beginning in June 2006, and followed their movement through June 2007. The data indicated that there were 249 youth placed out-of-state during this period of time. Of this total, 49 percent of NYS foster care children and youth remained in their same out-of-state residential programs, 21 percent were returned home, and 10 percent aged out of their placements. The remaining 20 percent foster care children and youth either went to other congregate care facilities, foster care, kinship care, or had run away.

Children and Youth Profiles and Surveys

In 2008, OCFS sent out a survey to eight voluntary agencies that expanded or reconfigured existing capacity to accommodate the return of youth to New York State. The eight voluntary agencies are Leake and Watts, Vanderheyden Hall, Children's Village, William George, St. Christopher Otilie, St. Chris Inc., Greenburg-Graham UFSD and St. Cabrini Home. Data compiled by OCFS from the survey responses indicate that children and youth served in these residential programs had indications of emotional disabilities, other mental health needs, learning disabilities and mild developmental disabilities.

Additionally, OCFS, in collaboration with SED, sent out youth profile surveys to all out-of-state residential programs where NYS foster care children and youth are placed. This survey will capture: reason for out-of-state placement, permanency planning, youth classification, intellectual and physical functioning, medical diagnosis and adaptive behaviors. The survey responses will be compiled by OCFS.

SED reports that it continues to employ the same student profile developed several years ago. The profile is completed by the out-of-state school whenever a school district-placed student is accepted by the school. Aggregate data from the student profiles allows SED to describe and quantify out-of-state populations. Individual student profiles are shared with in-state private schools that may be able to serve students returning back to New York. The following data is reported by SED regarding disabilities for all out-of-state placements made by school districts from 2005 to 2008.

**STUDENTS WITH DISABILITIES GOING OUT-OF -STATE
(2005/06, 2006/07, 2007/08, 2008/09)**

DISABILITY	2005-06 (as of 2/1/05)	2006-07 (as of 2/1/06)	2007-08 (as of 2/1/07)	2008-09 (as of 12/01/08)
AUTISM	181	181	152	142
DEAFNESS	21	20	20	26
EMOTIONAL DISTURBANCE	567	385	187	146
LEARNING DISABILITY	30	29	26	6
MENTAL RETARDATION	49	66	48	51
MULTIPLE DISABILITIES	153	140	85	85
SPEECH IMPAIRMENT	28	20	16	0
TRAUMATIC BRAIN INJURY	17	10	11	6
VISUAL IMPAIRMENT	2	2	2	1
OTHER HEALTH IMPAIRED	28	17	19	15
DEAF/ BLIND	0	0	0	0
ORTHOPEDICLY IMPAIRED	0	0	0	0
HEARING IMPAIRED	0	0	0	0
TOTAL	1076	870	566	478

SED and OCFS believe they have a process in place to collect all the necessary data elements to create a statewide database on NYS children and youth placed residentially out-of-state. They are in the process of creating a unified format for this purpose.

Efforts by OCFS and SED to develop a financial database (for rate-setting) for students placed by CSEs and foster care children and youth placed by LDSS in out-of-state schools and residential programs are currently on hold. SED and OCFS report that funding necessary to create this database is currently unavailable.

D. Residential Bed Development

SED, OCFS and OMRDD continue to coordinate the implementation of a 5-Year Interagency Plan to develop in-state residential capacity. By the end of the 2009-10 school year, 118 new beds will have been created in New York City, 24 of which are already available. Another 315 new beds will have been created in the Long Island and Upstate areas, 160 of which are already available.

The Council worked with members of the Committee and the Legislature to develop a residential bed plan that includes recommendations to address current and future programmatic and physical plant needs for renovated and new in-state capacity.

Given the State's ongoing economic crisis, the legislation which would have had a large fiscal attached was not viewed as fiscally prudent at this time.

E. Implementation of Single Point of Access Goals

The Single Point of Access (SPOA) concept was developed by OMH to help coordinate mental health services across the state. The purpose of the children and youth SPOA process is to identify those children and youth with significant mental health needs, and develop appropriate supports (both formal and informal) with the goal of maintaining them in their home communities. If an out-of-home placement is warranted, the SPOA process also serves as a vital linkage mechanism back to the child or youth's community of origin; thus, enabling a smooth transition and a shorter length of stay in residential placement.

In NYS, there are 62 SPOAs-58 counties and 4 boroughs in NYC. The SPOA goals were listed in the 2007 Annual Report. These goals are listed below, with an update provided by OMH for each goal.

Goal: Implement the use of a screening instrument to determine whether a child fits the priority population criteria and, therefore, qualifies as high risk/high need. The recommended evidence based instrument was the Child and Adolescent Needs and Strengths Survey (CANS-MH).

Ninety-eight percent of SPOAs utilize an assessment tool (screening instrument) to assist in the decision making process at the SPOA. Of those, 92 percent utilize the Children and Adolescent Needs and Strengths (CANS). The other 6 percent utilize either the Child and Adolescent Functional Assessment Scale (CAFAS) or the Youth Assessment and Screening Instrument (YASI) as their evidence-based assessment instrument.

Goal: Put into practice the use of a recognized satisfaction instrument to consistently determine the level of satisfaction with services.

Eighty-nine percent of SPOAs utilize a satisfaction survey (either county generated or developed as per SPOA Guidance Document Guideline of Core Elements and Performance Expectations) to determine consumer satisfaction with the SPOA Process.

In March 2008, OMH piloted a universal satisfaction survey with 6 SPOAs that was developed by 6 Family Advisors, 4 Field Office Coordinators, 11 SPOA Coordinators, and 2 OMH Division of Children and Family Services staff. If the satisfaction survey instrument is deemed successful, OMH plans to expand its use to all SPOAs to assist in the OMH comparative analysis of SPOA performance. Please refer to the attached OMH SPOA Survey (Appendix 1) and OMH SPOA Survey Results (Appendix 2).

Goal: Create a universal intake form to facilitate entry to intensive services.

Ninety-two percent of SPOAs utilize a universal intake form that is completed by the referral source before presentation to the SPOA.

Goal: Develop a process to manage slot vacancies in the highest level service areas including: Residential Treatment Facilities, Intensive Case Management, Supportive Case Management, Family Based Treatment and Home and Community Based Services Waiver. Many SPOAs have also evolved to manage other initiatives, including community residences and hospitalization planning.

One hundred percent of SPOAs have a method to track SPOA activity. However, the method of data collection and comprehensiveness is diverse. Across all SPOAs: 30 percent utilize the OMH Child and Adult Integrated Reporting System (CAIRS), 33 percent have generated a county data base, and 37 percent will utilize the OMH generated SPOA Spreadsheet.

For consistency across all SPOAs, OMH has developed a core set of data elements to track the SPOA Process which was put into production in CAIRS and crafted into the SPOA Spreadsheet in 2008.

Goal: Ensure that families of high risk children, who require access to family support services, receive those services.

Seventy percent of SPOAs indicated that Family Support services can be accessed through the SPOA.

Goal: Draw upon and complement other children's system of care structures that may already exist in the county, such as CCSI.

Fifty-three percent of counties have all systems' (OMRDD, Probation, DSS, Educational) partners participating in the SPOA process.

Twenty-eight percent have at least three systems participating in the SPOA process.

New York City reconfigured its process to situate SPOA within each of the five boroughs in New York City. By decentralizing the process, each borough is more equipped to integrate systems' partners. For example, currently Queens has ACS participating in the SPOA.

In 100 percent of counties and in NYC, all systems referred into the SPOA.

Aggregated data relating to sources of referrals into the SPOA for the past three years (2005-2007) demonstrate that systems' partners are active participants in referring youth from their systems to the SPOA. For example of the total referrals into the SPOA, 9 percent were from DSS, 7 percent were from Probation/Juvenile Justice and 11 percent were generated from the educational system.

Goal: Collect data to monitor vacancies and access to high-end services.

One hundred percent of SPOAs have a method to track SPOA activity. However, the method of data collection and comprehensiveness is diverse. Across all SPOAs: 30 percent utilize the OMH Child and Adult Integrated Reporting System (CAIRS), 33 percent have generated a county data base and 37 percent will utilize the OMH generated SPOA Spreadsheet. For consistency across all SPOAs, the Division has developed a core set of data elements to track the SPOA Process which were put into production in CAIRS, and crafted into the SPOA Spreadsheet in 2008.

Additionally, in the second and third quarter of 2007 and first quarter of 2008, OMH Staff completed 15 site visits. Observations were as follows:

- One hundred percent of Intensive Case Management, Supportive Case Management, and Home and Community Based Waiver providers were present at the SPOA table.
- The status of [any] youth enrolled in these programs as well [as those] youth in Residential Treatment Facilities, Community Residences or Family Based Treatment programs who were in transition were reviewed at the SPOA meetings.
- For those youth on a waiting list for services, an update on the child's status was also obtained at the meetings.
- For youth who are admitted to [in] a Residential Treatment Facility, the Division has developed guidelines for provider communication with the SPOA to ensure that there is access and linkage back to a child's community of origin. A similar process for youth who are in Community Residences and Family Based Treatment Programs is being developed.

Notable trends: Aggregate data from 2005-2007 reveals that, although the total number of referrals into SPOA has remained consistent, there is an increasing trend to serve children and youth through community-based services. This is evidenced by an 11 percent decrease in OMH residential placements and a 13 percent increase in enrollment to OMH-licensed community based services/supports through the SPOA.

III. IMPROVING THE COORDINATION OF CHILDREN AND YOUTH SERVICES—SHIFTING TOWARDS A PREVENTION FOCUS IN 2009

Given the continued success in reducing the number of New York's children and youth in out-of-state schools and residential programs, the Committee is shifting its focus toward assessing and supporting local service networks in an effort to more effectively prevent unnecessary residential placements, and to assist in facilitating transitions of children and youth from residential programs back to community and family-based care. A priority for the Out-of-State Placement Committee in 2009 is to explore more effective integration approaches for delivering services and supports for children, youth and families with complex needs.

The Committee recognizes that a full continuum of care includes readily accessible residential options, but that our collective goals are to ensure that out-of-home placements are utilized appropriately, and only when less intensive supports have been exhausted. The support of local service coordination networks starts at the highest level of state government—to both align policy and resources to support these goals in practice.

A key high-level development in cross-systems coordination is the Commissioners' Committee on Cross-Systems Services for Children and Youth (hereinafter referred to as the "Commissioners' Committee"). Convened in December of 2007, the Commissioners' Committee is composed of the heads of the state's health, education, and human services agencies (CCF, CQCAPD, DOH, OASAS, OCFS, OMH, OMRDD, OTDA and SED) and family and youth partners who share the collective goal of achieving better outcomes for children, youth and families. As stated in their joint message, the Commissioners committed to meet quarterly to:

1. **“Engage families and youth directly, listen to their concerns and proposals, and involve them in the design of individualized services and supports across agencies.**
2. **Work together in a new way: more cooperatively, transparently, effectively and efficiently.**

3. **Increase our focus on effective prevention and comprehensive early childhood services, while also focusing better on children with intensive needs requiring services and supports from multiple agencies.**
4. **Explore new models for quality and continuity of care, including service coordination and dispute resolution.**
5. **Support each other's individual agency goals relative to cross-systems children and youth."**

(Commissioners' Retreat on Cross-Systems Services for Children and Youth, Message from Commissioners, 12/2007)

The Commissioners' Committee, chaired by the Executive Director of the Council on Children and Families, has committed to exploring ways of supporting and strengthening the Coordinated Children's Services Initiative (CCSI) as a multi-level, cross-systems structure for serving children and families with cross-systems needs. Core components and functions of the CCSI system are:

- Implementing and sustaining a local child and family team process (Tier I) that is strengths-based, child-centered, and family-driven. Such teams are responsible for engaging in an individualized planning process that incorporates the supports of multiple service systems and community and family resources.
- Local leadership teams (Tier II) - with family and youth partner participation - that support child and family teams, coordinate county cross-systems policies and resource allocation for youth and families, address cross-systems barriers to providing coordinated care, adopt shared goals and outcomes, and continually recognize and replicate successful practices.
- A state-level oversight body (Tier III) that shares accountability and responsibility for children and families, provides consistent cross-systems leadership on the principles, practice, and sustained development of a statewide system of care. Functions of the state leadership team are to address statewide issues of capacity and resolve administrative and regulatory barriers to effective service delivery.

The Commissioners' Committee recognizes that CCSI has been implemented differently across the state, and at varying levels of success. In an effort to improve state, regional, and county cross-systems linkages, legislation is being proposed to officially designate the Commissioners' Committee to assume the role and functionality of the CCSI Tier III Committee. This will effectively raise the visibility and leadership of CCSI, and better align state and local cross-systems efforts. In 2009, the Commissioners' Committee will host a videoconference with regional state agency leadership staff, school (BOCES leadership) and family representation leadership on supporting the CCSI model as a multi-level interagency and family partnership, and to identify and discuss shared goals and expectations for developing and supporting an effective and responsive system of care.

At its September 2008 quarterly meeting, the Commissioners' Committee members signed a joint letter of support for the Children's Plan-submitted to the Governor and Legislature in accordance with the "Children's Mental Health Act of 2006." The Children's Plan provides a cross-systems vision and blueprint for a coordinated, multi-level system of care that emphasizes preventive, community based approaches and integration efforts for delivering services and supports for youth and families with complex needs.

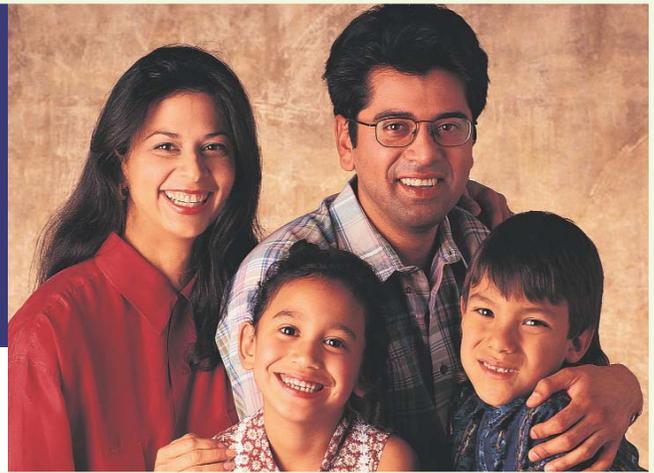
Initial activities of the Commissioners' Committee will center on advancing a complementary set of new and ongoing joint initiatives that support the implementation of the Children's Plan.

Conclusion

The Out-of-State Placement Committee continues to reduce the number of New York's children and youth placed out-of-state. Additionally, the monitoring of these programs continue through a schedule of on-site full team reviews by SED, and the beginning efforts of on-site reviews by OCFS. In 2009, SED is expected to present recommendations for regulatory amendments to address new requirements for approved private residential schools related to licensing by host states to the Board of Regents. OCFS and SED will continue their work in developing communication agreements with other states caring for New York's children and youth, and in obtaining more specific and uniform data on this population. The work on increasing in-state residential capacity will continue in 2009 by SED, OCFS and OMRDD for coordinating the implementation of its 5-Year Interagency Plan, and OMH will continue to work with localities for achievement of SPOA goals. Through the efforts and activities of the Commissioners' Committee and the strengthening of CCSI, coupled with the interagency joint activities supporting the implementation of the Children's Plan, the Out-of-State Placement Committee will focus on prevention in 2009 to explore more effective integration approaches for delivering services and supports for children, youth and families with complex needs.

Appendix 1

Single Point of Access Survey



Dear Parent/Guardian,

This survey was developed by parents, family advocates, service providers, and the New York State Office of Mental Health (NYS OMH) to help us get your input on how the Single Point of Access (SPOA) process works for you. The purpose of this survey is to gather statewide data on family involvement in the process of accessing mental health services and supports for your child and family. Every county in NYS provides a unique process. The word “process” in the following questions refers to either the SPOA process or the _____ process in your county. Your answers are confidential and will not influence current or future services you receive.

- ◆ 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.
- ◆ The NYS OMH uses the information you provide to help agencies improve family involvement in the process of accessing mental health services and supports for your child and family in New York State.
- ◆ Please fill out and return the survey in the envelope provided to agency survey coordinator at the NYS OMH YSER; 44 Holland Ave.; 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:

Single Point of Access (SPOA) Satisfaction Survey

Please help improve the Single Point of Access (SPOA) process by answering these questions. Your answers are confidential and will not put your services at risk.

For each survey item, please fill out the box like this:

		Agree	Agree Slightly	Disagree Slightly	Disagree
1	The services available for my child and family were clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My child's assessment results were clearly explained to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	We had the information we needed to make a decision about services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My family's needs were understood during this process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My child's and family's strengths were recognized during this process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My family was respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I had the opportunity to share my thoughts and concerns during this process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I knew who to contact with questions about getting services for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The services we needed were available in our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I was directly involved with determining what services my child received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I understood the services that we could expect for my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I understood that participation in these services was voluntary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Overall, this process made it easier to access services for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14a How did you received information: (select all that apply)

- Written
- In person
- Phone call
- Other _____

14b. This information was: (select all that apply)

- In my families language
- Clear
- Informative about services
- Other _____

15 Indicate how you had input into this process: (select all that apply)

- Attended my child's SPOA decision making meeting in person
- Met with an advisor (SPOA Rep. and/or Parent Advocate)
- Phone call
- Written
- Email
- Not at all
- Other _____

16 Were you connected to family support/parent advocate during this process? [Family support/parent advocate is a parent of a child who has received mental health services who was available to help your child and family navigate the mental health system.]

- Yes
- No

If you answered 'yes' to the above question, please tell us a little more about the family support you received:

17 The family support/parent advocate was helpful in navigating this process.

- Agree
- Agree Slightly
- Disagree Slightly
- Disagree

17a What was the name of the family support/parent run organization that you worked with?

Please continue on the next page

SPOA Satisfaction Survey

18 Were you on a waitlist for services?

- Yes
 No

19 If you were on a waitlist, were there other services available while you waited?

- Yes
 No

Please explain: _____

20 How did you find out about or were referred to this process to help your child and family get services?

21 How did you find out what services were recommended for your child and family?

22 How was this process helpful?

23 What would make this process more helpful?

Please tell us a little more about your child and family so that we can compare your answers to other families across the state.

24 Your child's age (check one):

- 4 years old or under 12-14 years old
 5-8 years old 15-18 years old
 9-11 years old 19-21 years old

25 Your child's gender:

- Female Male

26 Is your child of Hispanic ethnicity?

- Yes No Unknown

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

- American Indian/Native Alaskan
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White/Caucasian
 Other _____

28 What is your relationship to this child?

- Parent Foster Parent
 Relative Other

29 Where does your child live?

- At Home (with parents)
 At Home (with relatives)
 Foster Home
 Residential Program
 Other _____(Where)

30 Where is your family's **county** of residence? i.e. Ulster. _____

Please continue to the back of the page

SPOA Satisfaction Survey

We appreciate any feedback you have on this survey.

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

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

32 Did someone help you complete this form?

- Yes No

32a How did that person help you? (Check all that apply.)

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

Thank you for taking this survey!

Please return your survey in the enclosed postage paid envelope to:
Family Survey Coordinator
44 Holland Ave, 6th Floor
Albany, NY 12229

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

Appendix 2

Results of the NYS OMH Single Point of Access (SPOA) Survey (2008)

Youth Services Evaluation Research, NYS OMH

Outline

- Background
- Instrument/Methodology
- Results
- Next Steps

Background and Survey Development

- **Purpose of Satisfaction Surveys**
 - Data Reporting:
- Task group met three times to review and revise the 2008 surveys - including parent advocates, providers and OMH staff;

Single Point of Access Surveys

Survey Method:

- Cross-sectional, implemented March 2008
- Survey is anonymous
- Distributed at point of service with provider assistance and returned to OMH for data entry and analysis

Sample Selection:

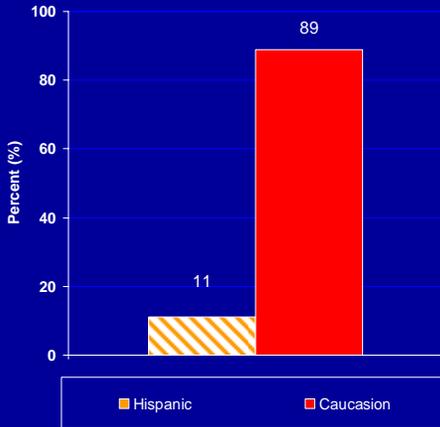
- Family/Caregiver of all children in referred through SPOA

Response Rates:

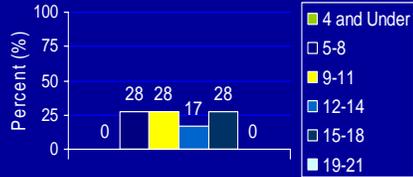
Family Sample: 18/34=53%

Demographic Characteristics of Youth Participants - 2008 SPOA Survey

Youth's Race



Youth's Age

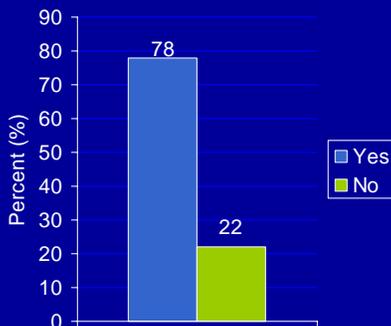


Youth's Gender

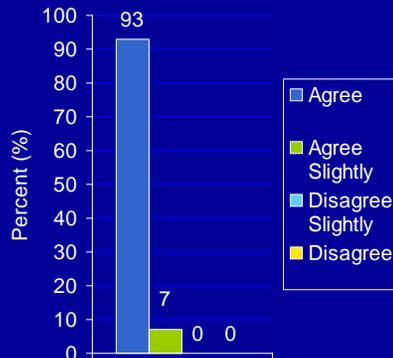


Family Advocate (2008 SPOA)

Access to a family Advocate

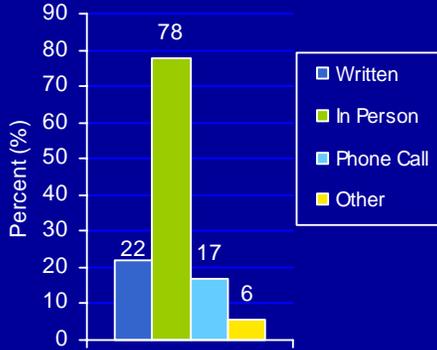


Was Advocate Helpful

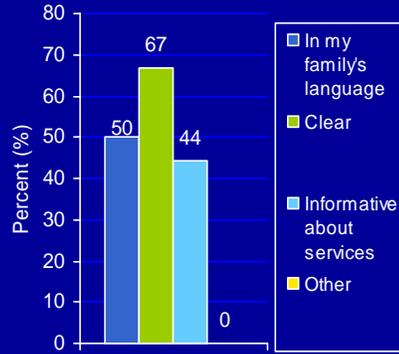


Responses to Receiving Information- 2008 SPOA

How Information was Received



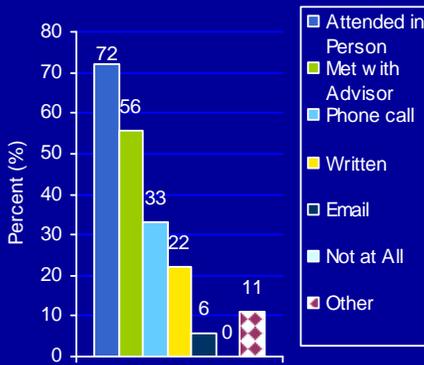
Clarity of Information



* Could pick more than one

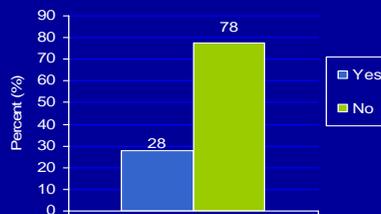
Responses to Process- 2008 SPOA

Input in Process



* Could pick more than one

Waitlisted



Received Services While Waitlisted

