MEDICAID REPORT 2009
DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

INTRODUCTION

Nevada children's mental health services in philosophy and practice are based upon System of Care values and principles. System of Care incorporates a comprehensive spectrum of mental health and other necessary services for children with emotional and behavioral disorders. These services are organized into a coordinated network to meet the multiple, changing and challenging needs of children and their families. Mental health services offered under System of Care practice principals need be responsive to the cultural context and characteristics of the populations they serve. It is imperative that the Nevada Division of Child and Family Services (DCFS) appraises the children and families receiving mental health services and makes every effort to solicit feedback from the service recipients on the perceptions they have regarding the adequacy and quality of the mental health services they receive.

QUALITY ASSURANCE / PROGRAM QUALITY IMPROVEMENT

Over the past year, the DCFS Planning and Evaluation Unit (DCFS/PEU) initiated and/or continued several key components of its expanding system for monitoring populations entering service, service recipient satisfaction and service delivery compliance.

Treatment Population

Descriptive Study of Mental Health Services

A detailed Descriptive Study was completed this past year that consisted of 3108 children served by the DCFS Children's Mental Health Services in Fiscal Year 2008 (July 1, 2007 through June 30, 2008). Demographic descriptors and assessment information were systematically documented in portraying the children and youth in our care.

Of the 3108 children served by DCFS programs, 2169 (69.8%) received services in Clark County, 824 (26.5%) were served in Washoe County, and 115 (3.7 %) were served in the rural counties of Nevada.

Community based outpatient programs served 86.5% of the clients statewide. The remaining 13.5% were served in residential and inpatient treatment settings.

Of the children served, 58% were 12 years of age or younger and 59.9% of those were male. Caucasian children accounted for 72.4% of those served and African-American youngsters 22.6%. Children of Hispanic origin came to 22.4%.

In FY08, 57% of the children in mental health services statewide were in the custody of their parent or family, 28.3% were in Child Welfare custody and 0.7% were in Youth Parole custody.

The complete report can be found in the appended DCFS Mental Health Services Descriptive Study SFY08. (Attachment A)

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Service Recipient Satisfaction

It is the policy of DCFS that all children, youth and their families/caregivers receiving mental health services have an opportunity to provide feedback and information regarding those services in the course of their service delivery and later at the time of their discharge from treatment.

Service Surveys

DCFS/PEU conducted four separate client and family service surveys during calendar year 2008.

DCFS Community-based Children's Mental Health Programs

A parent/caregiver as well as a youth version of the DCFS Outpatient Services Survey were administered in April and May (Spring), 2008 and again in October and November (Fall), 2008. In each survey, five Neighborhood Family Service Center sites were polled in Las Vegas and three were polled in Reno. Spring survey results indicated a statewide average 84% parent/caregiver positive rating and an 85% youth positive rating for the program areas targeted for review. Fall survey results showed an 86% parent/caregiver positive rating and an 82% youth positive rating. Results of the Spring parent/caregiver and youth surveys were also reported to the federal Center for Mental Health Services as a requirement for Nevada's participation in the Community Mental Health Services Block Grant.

Summaries of the Spring and Fall community-based survey results can be found in their respective appended DCFS Outpatient Services Surveys. (Attachment B, Attachment C).

DCFS Residential and Psychiatric Inpatient Services

Parent/caregiver and youth versions of the DCFS Residential and Psychiatric Inpatient Services Survey were administered in May to mid-June (Spring), 2008 and again in mid-October through November (Fall), 2008. The two Northern Nevada Child & Adolescent Services residential program areas were polled as were the two Southern Nevada Child & Adolescent Services residential/inpatient program areas. Spring survey results indicated a statewide average 84% parent/caregiver positive rating and a 77% youth positive rating for the program areas targeted for review. Fall survey results showed an 85% positive rating by parent/caregivers and a 72% positive rating by youths.

Summaries of the Spring and Fall residential/psychiatric inpatient survey results can be found in their respective appended DCFS Residential and Psychiatric Inpatient Services Surveys. (Attachment D, Attachment E).

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Youth and Parent/Caregiver Consumer Surveys At Discharge

By reason of its Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification, the Desert Willow Treatment Center (DWTC) currently conducts patient and/or parent/caregiver consumer service evaluations at time of patient discharge from the facility. DCFS/PEU is moving toward implementing this practice statewide and is formatting discharge survey instruments and protocols for its other treatment programs.

Service Delivery Compliance

DCFS policy requires that its children's mental health services promote clear, focused, timely and accurate documentation in all client records in order to ensure best practice service delivery and to monitor, track and analyze client outcomes and quality measures.

Client Clinical File Reviews

One of the DCFS/PEU performance and quality improvement plan objectives is to engage in ongoing quality assurance activities. These activities monitor the Nevada Medicaid Services Manual Chapter 400 documentation requirements regarding mental health service delivery. Quality assurance efforts also address topics of interest in the wider arena of those activities that reflect clinical best practice.

In 2008, the PEU conducted two reviews that focused on treatment home clients' treatment plan progress and efficacy.

One treatment plan goal review was conducted in October and November, 2008 with three DCFS treatment homes participating: the Southern Nevada Child & Adolescent Services' Oasis residential program and the Northern Nevada Child & Adolescent Services' Adolescent Treatment Center and the Family Learning Homes programs. The target population consisted of all children/youth that had been in an out-of-home placement with the treatment home program for at least six months. This longitudinal perspective was chosen in order to allow a full analysis of treatment planning over time. Of the treatment plans selected from the sampling frame, those reviewed were from the four most recent 90-day review periods. The review analyzed 12 client charts and 50 treatment plan goals.

The majority of treatment plan goals reviewed were rated either as still showing progress or as having been achieved as represented by clients' most recent 90-day reviews. It was deemed that fully three-quarters of client goals were being addressed in an effective manner and four out of five goals were found to relate to client diagnosis and assessment.

The DCFS Treatment Plan Goal Status Review Aggregate Report for DCFS Treatment Homes can be found in Appendix F

A second treatment plan goal review was conducted with the cooperation of some 30 community treatment home providers throughout the State of Nevada. PEU compiled and reported the aggregate data and provided feedback to all participating providers on their treatment planning process. The aggregate report can be found on the DCFS website at http://www.dcfs.state.nv.us/DCFS_PerformanceQualityImprovement.htm .

Client Risk Measurement

Risk measures are indicators based on the structure of a treatment home program and how it responds to and subsequently documents select critical incidents. Risk measures target safety issues that can arise with children and youth having behavioral challenges. Client demographic, clinical and other descriptive information is collected at the program level for such high risk areas as suicidal behavior, medication errors by type and outcome, client unexcused absences with attendant information and incidents of safety holds including circumstances and outcomes. Risk measure data can serve to indicate treatment population trends and might suggest program areas in need of improvement.

In September 2008, client departure condition data were added to the risk measures data collection and analysis efforts. Departure condition data are captured for each client who leaves a treatment home. Information collected includes demographic and clinical variables, client Child and Adolescent Service Intensity Index scores upon admission and at departure, reason for departure and with what disposition, and was treatment considered completed.

At time of this report, PEU will have a full year of original risk measurement data soon to be available for analysis. By February 2009, PEU anticipates having six months of the later added departure conditions data available. All resulting data will be analyzed and reported to the 2009 Legislature, the provider community, and other stakeholders.

A brief summary of the high risk areas captured for the children’s mental health community treatment homes will be found in Risk Measurement at Attachment G.

Supervisor Checklists

Last year’s Medicaid report related how DCFS/PEU had worked with mental health supervisors in developing three service-specific supervisor case review checklists to help guide immediate feedback to staff in directing and improving service provider adherence to relevant policy and documentation requirements.

Following initial piloting of those instruments in late 2007, PEU analyzed resulting data and incorporated subsequent supervisor input to modify/improve the checklists still further. Item analysis of the three supervisor checklists prompted revisions in the discharge planning and the discharge summary indicators that helped discriminate better between these two separate processes. The current version of the Children’s Mental Health Direct Service Delivery Clinical Supervisor Checklist will be found in the addenda section at Attachment H.

In mid-2008 and in support of DCFS policy requiring appropriate targeted case management services for eligible children, PEU began parallel development of supervisor checklists unique to case management service areas. The current version of the Children's Mental Health – Case Management Supervisor Checklist is found at Attachment I.

Program Quality Assurance Monitoring

As the Division's sole Joint Commission on Accreditation of Healthcare Organization (JCAHO) credentialed treatment facility, the Desert Willow Treatment Center (DWTC) continues to conduct its programs in strict compliance with the Commission's operational mandates. As mentioned in earlier Medicaid reports, DWTC patients and/or their parents/caregivers are administered consumer service evaluations upon discharge with monthly reports being forwarded to JCAHO. Several DWTC internal committees review monthly such patient-related care areas as Restraint and Seclusion data, treatment outcome measures and incident and accident data. Monthly Health and Safety Checklists are completed as is a Joint Commission Readiness walkthrough facility/programs inspection. Patient charts are audited daily and typical medical facility infection control activities/reports and medication audits/reports are conducted as well. Consumer complaints and Denial of Rights are reviewed, addressed and reported. Staff medical and clinical peer reviews and program utilization reviews occur monthly. Facility nutritional services undergo quarterly review. The entire facility undergoes an annual performance review that drives facility performance improvement projects.

Client Case Record Data

Client case record documentation begins with timely data entry by appropriate staff. The management information system that houses the data must then be maintained and regularly monitored for client data accuracy and completeness. DCFS employs several processes in seeking to maximize the adequacy and integrity of its client data.

Data Clean-up Committee

This group engages in on-going efforts to identify, isolate, remediate and monitor specific data deficiencies in both the Avatar and the UNITY management information systems. The committee meets regularly and is currently in the process of identifying the next data set for its review activities.

Mutual Advocacy for Data Workgroup (MAD)

This workgroup is composed of key DCFS Information Management System (IMS) and DCFS/PEU personnel and is based upon a shared desire to have a close and informed relationship exist between mental health program service areas and the technical information system that captures, maintains and reports those services' clinical, demographic and financial client data.

MAD has graduated to a "special issues" meeting schedule in continuing to be available as needed in support of the DCFS commitment to its data quality, adequacy and integrity.

Additional Program Evaluation Unit Activities

ECSII

In 2008, DCFS Early Childhood Services statewide worked with the American Academy of Child and Adolescent Psychiatry in collecting client data for validating the Academy's Early Childhood Services Intensity Instrument (ECSII). The ECSII will be used to determine the level and intensity of services needed to meet a child's behavioral health needs. Once validated and released, the instrument may well be required by Medicaid for demonstrating child services need. PEU provided on-going logistic and data-related support to this 10 month plus project of national significance. Specialized databases were designed and constructed for capturing relevant project information and PEU staff provided requisite data entry.

CMHBG

The State of Nevada has been a long time participant in a Community Mental Health Block Grant (CMHBG) provided through the federal Center for Mental Health Services (CMHS). This grant assists participating states to establish or expand their capacity for providing organized and on-going mental health services for adults with severe mental illness (SMI) and children with severe emotional disturbance (SED). DCFS has represented children's mental health services in this grant since the Division was created by State legislative action in 1992.

CMHBG participation requires state accountability for funds expended and outcomes achieved. The CMHBG meets this goal by requiring that states use and report on a set of uniform National Outcome Measures. These measures identify five areas or "indicators" important for a state's mental health programming success and include such topics as increased access to services, client perception of care, reduced incidence of psychiatric program utilization, improved levels of functioning and social connection.

Grant implementation reporting also requires that states use a CMHS Uniform Reporting System (URS). The URS is made up of 21 separate tables of select client and program specific data that detail such information as the number and socio-demographic characteristics of children served by DCFS, outcomes achieved as a result of that service, client assessment of care received, client insurance status, program census characteristics, length of stay measures and so on.

The DCFS PEU supports State of Nevada participation in the CMHS block grant by capturing, collating, analyzing and formatting and reporting all of the children's mental health program data noted above.

New Reports

PEU has initiated several new case data integrity reports since last year's Medicaid report. Both a 90 day or more client inactive report and a six months or more client inactive report have been developed. Each includes specific case data sufficient for

suggesting some of the cases' being recommended for closure. Final closure of any case, of course, remains a clinical decision. These reports highlight where those decisions may need to be made.

PEU originated a special run report that isolates cases in the children's mental health data system (Avatar) that are missing their required client numbers from the sister DCFS child welfare information system (U.N.I.T.Y). PEU staff identify and enter the appropriate UNITY numbers where required. Periodic report re-runs will facilitate on-going data integrity.

CONCLUSION

The DCFS quality assurance and quality improvement model encompasses efforts to understand and optimize all possible factors influencing service delivery and outcomes. PEU is tasked with developing a clear plan for measuring service delivery impact upon outcomes and for improving our understanding of the building blocks that lead to effective programs. Understanding the process of service delivery and evaluating and appreciating consumer satisfaction are all based upon the development of quality assurance and quality improvement standards. PEU partners with DCFS program managers in developing these standards within the different service areas and in measuring their effectiveness. Information generated by on-going outcome measurement allows characterization of program effectiveness and at times may indicate the need to refine or revise a standard for greater effectiveness. DCFS/PEU Quality assurance and quality improvement efforts continue to address system of care operations at the child and family level, at the supervisory level and at the managerial and community stakeholder level.

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ATTACHMENT INDEX

ATTACHMENT A

DCFS Mental Health Services
Descriptive Study SFY 08

DIVISION OF CHILD AND FAMILY SERVICES DESCRIPTIVE SUMMARY OF MENTAL HEALTH SERVICES FY 08

Nevada children's mental health services in concept and philosophy are based upon System of Care values and principles. System of Care incorporates a comprehensive spectrum of mental health and other necessary services for children with emotional and behavioral disorders. These services are organized into a coordinated network to meet the multiple and changing needs of children and their families. Services offered under System of Care need be responsive to the cultural context and characteristics of the populations they serve. It is imperative that DCFS know the children and families for whom it cares.

The following is the descriptive summary of the children who were served by the Division of Child and Family Services (DCFS) Children's Mental Health Services in Fiscal Year 2008 from July 1, 2007 through June 30, 2008. This descriptive report summarizes the demographic and clinical characteristics of the 3108 children served for mental health services across the state of Nevada in DCFS Children's Mental Health programs statewide.

CHILDREN'S MENTAL HEALTH

Number of Children Served by Region

Southern Region: There were 2169 children served in FY08 in the southern region accounting for 69.8 percent of children served statewide.

Northern Region: There were 824 children served in FY08 in the northern region accounting for 26.5% of children served statewide.

Rural Region: There were 115 children served in the rural region accounting for 3.7% of the total served statewide.

Admissions

During FY 08 there were 1646 children admitted to DCFS programs, 1205 (73.2%) were admitted in the southern region (Clark County), 386 (26.1%) were admitted in the northern region (Washoe County), and 55 (3.3%) were admitted in the rural counties.

CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

Statewide and by Region

The 3108 children served statewide for mental health services in FY 08 reflected the following demographic characteristics

Age

The age of children ranged from .27 months through 21.38 years of age. The mean age of all children served in FY08 was 10.95 years old. The following is the percent of children served by age group.

Statewide: Of the 3108 children served the percent by age group were:

- 0-5 year old: 24.1%
- 6-12 year old: 33.9%
- 13-18 year old: 40.3%
- 19-22 year old: 1.6%

Southern Region: Of the 2169 children served the percent by age group were:

- 0-5 year old: 27.8%
- 6-12 year old: 31.6%
- 13-18 year old: 38.7%
- 19-22 year old: 1.9%

Northern Region: Of the 824 children served the percent of admissions by age group were:

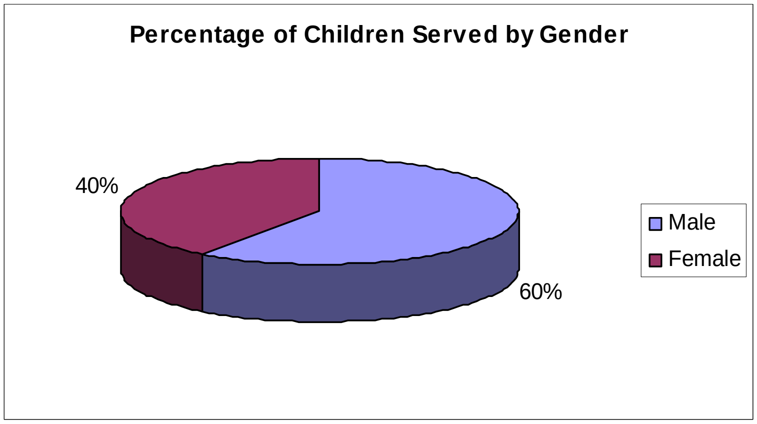
- 0-5 year old: 17.6%
- 6-12 year old: 39%
- 13-18 year old: 42.4%
- 19-22 year old: 1.1%

Gender

Males accounted for 59.9% of the statewide numbers served and females the remaining 40.1%.

Regional breakdown of the gender of children and youth admitted to DCFS mental health services is as follows:

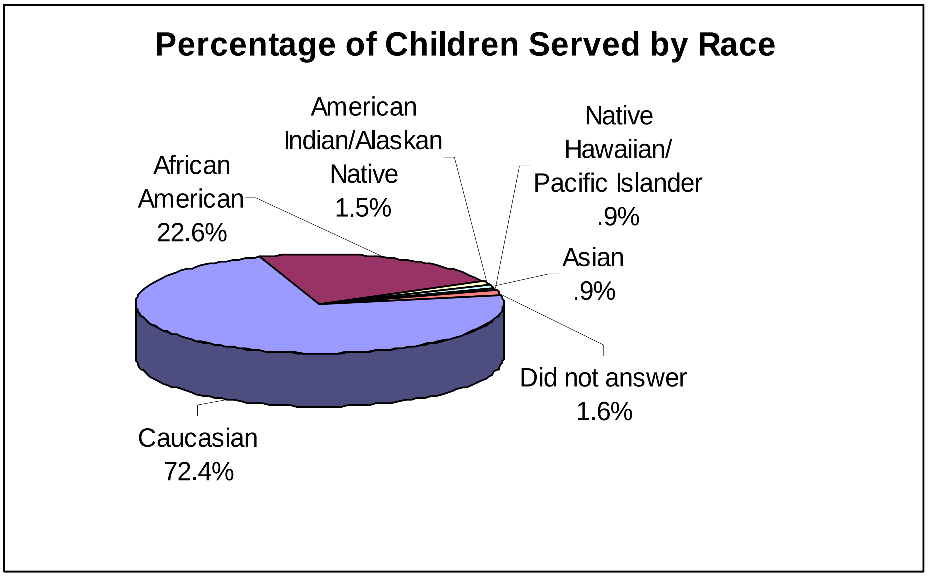
- Southern Region: Males served were 60.6% and 39.4% were females
- Northern Region: Males served were 59.7% and 40.3% were females



Race

Statewide:

- Caucasians made up the majority of statewide numbers served accounting for 72.4% (2250) of children
- African-Americans accounted for 22.6% (702)
- American Indian/Alaskan Natives accounted for 1.5% (48)
- Asians accounted for .9% (29)
- Native Hawaiian/ Pacific Islanders accounted for .9% (28)
- Declined/No entry/No one to ID 1.6% (51)



Southern Region:

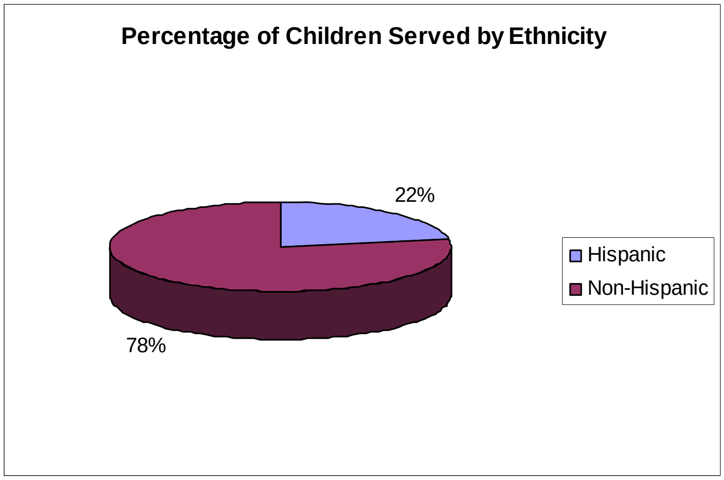
- Caucasians made up the majority of statewide numbers served accounting for 66.2% (1435) of children
- African-Americans accounted for 28.9% (626)
- American Indian/Alaskan Natives accounted for 1.3% (28)
- Native Hawaiian/ Pacific Islanders accounted for 1% (21)
- Asians accounted for .9% (20)
- Declined/No entry/No one to ID 1.8% (39)

Northern Region:

- Caucasians made up the majority of statewide numbers served accounting for 86.3% (711) of children
- African-Americans accounted for 9.2% (76)
- American Indian/Alaskan Natives accounted for 1.7% (14)
- Asians accounted for 1% (8)
- Native Hawaiian/ Pacific Islanders accounted for .8% (7)
- Declined/No entry/No one to ID 1% (8)

Ethnic Origin

Children of Hispanic origin accounted for 22.4% (696) of those served by DCFS mental health services statewide. A regional breakdown of ethnicity of children reveals that in the Southern Region 23.9% (518) of children served were Hispanic and the Northern Region had 20.1% (166).



Custody Status

More than half (57%) of the children served in DCFS mental health services statewide in FY08 were in the custody of their parent or family, 28.3% were in Child Welfare custody, .7% were in Youth Parole custody and 2.4% were in “Other” custody status**.** Children and their families involved with Child Protective Services or County Juvenile Probation were counted as being in the custody of their parents or family.

A breakdown of the custody status of the children served statewide and by region is as follows:

Custody Type	Statewide (3108)	Southern Region (2169)	Northern Region (824)
Parent/Family	57% (1771)	51.9% (1126)	77.3% (637)
Child Welfare	28.3% (880)	36.6% (793)	10.4% (86)
Youth Parole	.7% (23)	.9% (20)	.4% (3)
Other	2.4% (74)	2.1% (46)	3.4% (28)
Missing	11.6% (360)*	8.5% (184)	8.5% (70)

*Rural Region custody status is reported through the WIN program. The WIN program is converting over to the Avatar system and legal custody has not been entered. The WIN program in the rural region accounts for much of the statewide missing data.

Demographics by Program

Community-Based Outpatient Services

Children’s Clinical Services

Children Clinical Services served a total of 901 children.

The average age of children was 13.31 years with an age range of 5.79 to 21.38 years. The following is the percent of children served by age group.

0-5 year old:	.2%
6-12 year old:	44.2%
13-18 year old:	54.4%
19-22 year old:	1.2%

Males accounted for 62.9% of children served in Children’s Clinical Services and females accounted for 37.1%.

The following is the percent and number of children served by race and ethnicity in Children’s Clinical Services.

- Caucasians made up the majority of children served accounting for 71.5% (644)
- African-Americans accounted for 24.9% (224)
- American Indian/Alaskan Natives accounted for 1.3% (12)
- Native Hawaiian/ Pacific Islanders accounted for 1.2% (11)
- Asians accounted for 0.4% (4)
- Declined/No one to ID/No entry accounted for 0.7% (6)
- Hispanic Origin accounted for 26.1% (235)

The following is the percent and number by custody status of children served in Children's Clinical Services.

- Parent/Family - 64.4% (580)
- Child Welfare – 31.2% (281)
- Youth Parole - .2% (2)
- Other – 2.7% (24)
- Missing – 1.6% (14)

Outpatient Services

Outpatient Services served a total of 385 children.

The average age of children was 14.34 years with an age range of 6.68 to 19.64 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 33.2%
- 13-18 year old: 65.5%
- 19-22 year old: 1.3%

Males accounted for 60.3% of children served in Outpatient Services and females accounted for 39.7%.

The following is the percent and number of children served by race and ethnicity in Outpatient Services.

- Caucasians made up the majority of children served accounting for 87.3% (336)
- African-Americans accounted for 9.1% (35)
- Native Hawaiian/ Pacific Islanders accounted for 1.3% (5)
- Asians accounted for 1.3% (5)
- American Indian/Alaskan Natives accounted for 1% (4)
- Hispanic Origin accounted for 20.8% (80)

The following is the percent and number by custody status of children served in Outpatient Services.

- Parent/Family - 88.1% (339)
- Child Welfare – 7.5% (29)
- Youth Parole - .8% (3)
- Other – 3.4% (13)
- Missing – 1.6% (14)

Early Childhood Mental Health Services

Early Childhood Mental Health Services served a total of 700 children.

The average age of children was 4.25 years with an age range of .27 to 8.50 years. The following is the percent of children served by age group.

- 0-5 year old: 82.0%
- 6-12 year old: 18.0%
- 13-18 year old: 0%
- 19-22 year old: 0%

Males accounted for 60.7% of children served in Early Childhood Mental Health Services and females accounted for 39.3%.

The following is the percent and number of children served by race in Early Childhood Mental Health Services.

- Caucasians made up the majority of children served accounting for 66% (462)
- African-Americans accounted for 29.4% (206)
- Asians accounted for 1.6% (11)
- American Indian/Alaskan Natives accounted for 1.3% (9)
- Native Hawaiian/ Pacific Islanders accounted for .9% (6)
- Declined/No one to ID/No entry accounted for 0.9% (6)
- Hispanic Origin accounted for 27.9% (195)

The following is the percent and number by custody status of children served in Early Childhood Mental Health Services.

- Parent/Family - 49.7% (348)
- Child Welfare – 47.9% (335)
- Other – 1% (7)
- Missing – 1.4% (10)

Early Childhood Treatment

Early Childhood Treatment served a total of 311 children.
The average age of children was 6.50 years with an age range of 2.30 to 12.12 years. The following is the percent of children served by age group.

- 0-5 year old: 43.7%
- 6-12 year old: 56.3%
- 13-18 year old: 0%
- 19-22 year old: 0%

Males accounted for 60.5% of children served in Early Childhood Treatment and females accounted for 39.5%.

The following is the percent and number of children served by race and ethnicity in Early Childhood Treatment.

- Caucasians made up the majority of children served accounting for 85.2% (265)
- African-Americans accounted for 10.6% (33)
- American Indian/Alaskan Natives accounted for 2.9% (9)
- Asians accounted for 1% (3)
- Native Hawaiian/ Pacific Islanders accounted for .3% (1)
- Hispanic Origin accounted for 20.9% (65)

The following is the percent and number by custody status of children served in Early Childhood Treatment.

- Parent/Family - 87.1% (271)
- Child Welfare – 9% (28)
- Other – 3.9% (12)

Wraparound in Nevada Southern Region

Wraparound in Nevada Southern Region served a total of 519 children.

The average age of children was 13.92 years with an age range of 5.48 to 21.36 years. The following is the percent of children served by age group.

- 0-5 year old: .6%
- 6-12 year old: 40.3%
- 13-18 year old: 53.2%
- 19-22 year old: 6.0%

Males accounted for 58.2% served in the WIN program in the southern region and females accounted for 41.8%.

The following is the percent and number of children served by race and ethnicity in WIN in the southern region.

- Caucasians made up the majority of children served accounting for 49.7% (258)
- African-Americans accounted for 43.5% (226)
- American Indian/Alaskan Natives accounted for 1.2% (6)
- Native Hawaiian/ Pacific Islanders accounted for .4% (2)
- Asians accounted for .4% (2)
- Declined/No one to ID/No entry accounted for 4.8% (25)
- Hispanic Origin accounted for 10.6% (55)

The following is the percent and number by custody status of children served in the WIN program in the southern region.

- Parent/Family - 4.2% (22)
- Child Welfare – 92.9% (482)
- Youth Parole – 1% (5)
- Missing – 1.9% (10)

Wraparound in Nevada Northern Region

Wraparound in Nevada Northern Region served a total of 165 children.

The average age of children was 15.04 years with an age range of 7.06 to 20.34 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 25.5%
- 13-18 year old: 71.5%
- 19-22 year old: 3.0%

Males accounted for 60% served in the WIN program in the northern region and females accounted for 40%.

The following is the percent and number of children served by race and ethnicity in WIN in the northern region.

- Caucasians made up the majority of children served accounting for 86.1% (142)
- African-Americans accounted for 7.3% (12)
- American Indian/Alaskan Natives accounted for .6% (1)
- Native Hawaiian/ Pacific Islanders accounted for .6% (1)
- Asians accounted for .6% (1)
- Declined/No one to ID/No entry accounted for 4.8% (8)
- Hispanic Origin accounted for 16.4% (27)

The following is the percent and number by custody status of children served in the WIN program in the northern region.

- Parent/Family - 1.2% (2)
- Child Welfare – 93.3% (154)
- Youth Parole – 1.2% (2)
- Missing – 4.2% (7)

Wraparound in Nevada Rural Region

Wraparound in Nevada Rural Region served a total of 115 children.

The average age of children was 13.60 years with an age range of 5.49 to 19.95 years. The following is the percent of children served by age group.

- 0-5 year old: .9%
- 6-12 year old: 42.6%
- 13-18 year old: 55.70%
- 19-22 year old: .9%

Females accounted for 50.4% served in the WIN program in the rural region and females accounted for 49.6%.

The following is the percent and number of children served by race and ethnicity in WIN in the rural region.

- Caucasians made up the majority of children served accounting for 90.4% (104)
- American Indian/Alaskan Natives accounted for 5.2% (6)
- Asians accounted for .9% (1)
- Declined/No one to ID/No entry accounted for 3.5% (4)
- Hispanic Origin accounted for 10.4% (12)

The following is the percent and number by custody status of children served in the WIN program in the rural region.

- Parent/Family - 13.3%
- Child Welfare – 76.6%
- Youth Parole - .8%
- Missing – 9.4%

Pharmacy Southern Region

The Pharmacy in the Southern Region served a total of 357 children.

The average age of children was 14.83 years with an age range of 6.99 to 19.73 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 24.4%
- 13-18 year old: 75.1%
- 19-22 year old: .6%

Males accounted for 61.1% served in the pharmacy program in the southern region and females accounted for 38.9%.

The following is the percent and number of children served by race and ethnicity in the pharmacy program in the southern region.

- Caucasians made up the majority of children served accounting for 72% (257)
- African-Americans accounted for 23.5% (84)
- American Indian/Alaskan Natives accounted for 2% (7)
- Native Hawaiian/ Pacific Islanders accounted for 1.1% (4)
- Asians accounted for .6% (2)
- Declined/No one to ID/No entry accounted for .8% (3)
- Hispanic Origin accounted for 21.8% (78)

The following is the percent and number by custody status of children served in the pharmacy program in the southern region.

- Parent/Family - 79.3% (283)
- Child Welfare – 12.6% (45)
- Youth Parole – 5.9% (21)
- Other – 2.2% (8)

Pharmacy Northern Region

The Pharmacy in the Northern Region served a total of 55 children.

The average age of children was 15.76 years with an age range from 13.15 to 18.57 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 0%
- 13-18 year old: 100%
- 19-22 year old: 0%

Females accounted for 54.5% served in the pharmacy program in the northern region and males accounted for 45.5%.

The following is the percent and number of children served by race and ethnicity in the pharmacy program in the northern region.

- Caucasians made up the majority of children served accounting for 92.7% (51)
- African-Americans accounted for 3.6% (2)
- American Indian/Alaskan Natives accounted for 3.6% (2)
- Hispanic Origin accounted for 27.3% (15)

The following is the percent and number by custody status of children served in pharmacy program in the northern region.

- Parent/Family - 80% (44)
- Child Welfare – 10.9% (6)
- Other – 7.3% (4)
- Missing – 1.8% (1)

Residential and Psychiatric Inpatient

Desert Willow Treatment Center (Acute Hospital and Residential Treatment Center)

Desert Willow Treatment Center Acute Hospital served a total of 183 children. The Residential Treatment Center served a total of 107 children.

The average age of children served by the Acute Hospital was 14.43 years with an age range of 6.99 to 18.72 years. The average age of children served by the Residential Treatment Center was 16.14 years with an age range of 12.36 to 18.89 years. The following is the percent of children served by age group.

Acute Hospital:

- 0-5 year old: 0%
- 6-12 year old: 30.1%
- 13-18 year old: 69.9%
- 19-22 year old: 0%

Males accounted for 55.7% served in the DWTC Acute Hospital and females accounted for 44.3%.

The following is the percent and number of children served by race and ethnicity in the DWTC Acute Hospital.

- Caucasians made up the majority of children served accounting for 69.9% (128)
- African-Americans accounted for 25.1% (46)
- American Indian/Alaskan Natives accounted for 2.2% (4)
- Native Hawaiian/ Pacific Islanders accounted for 1.1% (2)
- Asians accounted for 1.1% (2)
- Declined/No one to ID/No entry accounted for .5% (1)
- Hispanic Origin accounted for 23.5% (43)

The following is the percent and number by custody status of children served in DWTC Acute Hospital.

- Parent/Family - 82% (150)
- Child Welfare – 13.7% (25)
- Youth Parole – 2.7% (5)
- Other – 1.6% (3)

Residential Treatment Center:

- 0-5 year old: 0%
- 6-12 year old: 2.8%
- 13-18 year old: 97.2%
- 19-22 year old: 0%

Males accounted for 63.6% served in the Desert Willow Residential Treatment Center and females accounted for 36.4%.

The following is the percent and number of children served by race and ethnicity in the Desert Willow Residential Treatment Center.

- Caucasians made up the majority of children served accounting for 72.9% (78)
- African-Americans accounted for 22.4% (24)
- Native Hawaiian/ Pacific Islanders accounted for 2.8% (3)
- American Indian/Alaskan Natives accounted for 1.9% (2)
- Hispanic Origin accounted for 20.6% (22)

The following is the percent and number by custody status of children served in the Desert Willow Residential Treatment Center.

- Parent/Family - 69.2% (74)
- Child Welfare – 14% (15)
- Youth Parole - 14% (15)
- Other – 2.8% (3)

On-Campus Treatment Homes (Oasis)

The On-Campus Treatment Homes (Oasis) served a total of 73 children.

The average age of children was 13.69 years with an age range of 7.39 to 18.36 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 37.0%
- 13-18 year old: 63.0%
- 19-22 year old: 0%

Males accounted for 56.2% served in the Oasis On-Campus Treatment Homes and females accounted for 43.8%.

The following is the percent and number of children served by race and ethnicity in the Oasis On-Campus Treatment Homes.

- Caucasians made up the majority of children served accounting for 56.2% (41)
- African-Americans accounted for 43.8% (32)
- Hispanic Origin accounted for 8.2% (6)

The following is the percent and number by custody status of children served in the Oasis On-Campus Treatment Homes.

- Parent/Family - 52.1% (38)
- Child Welfare – 34.2% (25)
- Youth Parole – 2.7% (2)
- Other – 5.5% (4)
- Missing – 5.5% (4)

Adolescent Treatment Center

The Adolescent Treatment Center served a total of 58 children.

The average age of children was 15.74 years with an age range of 13.15 to 18.57 years. The following is the percent of children served by age group.

- 0-5 year old: 0%
- 6-12 year old: 0%
- 13-18 year old: 100%
- 19-22 year old: 0%

Females accounted for 55.2% served in the Adolescent Treatment Center and males accounted for 44.8%.

The following is the percent and number of children served by race and ethnicity in the Adolescent Treatment Center.

- Caucasians made up the majority of children served accounting for 93.1% (54)
- African-Americans accounted for 3.4% (2)
- American Indian/Alaskan Natives accounted for 3.4% (2)
- Hispanic Origin accounted for 29.3% (17)

The following is the percent and number by custody status of children served in the Adolescent Treatment Center

- Parent/Family - 79.3% (46)
- Child Welfare – 12.1% (7)
- Other – 6.9% (4)
- Missing – 1.7% (1)

Family Learning Homes

The Family Learning Homes served a total of 61 children.

The average age of children was 14.0 years with an age range of 6.11 to 18.89 years. The following is the percent of children served by age group.

0-5 year old:	0%
6-12 year old:	34.4%
13-18 year old:	65.6%
19-22 year old:	0%

Males accounted for 59% served in the Family Learning Homes and females accounted for 41%.

The following is the percent and number of children served by race and ethnicity in the Family Learning Homes.

- Caucasians made up the majority of children served accounting for 90.2% (55)
- African-Americans accounted for 6.6% (4)
- American Indian/Alaskan Natives accounted for 1.6% (1)
- Native Hawaiian/ Pacific Islanders accounted for 1.6% (1)
- Hispanic Origin accounted for 26.2% (16)

The following is the percent and number by custody status of children served in the Family Learning Homes.

- Parent/Family - 85.2% (52)
- Child Welfare – 9.8% (6)
- Youth Parole – 3.3% (2)
- Other – 1.6% (1)

Children served by program are an unduplicated count within each program. It is a duplicated count across programs as many children receive services from more than one DCFS Children's Mental Health program.

CHILDREN'S CLINICAL CHARACTERISTICS

Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their child has encountered. Of the 51 problems listed, the four problems identified below accounted for over one-third (36.7%) of all problems reported.

- Adjustment Problems (13.6%)
- Child Neglect Victim (9.9%)
- Physical Aggression (6.7%)
- Parent-Child Problems (6.5%)

When analyzed by region, the most frequent admitting problem was Adjustment Problems. The second most frequent admitting problem was Child Neglect Victim in the southern region and Physical Aggression in the northern region. Physical Aggression and Parent-Child Problems are tied as the third most frequently reported problem in the southern region while Parent-Child Problems was the third most frequently reported problem in the northern region.

Child and Adolescent Functional Assessment

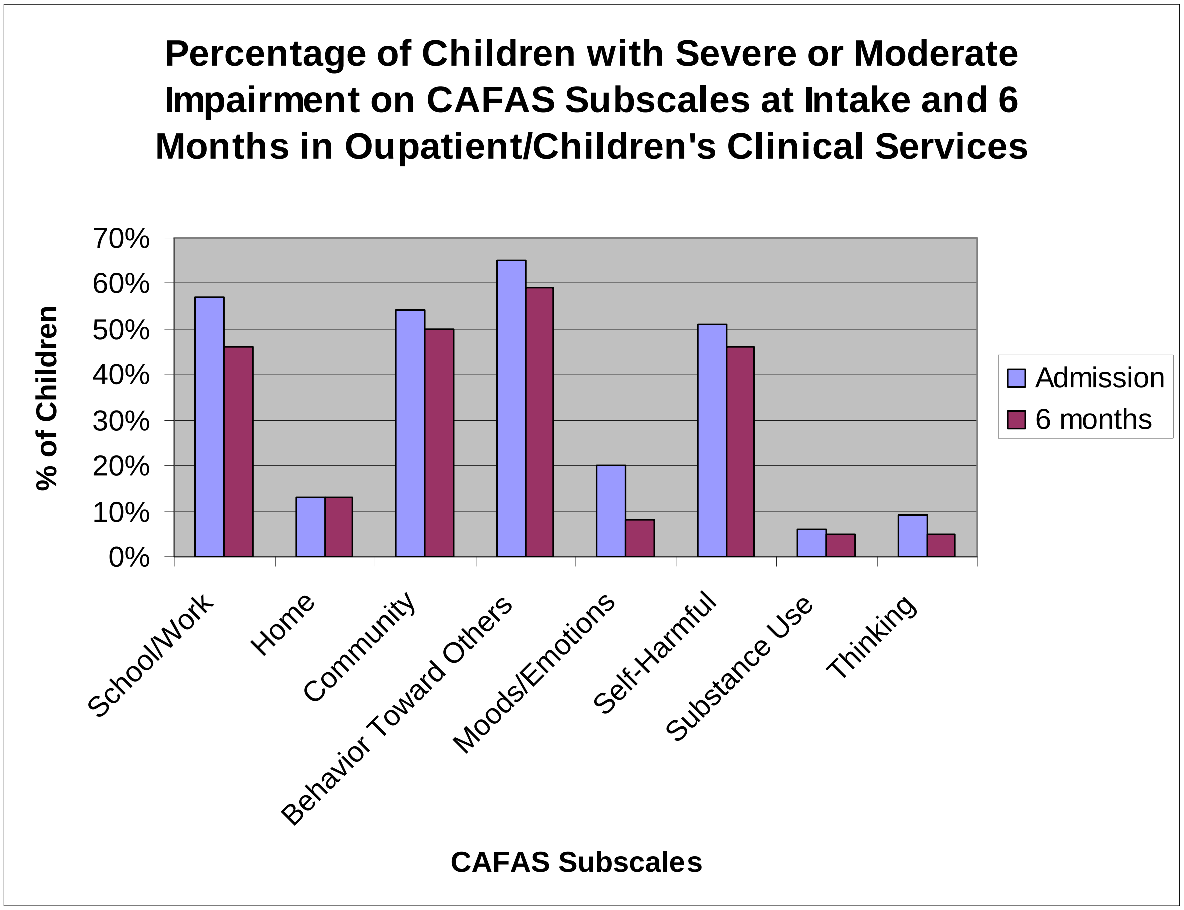
The Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1999) was designed to assess in children ages 6 to 18 the degree of functional impairment regarding emotional, behavioral, psychiatric, psychological and substance-use problems. CAFAS scores can range from 0 to 240 with higher scores reflecting increased impairment in functioning.

Children ages 6 through 18+ that entered DCFS Children's Mental Health programs in FY 08 had a mean total CAFAS score of 98.77 at admission. The FY 07 mean CAFAS total score at admission was 106.25 and for FY 06 it was 109. This reflects a three year decline in admission CAFAS scores although children admitted to mental health services at intake remain impaired in their overall functioning.

Outpatient and Children's Clinical Services

Outpatient Services at NNCAS and Children's Clinical Services at SNCAS had a total of 462 admission CAFAS scores. The average total CAFAS admission score was 87.92 with a range of 10 to 230.

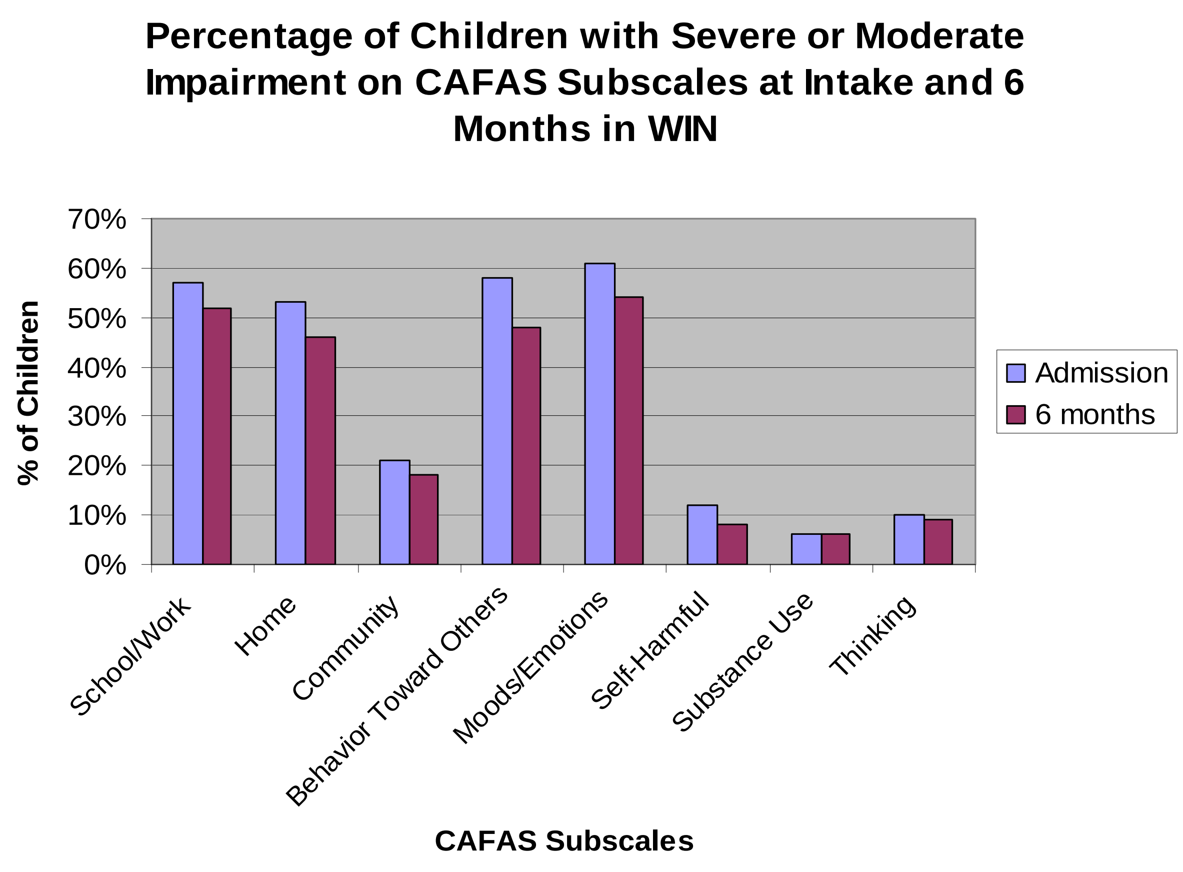
Outpatient Services at NNCAS and Children's Clinical Services at SNCAS were combined to examine CAFAS subscale scores at admission and at 6 months. There were a total of 276 pairs of CAFAS subscale scores. The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on the CAFAS subscales at admission and at 6 months. CAFAS subscale scores decreased from admission to 6 months indicating improvement in functioning with the exception of the Home subscale which showed no change.



Wraparound in Nevada

The statewide Wraparound in Nevada program had a total of 326 admission CAFAS scores. The average total CAFAS admission score was 78.10 with a range of 0 to 190.

Statewide Wraparound in Nevada CAFAS subscale scores were combined for examination at admission and at 6 months. There were a total of 444 pairs of CAFAS subscale scores. The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on CAFAS subscales at admission and at 6 months. CAFAS subscale scores decreased from admission to 6 months indicating improvement in functioning with the exception of the Substance Abuse subscale which showed no change.

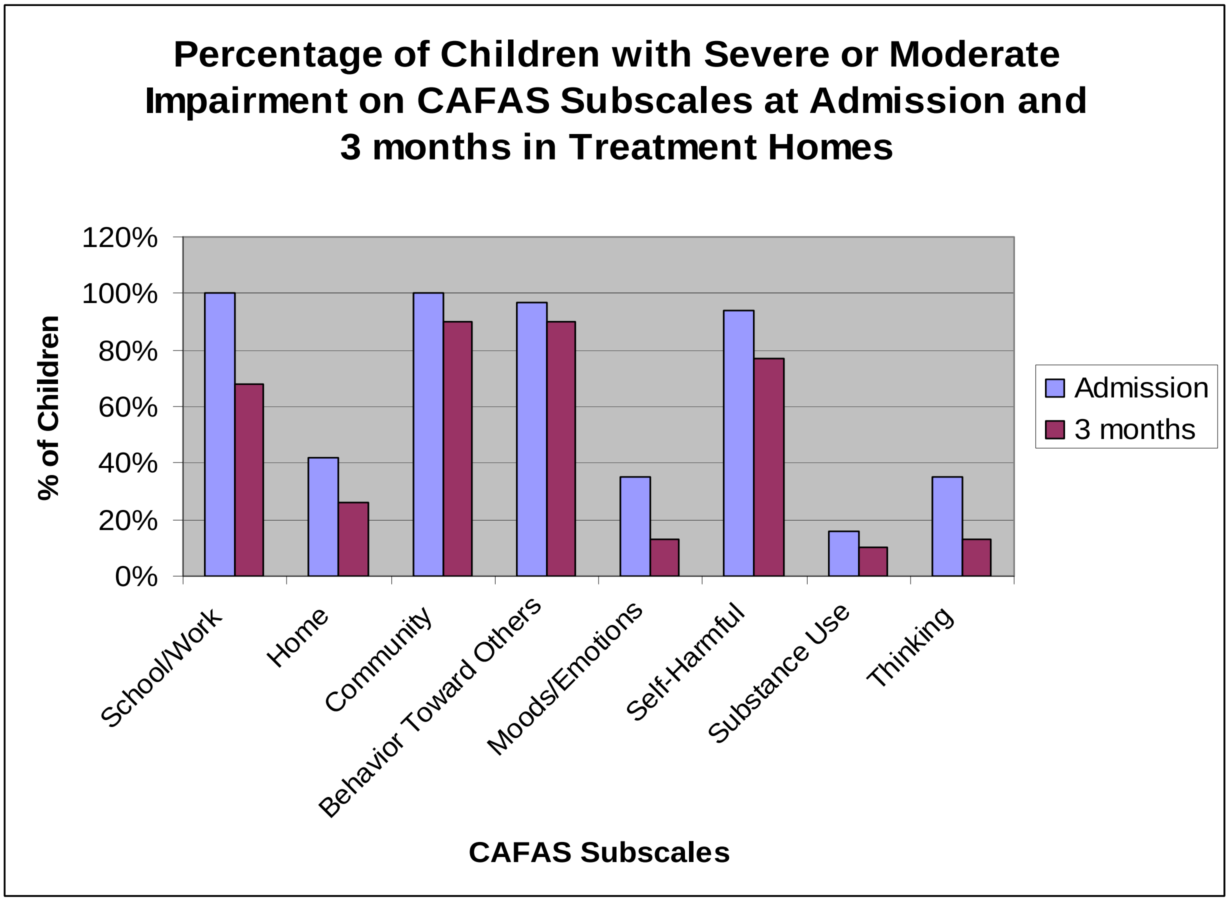


Treatment Homes (ATC, FLH, and Oasis)

The Adolescent Treatment Center and the Family Learning Homes at NNCAS and Oasis On-Campus Treatment Homes at SNCAS had a total of 65 admission CAFAS scores. The average total CAFAS admission score was 137.38 with a range of 90 to 190.

Oasis On-Campus Treatment Homes, the Adolescent Treatment Center, and the Family Learning Homes CAFAS subscale scores were combined for examination at admission and at 3 months. Three month subscales scores were selected due to the shorter length of stay for children served in treatment homes. There were a total of 31 pairs of CAFAS subscale scores. The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on CAFAS subscales at admission and at 3 months. All 3 month subscale scores decreased from admission indicating improvement in functioning.

Based on the 31 pairs, the average CAFAS score was 134.19 at admission. At 3 months into services, the average CAFAS score decreased to 100, which represents a statistically significant improvement in overall daily functioning.

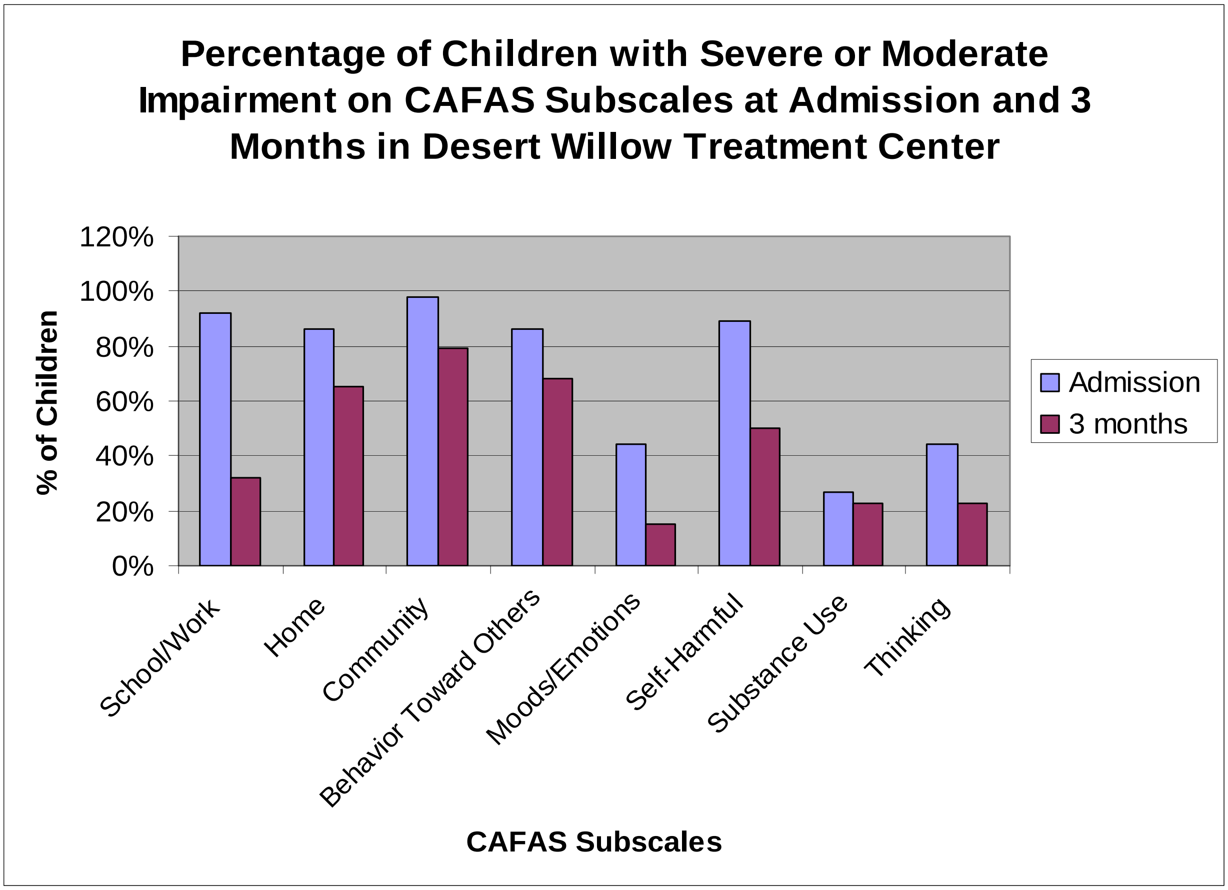


Desert Willow Treatment Center

Desert Willow Treatment Center had a total of 202 admission CAFAS scores. The average total CAFAS admission score was 155.40 with a range of 40 to 230.

Desert Willow Treatment Center CAFAS subscale scores were combined for examination at admission and at 3 months. Three month subscales scores were selected due to the shorter length of stay for children served in DWTC. There were a total of 64 pairs of CAFAS subscale scores. The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on CAFAS subscales at admission and at 3 months. All subscale scores decreased at 3 month from admission indicating improvement in functioning.

Based on the 64 pairs, the average CAFAS score was 163.44 at admission. At 3 months into services, the average CAFAS score decreased to 116.56, which represents a statistically significant improvement in overall daily functioning.

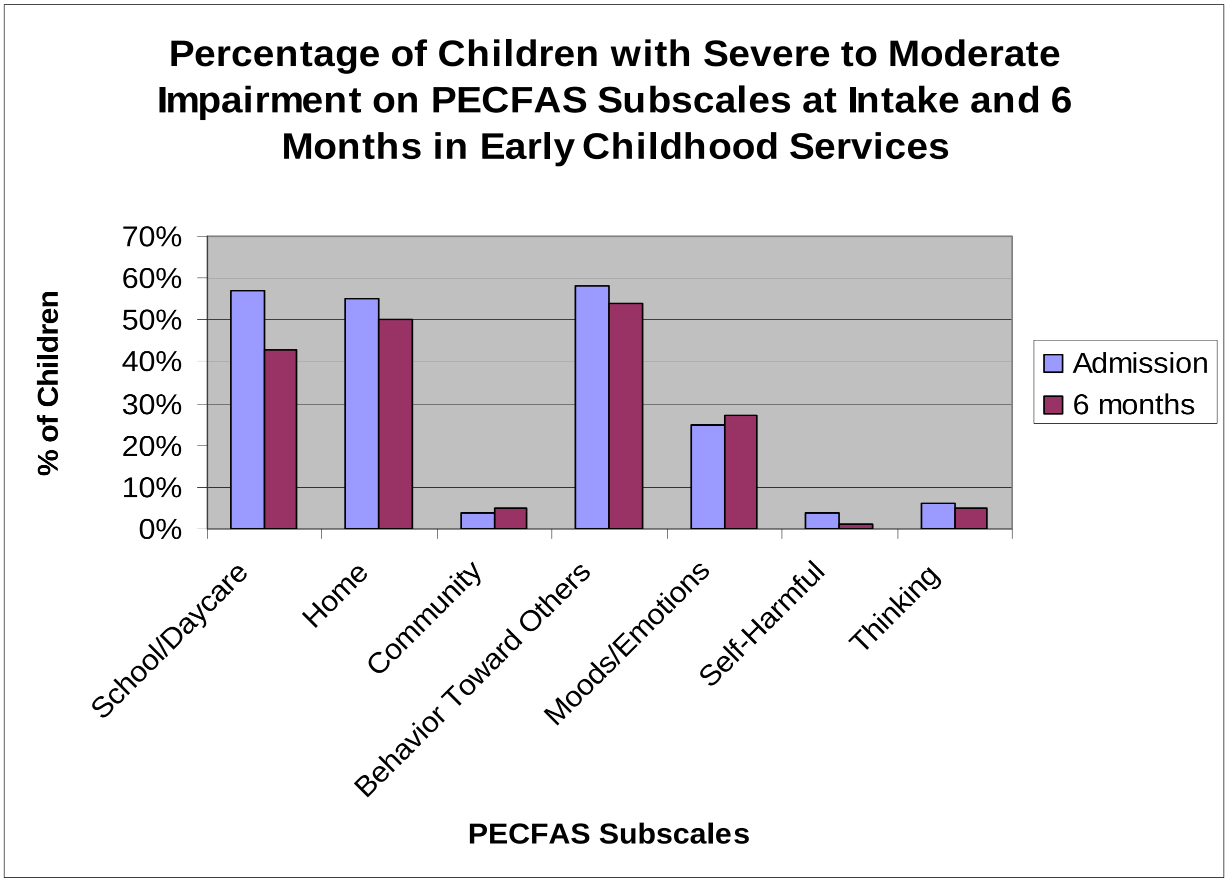


Percentage of Children with Severe or Moderate Impairment on CAFAS Subscales at Admission and 3 Months in Desert Willow Treatment Center

Preschool and Early Childhood Functional Assessment

Preschool and Early Childhood Functional Assessment Scale (PECFAS) (Hodges, 2000), was also designed to assess degree of impairment of functioning of children ages 3-7 with behavioral, emotional, psychological or psychiatric problems. PECFAS scores range from 0 to 210 with a higher score indicating greater impairment. In FY08, mean total PECFAS scores of 529 children admitted to mental health services statewide was 64.59 with a range of 0 to 180.

Early Childhood Treatment at NNCAS and Early Childhood Mental Health Services at SNCAS were combined to examine PECFAS subscale scores at admission and at 6 months. There were a total of 120 pairs of PECFAS subscales scores. The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on PECFAS subscales at admission and at 6 months. PECFAS subscale scores decreased from admission to 6 months indicating improvement in functioning with the exception of the Community subscale.



Diagnosis

Over 35% of the FY 08 children met criteria for more than one diagnostic category. The most prevalent Axis I diagnoses of children at their most recent assessment are reflected in the following age group categories.

Age Group 0-5
- Disruptive Behavior NOS
- Deprivation/Maltreatment Disorder
- Adjustment Disorder

Age Group 6-12
- Posttraumatic Stress Disorder
- Oppositional Defiant Disorder
- Attention Deficit Hyperactivity Disorder

Age Group 13-18 +
- Major Depressive Disorder
- Posttraumatic Stress Disorder
- Depressive Disorder NOS
- Oppositional Defiant Disorder
- Attention Deficit Hyperactivity Disorder

Prevalent diagnosis in all age groups for FY08 mirrors those in FY07.

ATTACHMENT B

DCFS Outpatient
Services Survey-Spring

DCFS Outpatient Services
Parent / Caregiver – Youth Survey Results
Statewide Spring 2008

From mid April to the end of May, 2008, DCFS conducted its spring survey of children's community-based or outpatient mental health service programs. Parent/caregivers with children in treatment and the children themselves (if age 11 or older) were solicited to voluntarily participate in completing the survey instrument. Participants were asked to disagree or agree with a series of statements relating to seven areas or "domains" that the Federal Mental Health Statistical Improvement Program (MHSIP) prescribes whenever evaluating mental health programming effectiveness.

The seven MHSIP domains include statements concerning the ease and convenience with which respondents received services (Access); whether they liked the service they received (General Satisfaction); the results of the services (Positive Outcomes); respondent ability to direct the course of their treatment (Participation in Treatment); whether staff were respectful of respondent religion, culture and ethnicity (Cultural Sensitivity); whether respondents felt they had community-based relationships and support (Social Connectedness); and how well respondents seem to be doing in their daily lives (Functioning).

Survey Results Format

For this report, community-based outpatient services survey results are in table format and are presented by type of service (Early Childhood, Outpatient and Wraparound in Nevada) under each of two state regions (Southern and Northern/Rural). Parent/caregiver and youth responses appear together under each domain. Early Childhood services have only parent/caregiver responses as the children served are too young (six years or less) to self-report on a survey instrument. The one response for Early Childhood northern region was included in the outpatient count.

The Parent/Caregiver and Youth Positive Response numbers appearing under each domain are percentages. A percentage number represents the degree to which a particular domain statement was endorsed or rated positively by respondents. Since not every survey respondent answers every statement, each statement's percentage numbers are based upon the actual number of responses to that particular statement.

You will notice that any statement on the survey with less than a 60% Positive Response number is "courtesy highlighted". Courtesy highlights call attention to any survey item having a respondent endorsement rate that is approaching the lower end of the frequency scale. Outpatient, Early Childhood or Wraparound in Nevada programs having courtesy highlighted items may wish to monitor these particular items in subsequent surveys should similarly low endorsement rates re-occur. Programs might opt to give special attention to a highlighted statement's subject matter when considering if any programmatic or other corrective action might be taken.

Following each service area's domain results, you will find listed whatever remarks respondents offered regarding what was the most helpful thing about the services they received, what would improve upon the services they received and any additional comments they might have had.

A discussion section follows the survey results table. Representative recommendations regarding mental health services suggested by the current survey are presented. A final comment section on survey participation concludes the report.

Survey Participants

Parents or caregivers with children receiving community-based mental health treatment and the children themselves where age appropriate were participants in this spring survey. 145 parents/caregivers participated in the survey in addition to 120 youth still in programs. Survey participants were solicited by clerical/other office staff at the different locations providing the clients' mental health services. Survey questionnaires were self-administered and when completed put into closed collection boxes. Some caregivers and parents chose to complete the surveys at home and mailed them to Planning and Evaluation Unit offices. Survey participation was entirely voluntary and survey responses were both anonymous and confidential.

The following table presents the number of parent/caregiver and number of youth surveys received from each region and treatment site. The parent/caregiver section of the table also includes the percentage of clients served who were sampled by the respective area's survey. Youth percentages are not given since not all clients served were age eligible for survey participation and any percentage would be non representative.

REGION & SITE	**SURVEYS**				
	Parent/Caregiver			**Youth**	
	Number of Surveys	Number of Clients Served	Survey Sample Percent	Number of Surveys	Number of Clients Served
South					
SNCAS Outpatient	46	438	11%	37	438
Early Childhood Mental Health Services	25	360	7%	NA	NA
WIN	35	316	11%	38	316
South Total	106	1114	10%	75	754

North/Rural					
NNCAS Outpatient	29	212	14%	36	212
WIN –Reno	5	108	5%	6	108
WIN – Rural	5	65	10%	3	65
North/Rural Total	39	385	10%	45	385
Statewide Total	145	1499	10%	120	1139

Note: SNCAS = Southern Nevada Child/Adolescent Services
WIN = Wraparound in Nevada
NNCAS = Northern Nevada Child/Adolescent Services

DCFS Outpatient Services
Parent / Caregiver – Youth Survey Results
Statewide SFY 2008

SOUTHERN REGION

SNCAS OUTPATIENT Results

Parent/Caregiver N=46; Youth N=37 **11% Total Served = 438**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	96	91
Services were scheduled at times that were right for us.	89	94
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	93	97
The people helping my child and family stuck with us no matter what.	88	91
I felt my child and family had someone to talk to when he/she was troubled.	91	91
The services my child and family received were right for us.	87	94
I received the help I wanted for my child.	89	97
My family got as much help as we needed for my child.	78	94
POSITIVE OUTCOMES		
My child is better at handling daily life.	80	88
My child gets along better with family members.	80	73
My child gets along better with friends and other people.	84	88
My child is doing better in school and/or work.	70	79
My child is better able to cope when things go wrong	67	84
I am satisfied with our family life right now.	69	78
PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	74	49
I helped to choose my child and/or family's treatment goals.	90	81
I participated in my child's and family's treatment.	98	80

2008 SUMMARY

CULTURAL SENSITIVITY		
Staff treated our family with respect.	98	97
Staff respected our family's religious/spiritual beliefs.	94	90
Staff spoke with me in a way that I understood.	100	97
Staff was sensitive to my family's cultural and ethnic background.	89	91
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	89	N/A
I have people that I am comfortable talking with about my child's problems.	89	N/A
In a crisis, I would have the support I need from family or friends.	86	94
I have people with whom I can do enjoyable things.	89	100
I am happy with the friendships I have.	N/A	88
I feel I belong in my community.	N/A	71
FUNCTIONING		
My child is better at handling daily life.	80	88
My child gets along better with family members.	80	73
My child gets along better with friends and other people.	84	88
My child is able to do the things he/she wants to do.	81	87
My child is better able to cope when things go wrong.	67	84

Parent/Caregiver comments

1. What has been the most helpful thing about the services your child received?

- /ok/ counseling
- Availability of case worker
- Child received proper medication and dosage
- compassion, understanding and making me aware of what my child is going through
- continued support
- coping skills
- coping skills
- counseling
- Counseling for behavioral problems. Medication to help cope with anxiety and depression.
- Find out who we can help situations with my kid
- (name) can talk to (name).
- He is able to cope better with the past
- Her gaining self-confidence & recognizing triggers & ways to avoid them.
- (name)
- I feel that without the help that she has received she may not have survived life
- Is helping our daughter
- keeping our household from having a violent outburst all the time. It's much more calm
- medicine and allowing my son to express himself
- Mr(name) is very supportive, always there in crisis to meet my family's issues, dependable and always courteous. A wonderful human being
- (name)!!
- She has difficulty expressing herself. Seems to open up to(name).
- She is not thinking of hurting herself any longer. She is a happier child and back to her well-rounded self.
- she is thankful / she is getting help
- she was very comfortable discussing any problem
- Spanish: economic assistance

Youth comments

1. What has been the most helpful thing about the services you received?

- About most of the problems I'm having in school.
- being able to express feelings
- Being able to talk to someone about my life & things that bother me
- Conversations, helping my mom understand, and me on rare occasions
- Coping skills
- having someone listen.
- Having somewhere to go every week.
- Helping my anger
- I had someone to explain my problems too.
- I learned to control my anger or sadness in an acceptable way.
- my anger
- My counselor talks to me like my right maturity level
- People actually listen to me.
- She is very helpful when I need to talk with
- Talking to (name)
- Talking to somebody that wont go off on me.
- Talking to therapist
- that I can understand my problems better.
- that when I want to talk to her I can tell (name) anything and she understands me.
- the medicine an therapy
- The most helpful thing was having someone to talk to who wouldn't judge me based on my actions or what I told them.
- The talking one-on-one.
- Therapists
- Therapy
- There when I need them.
- They are really trying to help
- They are weekly
- They help me a lot. They make me happy. They make me feel good in and out.
- Understanding what was going on.

• Spanish: she is struggling to overcome her illness, do better at school • Spanish: the moral support of the therapist • Spanish: We have better communication and he has matured a little more • The availability of our counselor when we have issues. She truly cares about our family!The Behavioral Problem • the counselor • the counseling and the medication • The education I was given • The therapist, being able to bring sibling if no child care available. • the updates as things happen with them and how they progress • therapist/changing medication • To know we are not alone and there is help out there. • Understanding that we needed help • understanding what led to her anger issues. • We just started and so far everyone is nice Because of these "services" my child has been able to stay out of Treatment Center (inpatient) AND live among siblings. His whole life depends on these services.	
2. What would improve services your child and the family received? • care and understanding • caseworker able to provide rides for child during session • don't know - not finished yet • Everything has been great • family relation (Parent-son) School relation • I think they are good as is • I was one of the lucky ones, she didn't have to wait long for services to start after being released from Desert Willow. The children shouldn't have to wait a month to see someone. • If therapy was more individual directed to include some replacement behavior for the times child misbehaved; some role play • I'm very satisfied with the service I had received. • Little listen and not aggressive • Maybe ongoing research on my son. Tests to be put on the proper meds. • my personal involvement • Not enough paper, and I don't have enough time • Not having to wait so long to see Doctor (name). He usually falls behind and then we don't get the time we need in our appointments. • Our daughter improve a lot emotionally. • Spanish: for me, none • Spanish: More time with the counselor and the family • Spanish: the professional help that you offer her in her illness • Would have been helpful before children were placed in my home to get all the legal matters taken care of. Some things need to be done before they were placed. I wasn't given the right directions and I feel as though the system had used my kindness and taken advantage of me. These children have been placed in my home for 2.5 months now without any assistance. • Access between my job hours & services. Need someone to take him for me when I cannot leave work.	2. What would improve services you received? • Actually the service I get is great. • Coming more often • Free quesadillas • Funds and hobbies for me and my family • help in getting a job … in which I will be satisfied. • I dk (I don't know) • I don't really know. • I don't really think it need improvement. • It was perfect. • my attitude • My attitude and how I react to things. • nothing because it's fine with me. • nothing, but going out places. • Nothing, I like it the way it is. • Nothing. They are fine as is • nothing it is perfect how it is. • progress, better workers • self esteem • That every kid thats gets lots in trouble so they should use copping skills. • there good right now • they are great • They are just fine!!!!

3. Additional Comments	3. Any additional comments?
• I am very thankful for what has been provided this far. • I would refer your services to anyone in community. I am thankful for the treatment my son has received • My kids have ADHD but not big other problems. To me was hard to find a place for them not having drugs or violence issues. • Our daughter is more come down she is more loving girl than before • Shorten time span to 30 minutes since he's here every week. Instead of 1-1.5 hours since ADHD has short attention span • Spanish: thanks to all the personnel and the most courteous Spanish: thanks to everyone for helping my little daughter come out quickly with your help Spanish: Thanks to all the staff for the unconditional assistance that they grant us during this time. I want to especially thank Mr. (name) and Miss (name) for all their patience and professionalism in working with my daughter. I also want to acknowledge the work done with me by Miss (name), who always supports our family. God bless them.	• As long as I can breath I'm fine. • (name) should get a raise she's very cool • I enjoy the services I receive. • I like this facility • I really got the help I needed. :) • Thank you - My son has been do8ing so-ooo much better the last year. • thank you for helping me. • This places ROCKS!! • when I am I going home.
• Thank God this place exists. I really think my daughter would have tried to take her life again if not for the • concern and help by her therapists and doctors • Thank-you - this facility is a wonderful thing. • This service helps me so much. Thank so much before I feel I'm just alone. Can't handle my son. He's getting better. Thanks God & your Help. • We just started but I am very optimistic about this program We were put with the perfect person (caseworker) for my son and his needs. Thank you.	

SOUTHERN REGION

WIN Results

Parent/Caregiver N=35; Youth N=38 **11% Total Served = 316**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	85	81
Services were scheduled at times that were right for us.	100	81
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	94	78
The people helping my child and family stuck with us no matter what.	100	86
I felt my child and family had someone to talk to when he/she was troubled.	85	84
The services my child and family received were right for us.	82	81
I received the help I wanted for my child.	82	78
My family got as much help as we needed for my child.	91	92
POSITIVE OUTCOMES		
My child is better at handling daily life.	74	78
My child gets along better with family members.	82	75
My child gets along better with friends and other people.	76	83
My child is doing better in school and/or work.	79	83
My child is better able to cope when things go wrong	56	75
I am satisfied with our family life right now.	53	71

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PARTICIPATION IN TREATMENT		
I helped to choose my child and family’s services.	87	62
I helped to choose my child and/or family’s treatment goals.	91	69
I participated in my child’s and family’s treatment.	91	76
CULTURAL SENSITIVITY		
Staff treated our family with respect.	97	78
Staff respected our family’s religious/spiritual beliefs.	100	92
Staff spoke with me in a way that I understood.	100	89
Staff was sensitive to my family’s cultural and ethnic background.	97	80
I know people who will listen and understand me when I need to talk.	86	N/A
I have people that I am comfortable talking with about my child’s problems.	100	N/A
In a crisis, I would have the support I need from family or friends.	83	78
I have people with whom I can do enjoyable things.	89	89
I am happy with the friendships I have.	N/A	86
I feel I belong in my community.	N/A	81
FUNCTIONING		
My child is better at handling daily life.	74	78
My child gets along better with family members.	82	75
My child gets along better with friends and other people.	76	83
My child is able to do the things he/she wants to do.	68	89
My child is better able to cope when things go wrong.	56	75

Parent/Caregiver comments

1. What has been the most helpful thing about the services your child received?

- Able to receive services immediately and more effective in providing help to the child
- All the services that my children are receiving are excellent but I disagree with the medications
- Already helpful
- Being able to talk out and understand behaviors
- Bringing my children home (reuniting), the workers on my case.
- CFT Meetings
- General information and the coordination of DCFS and/or DFS services
- Having maple star involved
- Helpful in terms of intervention in regards to educational needs and concerns
- Involvement from WIN worker and case worker
- Knowing that she has support
- Knowing that there is help and support for my family in a time of need and to know that people do care
- Life changes, school, behavior, coping
- My child did not receive services until his late teens and missed out on having them early on. His worker now is great. Wish we could have known her earlier
- People willing to help
- Reunification, case workers
- School
- Someone helping me planning the treatment of my children
- Support to our family from WIN and Mojave regarding to (name)'s placement
- The CFT Meetings
- The fact that he comes to us and I don't have to drive anywhere else.

Youth comments

1. What has been the most helpful thing about the services you received?

- all of it
- always cheers me up.
- been there for me when I need help
- Bettering my relationship with my family.
- CFT's
- Consistent services
- coping skill and a person to talk to.
- couldn't say yay or neigh
- every thing
- Everything
- Finding a new family … a family that loves me
- Getting me were I need to be.
- getting to visit my grandparents
- had contact with my mom.
- helping me understand my family better.
- I am not sure but? I might have to say money management, and maybe! People that really help me.
- I feel like I’m actually at peace with myself
- I have a house to live in.
- Ms.(name) being in my life because she loves me and cares for me and treats me like her son
- My works
- over all
- people cared about
- Some one to talk 2!
- the help & support
- The thing WIN has done for me
- There's always someone I can talk to about anything.
- They helped me to control my anger.
- When ever I need anything I can I service or help right away

• The personal hands on attention from our WIN worker (name) • The WIN worker always makes herself available for us. (name) really loves her WIN worker (name) • Therapy, she looks forward to talking to her therapist • Undecided • WIN 2. What would improve services your child and the family received? • Am satisfied • Extra time off for the case workers so they can stay fresh and not suffer from burn-out because they are an extremely important piece of the big picture • Haven't experienced any thing as of yet to determine if it needs improving • I don't know, we have enough services now with the counselor and the community based health worker • More activities for the kids • more often • Needs a new CASA worker for (name) • No Supports • Our worker has accessed programs etc. that we were unaware of and is helping put a realistic Independent Living plan in place. • People following through with services promised, in a timely manner • Resources to help mothers with housing • To continue to have support from Maple star and extra activities while out of school	2. What would improve services you received? • be there more often. • Being able to have to stick to one verdict • closer offices • If I could get a CASA • If I could see my momma • if they were weekly • more visits • move me when I want to don't send me to (place) exc. Give us more freedom • my behavior • not going every week • not sure what to say • nothing, service is great. • stop making me do this dumb sh** all the time • Think before I act. • to fully understand my position
3. Additional Comments • Additional services or resources related to behavior treatment and education services were not the result of DCFS outpatient services. The particular child resides in a residential treatment facility, and services are the result of New Beginnings Advocacy • (name) needs a summer camp - hopefully a camp that has horses. She could help take care of them & groom them • (name) is a great win worker her does a great job. • (name) is an excellent worker. She has been there for the family, she's very supportive and always shows a loving concern • (name) is an excellent worker. She's been very supportive, helpful, and shows a loving concern for all who are involved. • Our special needs foster boy could have benefited from programs he was not applied for early on. He fell through the cracks and we are now playing catch-up with the help of our WIN worker. • The ultimate decision to change is up to (name)	3. Any additional comments? • everything’s just fine • I love (name) • no, thanks though. • Nope, just thank you! • she is a nice person. • Thanks for my wonderful worker

SOUTHERN REGION

ECS OUTPATIENT Results

Parent/Caregiver N=25; Youth = na 7% Total Served = 360	Parent/Caregiver Positive Response %	Youth Positive Response %
ACCESS TO SERVICES		
The location of services was convenient for us.	96	N/A
Services were scheduled at times that were right for us.	100	N/A
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	100	N/A
The people helping my child and family stuck with us no matter what.	92	N/A
I felt my child and family had someone to talk to when he/she was troubled.	92	N/A
The services my child and family received were right for us.	100	N/A
I received the help I wanted for my child.	96	N/A
My family got as much help as we needed for my child.	96	N/A
POSITIVE OUTCOMES		
My child is better at handling daily life.	92	N/A
My child gets along better with family members.	84	N/A
My child gets along better with friends and other people.	92	N/A
My child is doing better in school and/or work.	91	N/A
My child is better able to cope when things go wrong	79	N/A
I am satisfied with our family life right now.	76	N/A
PARTICIPATION IN TREATMENT		
I helped to choose my child and family’s services.	83	N/A
I helped to choose my child and/or family’s treatment goals.	96	N/A
I participated in my child’s and family’s treatment.	100	N/A
CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	N/A
Staff respected our family’s religious/spiritual beliefs.	100	N/A
Staff spoke with me in a way that I understood.	100	N/A
Staff was sensitive to my family’s cultural and ethnic background.	91	N/A
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	76	N/A
I have people that I am comfortable talking with about my child’s problems.	80	N/A
In a crisis, I would have the support I need from family or friends.	84	N/A
I have people with whom I can do enjoyable things.	88	N/A
I am happy with the friendships I have.	N/A	N/A
I feel I belong in my community.	N/A	N/A

FUNCTIONING		
My child is better at handling daily life.	92	N/A
My child gets along better with family members.	84	N/A
My child gets along better with friends and other people.	92	N/A
My child is able to do the things he/she wants to do.	83	N/A
My child is better able to cope when things go wrong.	79	N/A

Parent/Caregiver comments	Youth comments
1. What has been the most helpful thing about the services your child received? • able to cope better • Being consistent with him has been the main thing for us. • calming behaviors • case manager right on task. Very respectful, always returned my calls and always follow thru • different approaches • doing so much better in school. School is #1 in my house • great help from (staff) • having someone to talk to about my foster child and feedback on the way I do things • improvement w/ manners and others • my child in day treatment • parenting skills • Spanish: his character is changing and his self-esteem is improving and slaying his fears • Spanish: it was the discipline, to hope for and know sharing and connections with her friends • Spanish: Speaking with a capable person to control the situation • The hands on learning, interacting • the services helped my son be stronger person, learn to deal with life • therapy, day tx & meds • they spend time with us and work with us good and treat us with respect • we were able to get him in the right school • weekly services • when he has been able to generalize the behaviors he has learned so he can do them at home and school • when I needed info or paper work, staff helped out	1. What has been the most helpful thing about the services you received? • NA
2. What would improve services your child and the family received? • (staff) is awesome worker, she should get recognition award. Very helpful • can't think of anything at this time • direct treatments - getting that in place now • everything we already doing and this is now getting better • I love working with the case manager and would like to keep her • more approaches • more time here • Spanish: a few more ideas to control the child's temper • Spanish: that the whole family participate in the therapy or be involved. • Spanish: That touches me the best psychologists (name) and (name) "so I am very well"	2. What would improve services you received? • NA

3. Additional Comments	3. Any additional comments?
• (name) is so cool! • (name) was our worker and she went above and beyond every time • day treatment staff at northwest is excellent. Client individual therapist extremely helpful • family services was a great help for my needs • I am glad that they helped him become more independent and sociable and without fears. • I really like all my worker; I give them a 10 / they are there when I need them. • I want to thank everyone here for all the help • Spanish: Thanks to (name) and (name) for all their patience and help to manage our new situation • staff is great • staff is wonderful both with my kids and I • system needs to take less time taking care of a child in adoptive family • thank you (name) so much 4 everything you have showed us	• NA

NORTHERN REGION

NNCAS OUTPATIENT Results

Parent/Caregiver N=29; Youth N=36 **14% Total Served = 212**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	93	70
Services were scheduled at times that were right for us.	100	81
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	93	80
The people helping my child and family stuck with us no matter what.	93	86
I felt my child and family had someone to talk to when he/she was troubled.	86	81
The services my child and family received were right for us.	93	66
I received the help I wanted for my child.	83	71
My family got as much help as we needed for my child.	75	69
POSITIVE OUTCOMES		
My child is better at handling daily life.	70	71
My child gets along better with family members.	67	68
My child gets along better with friends and other people.	70	85
My child is doing better in school and/or work.	81	68
My child is better able to cope when things go wrong	70	69
I am satisfied with our family life right now.	38	41
PARTICIPATION IN TREATMENT		
I helped to choose my child and family’s services.	88	47
I helped to choose my child and/or family’s treatment goals.	93	88
I participated in my child’s and family’s treatment.	100	78

CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	94
Staff respected our family's religious/spiritual beliefs.	92	92
Staff spoke with me in a way that I understood.	100	79
Staff was sensitive to my family's cultural and ethnic background.	95	88
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	93	N/A
I have people that I am comfortable talking with about my child's problems.	93	N/A
In a crisis, I would have the support I need from family or friends.	79	80
I have people with whom I can do enjoyable things.	78	88
I am happy with the friendships I have.	N/A	86
I feel I belong in my community.	N/A	77
FUNCTIONING		
My child is better at handling daily life.	70	71
My child gets along better with family members.	67	68
My child gets along better with friends and other people.	70	85
My child is able to do the things he/she wants to do.	73	67
My child is better able to cope when things go wrong.	70	69

Parent/Caregiver comments

1. What has been the most helpful thing about the services your child received?

- Better communication, less anger
- coping skills
- dealing with school mates
- getting them help that they need
- He gets to talk with someone & set goals
- helping him with his abandonment and anger issues
- I don't know
- I don't feel we've been coming here long enough to qualify an answer for this question
- I really hope family communication / anger management for all of us
- I see a better child in her.
- Just helping us to cope one day at a time. Help in making better decisions in parenting
- Learned to respect each others space. Learned to solve differences without hitting.
- learning to work through conflicts
- my child is more respectful to others
- (name), her ideas & input for both her & J.
- S- can control his temper. L- drug evaluations & testing
- she seems to be more stable
- She understands and listens better
- Some to talk to when I was stress out
- someone for her to talk to
- someone to talk to
- support
- support received from (name) is better than could be expected
- therapist is available to talk to if needed

Youth comments

1. What has been the most helpful thing about the services you received?

- cooping skills
- counseling
- Drug help. Helped me quit weed.
- Everyone and everything has been really helpful.
- getting my life together
- getting through my problems
- Haven't really started…
- Having someone to talk to when I really, REALLY need it.
- How I can control my anger against other people and my hitting.
- How to handle my migraines
- I can cope better with the struggles of daily life.
- I don't know we have not been here long enough yet
- I got results I wanted!
- I hate this sh** its dumb waste of time I don't need to be here that was a dumb question
- I learned to deal with my emotions.
- interact w/me
- knowing myself better
- my counselor
- not to do bad things.
- She has been there and listened when I need no one to talk to.
- Someone to talk to
- support, confidence and advise.
- That I have learned not to argue as much.
- The coping skills I learned
- the dedication
- the medicar
- They helped me with problems at school and at home and a personal problems
- To communicate with mom

2. What would improve services your child and the family received? • C.P.S. not being involved • education / parent meetings (group) to support parents • family sessions • for us not to be treated like a lower class of life just because we're poor • good services • None because I feel she is doing a great job • Nothing, they are working well and the family is benefiting • services have already been provided • the services are good now • too early to tell - need hot line phone #	2. What would improve services you received? • closer to the house than being downtown • I can't think of anything. • I don't really know there are any problems with this service. • I think I need more family meetings too. • MORE FOOD! • more involvement of family! • not coming to this sh**y place • Nothing I think they are fine • Nothing really, I think they have been fantastic. They are always friendly to me. Well, maybe if they used more understandable words but I don't think that really counts. • Sending me home… • to understand them more. • Well if the doctor/nurse would tell my mom to be nicer that would nice.
3. Additional Comments • (name) is such a great help to my daughter and our family. Her support has meant so much to us. Thank you. • My child has come a long way but has a ways to go. While things are smooth when I have to enforce priorities my child can still have lots of problems. Also empathy for others continues to need worked on • Thank you, its nice to get other opinions from people who know my child’s behavior • We definitely appreciate the help and concern shown for all of us. • we have had great services while here	3. Any additional comments? • I hate coming to counseling here it’s a waste of my time • I sort of like counseling. NOT REALLY! • pleased so far! • Some of the other kids here are loud and annoying, but the rest is okay • Thank you • Thank you for all your help. • Thank you for asking the opinion of the clients. • This place is awesome

NORTHERN/RURAL REGION

WIN OUTPATIENT Results

Parent/Caregiver N=10; Youth N=9 **6% Total Served = 173**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	100	100
Services were scheduled at times that were right for us.	100	100
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	100	100
The people helping my child and family stuck with us no matter what.	100	100
I felt my child and family had someone to talk to when he/she was troubled.	100	100
The services my child and family received were right for us.	100	100
I received the help I wanted for my child.	100	100
My family got as much help as we needed for my child.	100	100
POSITIVE OUTCOMES		
My child is better at handling daily life.	100	100
My child gets along better with family members.	78	67
My child gets along better with friends and other people.	88	100
My child is doing better in school and/or work.	89	89
My child is better able to cope when things go wrong	89	100
I am satisfied with our family life right now.	100	89

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PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	90	89
I helped to choose my child and/or family's treatment goals.	100	100
I participated in my child's and family's treatment.	100	100
CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	100
Staff respected our family's religious/spiritual beliefs.	100	100
Staff spoke with me in a way that I understood.	100	100
Staff was sensitive to my family's cultural and ethnic background.	100	100
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	100	N/A
I have people that I am comfortable talking with about my child's problems.	100	N/A
In a crisis, I would have the support I need from family or friends.	100	100
I have people with whom I can do enjoyable things.	100	100
I am happy with the friendships I have.	N/A	100
I feel I belong in my community.	N/A	89
FUNCTIONING		
My child is better at handling daily life.	100	100
My child gets along better with family members.	78	67
My child gets along better with friends and other people.	88	100
My child is able to do the things he/she wants to do.	89	88
My child is better able to cope when things go wrong.	89	100

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • Consistent help in achieving goals • Everything • Great Team • Helping with life skills • Kids First, WIN, (name), Therapist, ICDA • She had all the support • Support system they provide	1. What has been the most helpful thing about the services you received? • a lot of help from people • Being in school and doing the thing that I need to do. • Coordination of team • help with my family problems • Helps me be successful & handle my daily stress better. • learning more coping skills/how to improve my daily life and set goals • My worker • nothing • They have been able to take me out of that dreadful foster home & with my mom.
2. What would improve services your child and the family received? • My child is filled with services that help him	2. What would improve services you received? • everything going good • Fine with how they are now. • For them to always be there & listen & be on time. They also need more cars. • Going to school on time and going to my class on time • They're great
3. Additional Comments • Thank You.	3. Any additional comments? • Thank you

Discussion

Parent/caregiver and youth survey comments provide a consumer perspective on program areas that merits consideration toward improving the quality of DCFS outpatient services. Some respondent recommendations and/or issues from the current survey follow summarized by program service area and general topic. For specific responses see Parent/Caregiver and Youth comments under each program area.

Outpatient Services

Topic	Client Recommendations
Access	• Seeing a psychiatrist in a timely manner • Conflict of schedules of therapy and work • No transportation to services • Services closer to home
Service Quality	• More family involvement (parent involvement and family relations) • Address school relations • More frequent therapy sessions • Work readiness and employment counseling • Parent education • Assist in self-esteem issues • Individualized treatment approaches (e.g. replacement behaviors and role playing) • Individualized time allocation for therapy according to the client’s attention span (e.g. ADHD children seen for 30 min. instead of 90 min.) • Anger management and conflict resolution
Resources	• Timely assistance or resources to the children placed in foster home • Development of extracurricular activities and hobbies for children and their families • Access to snacks and food

Early Childhood Services

Topic	Client Recommendations
Access	• More family involvement • More approaches and interventions for behavioral control

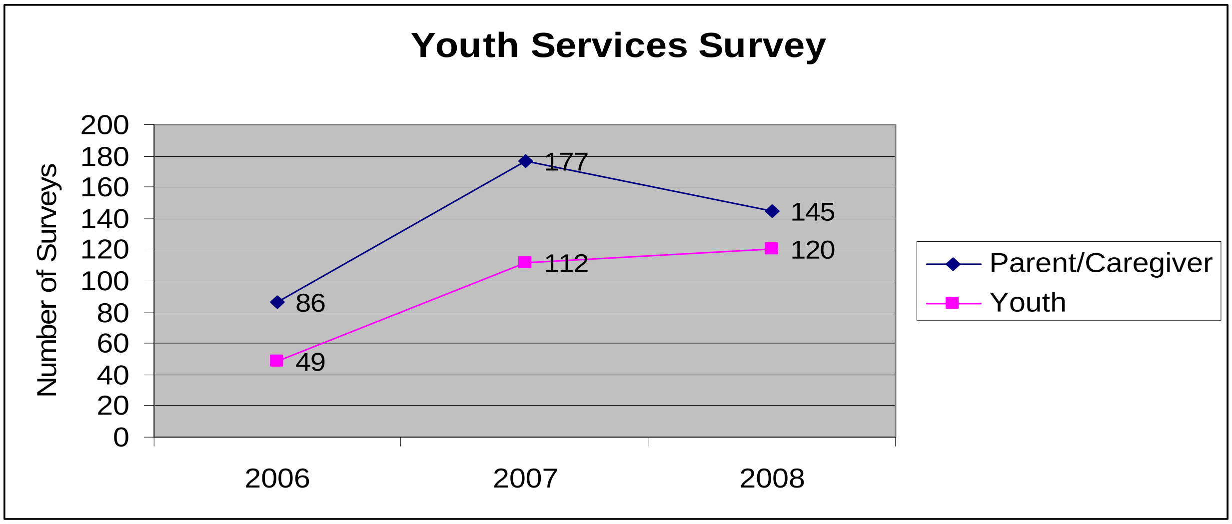
Wraparound in Nevada

Topic	Client Recommendations
Access	• Closer proximity of services • Visits with biological parent • Assignment of CASA worker
Service Quality	• Education on medication • More frequent home/office visits • Therapy sessions as needed
Resources	• Support for parents/caregivers • Assistance in housing

Survey participation: final comments

The worth of any survey is enhanced by the number of clients participating in it. The more respondents sharing their views, the larger is the pool of information and the more representative the sample of the total client population. This current survey is the third formal outpatient services survey to date conducted by DCFS.

The following graph depicts parent/caregiver and youth survey participation over the past three years.



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The outpatient services survey conducted by DCFS in 2006 represented the division's first effort to collect statewide client consumer feedback. Two subsequent statewide surveys have increased appreciably the number of survey participants, both parent/caregiver and youth. While current survey results show an 18% reduction from last year in the number of parents/caregivers able to participate, there was a corresponding 7% increase in the number of youth completing the survey questionnaire. Staff efforts on succeeding surveys will want to focus on measures designed to reach a wider and a more representative survey population.

The current survey also included for the first time a Hispanic version of the parent/caregiver survey instrument. Of the 145 parent/caregiver surveys returned statewide, five were in Spanish and all from the Southern Region. Spanish survey item completion rates were high and all comment sections were addressed. Respondent observations were positive, appreciative and quite complimentary regarding treatment staff effectiveness and levels of professionalism. As Hispanic families become a larger part of our client demographic, DCFS mental health programs should redouble their efforts to increase Hispanic participation in our survey process.

The Division of Child and Family Services / Planning and Evaluation Unit extends its appreciation to all youth and parents/caregivers who participated in this survey. Equal appreciation goes to DCFS program area staff for the absolutely essential support they provided in carrying out this quality assurance project. Thanks to all.

DCFS Outpatient
Services Survey- Fall

DCFS Community-Based Services
Parent / Caregiver – Youth Survey Results
Statewide Fall 2008

From mid October to the end of November, 2008, DCFS conducted its fall survey of children's community- based mental health service programs. Parent/caregivers with children in treatment and the children themselves (if age 11 or older) were solicited to voluntarily participate in completing the survey instrument. Participants were asked to disagree or agree with a series of statements relating to seven areas or "domains" that the Federal Mental Health Statistical Improvement Program (MHSIP) prescribes whenever evaluating mental health programming effectiveness. An eighth domain surveyed select items of interest to community-based service program managers.

The seven MHSIP domains include statements concerning the ease and convenience with which respondents received services (Access); whether they liked the service they received (General Satisfaction); the results of the services (Positive Outcomes); respondent ability to direct the course of their treatment (Participation in Treatment); whether staff were respectful of respondent religion, culture and ethnicity (Cultural Sensitivity); whether respondents felt they had community-based relationships and support (Social Connectedness); and how well respondents seem to be doing in their daily lives (Functioning). The eighth domain (Interest Items) includes statements regarding client treatment and confidentiality issues, family dynamics/relating skills and client awareness of available community support services.

Survey Results Format

For this report, community-based services survey results are in table format and are presented by type of service Children's Clinical Services, Wraparound in Nevada and Early Childhood Mental Health Services under the Southern Nevada Child & Adolescent Services (SNCAS) and Outpatient Services, Wraparound in Nevada, and Early Childhood Treatment under the Northern Nevada Child & Adolescent Services (NNCAS). Parent/caregiver and youth responses appear together under each domain. Statements listed under each domain are from the Parent/caregiver survey instrument. Youth responded to the same statements that had been reworded to apply to them. Early Childhood services have only parent/caregiver responses as the children served are too young (six years or less) to self-report on a survey instrument

The Parent/Caregiver and Youth Positive Response numbers appearing under each domain are percentages. A percentage number represents the degree to which a particular domain statement was endorsed or rated positively by respondents. Since not every survey respondent answers every statement, each statement's percentage numbers are based upon the actual number of responses to that particular statement.

You will notice that any statement on the survey with less than a 60% Positive Response number is "courtesy highlighted". Courtesy highlights call attention to any survey item having a respondent endorsement rate that is approaching the lower end of the frequency scale. Children's Clinical Services/Outpatient, Wraparound in Nevada or Early Childhood programs having courtesy highlighted items may wish to monitor these particular items in subsequent surveys should similarly low endorsement rates re-occur. Programs might opt to give special attention to a highlighted statement's subject matter when considering if any programmatic or other corrective action might be taken. Programs may also want to compare results with previous survey findings.

Following each service area's domain results, you will find listed whatever remarks respondents offered regarding what was the most helpful thing about the services they received, what would improve upon the services they received and any additional comments they might have had.

A discussion section follows the survey results table. Representative recommendations regarding mental health services suggested by the current survey are presented. A final comment section on survey participation concludes the report.

Survey Participants

Parents or caregivers with children receiving community-based mental health treatment and the children themselves where age appropriate were participants in this spring survey. 112 parents/caregivers participated in the survey as did 65 youth still in programs. Survey participants were solicited by clerical/other office staff at the different locations providing the clients' mental health services. Survey questionnaires were self-administered and when completed put into closed collection boxes. Some caregivers and parents chose to complete the surveys at home and mailed them to Planning and Evaluation Unit offices. Survey participation was entirely voluntary and survey responses were both anonymous and confidential.

The following table presents the number of parent/caregiver and number of youth surveys received from each region and treatment site. The parent/caregiver section of the table also includes the percentage of clients served who were sampled by the respective area's survey. Youth percentages are not given since not all clients served were age eligible for survey participation and any percentage would be non representative.

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REGION & SITE	**SURVEYS**				
	Parent/Caregiver			**Youth**	
	Number of Surveys	Number of Clients Served	Survey Sample Percent	Number of Surveys	Number of Clients Served
SNCAS					
Children's Clinical Services	20	436	5%	15	
WIN	18	313	6%	20	
Early Childhood Mental Health Services	24	398	6%	NA	NA
SNCAS Total	62	1147	5%	35	
NNCAS					
Outpatient Services	14	204	7%	13	
WIN –Reno/Rural	25	177	14%	17	
Early Childhood Treatment Services	11	169	7%	NA	NA
NNCAS Total	50	550	9%	30	
Statewide Total	112	1697	7%	65	

Note:		
	SNCAS	= Southern Nevada Child and Adolescent Services
	WIN	= Wraparound in Nevada
	NNCAS	= Northern Nevada Child and Adolescent Services

DCFS Community-Based Services
Parent / Caregiver – Youth Survey Results
Statewide Fall 2008

SNCAS
Children's Clinical Services Results

Parent/Caregiver N=20; Youth N=15 **5% Total Served = 436**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	89	87
Services were scheduled at times that were right for us.	94	100

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DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	95	93
The people helping my child and family stuck with us no matter what.	89	93
I felt my child and family had someone to talk to when he/she was troubled.	95	80
The services my child and family received were right for us.	95	87
I received the help I wanted for my child.	95	93
My family got as much help as we needed for my child.	84	93
POSITIVE OUTCOMES		
My child is better at handling daily life.	75	93
My child gets along better with family members.	85	100
My child gets along better with friends and other people.	80	100
My child is doing better in school and/or work.	71	93
My child is better able to cope when things go wrong	70	85
I am satisfied with our family life right now.	45	79
PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	95	58
I helped to choose my child and/or family's treatment goals.	94	77
I participated in my child's and family's treatment.	95	79
CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	87
Staff respected our family's religious/spiritual beliefs.	95	86
Staff spoke with me in a way that I understood.	100	100
Staff was sensitive to my family's cultural and ethnic background.	100	71
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	100	N/A
I have people that I am comfortable talking with about my child's problems.	100	N/A
In a crisis, I would have the support I need from family or friends.	90	93
I have people with whom I can do enjoyable things.	95	87
I am happy with the friendships I have.	N/A	93
I feel I belong in my community.	N/A	86
FUNCTIONING		
My child is better at handling daily life.	75	93
My child gets along better with family members.	85	100
My child gets along better with friends and other people.	80	100
My child is able to do the things he/she wants to do.	85	86
My child is better able to cope when things go wrong.	70	85

DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

INTEREST ITEMS		
Staff explained my child’s diagnosis, medication and treatment options.	100	92
Staff explained my child and my family’s rights and confidentiality issues.	95	100
I receive support and advocacy from my NV PEP Family Specialist.	80	93
My NV PEP Family Specialist supports me in leading my child’s treatment planning or Child and Family Team meetings.	87	79
Our family is aware of people and services in the community that support us.	90	71
I am better able to handle our family issues.	85	71
I am learning helpful parenting skills while in services	85	93
I have information about my child’s developmental expectations and needs.	100	79

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • the help from Oasis • supporting staff • He has been much more manageable, and I have received information about how to help him. He has learned things that have helped him emotionally cope better. • Stop the abuse physical • My son learning coping skills • just getting started • Ever since I had the honor of meeting (staff), I knew in my heart they are dedicated to helping us. • We didn't receive services. [English] Only social workers have come and have been a little help. • My daughter has someone other than me to talk to, she likes that and it is helpful to her. • He is able to handle emotion.	1. What has been the most helpful thing about the services you received? • Drawn “happy face” • Being able to sleep and be able to cope with my everyday life. • one on one talking about how I feel • Me learning coping skills • the support, the ease and concern of my case manager. She always goes that extra mile • with my coping skills. • The help • My mental and emotional depression • How to cope with everyday life • I have someone to talk to when I get upset or angry. • It is helping me with my emotion, and behavioral problems. • Helped me to get along with my family better. • talking about my problem to (staff)
2. What would improve services your child and the family received? • Nothing • Nothing, its perfect, we are still receiving great benefit from our visits. • No more as long he’s not violent to me • evening appointments • my life is better and my family improved • She is R.A.D. and would greatly improve with a therapist who was familiar with R.A.D. - Her WIN worker does just fine • not sure yet • Early in June I needed help and somehow I found my way to (staff) and ever since my life has been a bit easier because I know when in doubt ask for help. And with help I got my grandson into "Desert Willow" • [English] For my child to start going to school. • Have not been enrolled long enough.	2. What would improve services you received? • I have no idea • None • evening appointments • there needs to be a directory for all services available in all of Clark County • my behavior • Transportation • I do not know • Nothing the services were great • I've had no problems. • I got the best service I need with Division of Child & Family Services and CBH thanks • I think its good how it is

3. Additional Comments	3. Any additional comments?
• I wish this program had more funding so children could get more medical treatments needed for mental/behavioral health issues. • Without this service the marriage in this family would be non-existent, & my step-son would most likely have already been processed into the legal system, well on his way to a life of delinquency & disturbing behavior across the board. I hope this program is never discontinued. I lost my job & as a result we lost our insurance coverage, & we would have had nowhere to turn to get him the help he so desperately needed. • The service we receive is very helpful to me. Thanks for the help for me and my children and I hope to continue receiving the help that we always need especially. • I could not have asked God for more. Because my (client) is getting and has gotten the help he needs. I realize he will always need help and hope and pray it continues. Sincerely - Thanks. • [English] I personal would like to thank you and ask for my childs social worker NOT to change, due to the reason that she speaks my language. • Thanks (staff) for all your help!! You are part of our family. Thank you for all the time that you dedicate to my son.	• my case manager is (staff) and she is the absolute best and most informative case manager I have ever had! Keep her! • thank you for helping me through my hard times

SNCAS

WIN Results

Parent/Caregiver N=18; Youth N=20 **6% Total Served = 313**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	89	85
Services were scheduled at times that were right for us.	94	85
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	94	85
The people helping my child and family stuck with us no matter what.	94	75
I felt my child and family had someone to talk to when he/she was troubled.	94	85
The services my child and family received were right for us.	78	63
I received the help I wanted for my child.	83	80
My family got as much help as we needed for my child.	83	80
POSITIVE OUTCOMES		
My child is better at handling daily life.	71	85
My child gets along better with family members.	88	71
My child gets along better with friends and other people.	82	89
My child is doing better in school and/or work.	76	65
My child is better able to cope when things go wrong	71	65
I am satisfied with our family life right now.	89	65
PARTICIPATION IN TREATMENT		
I helped to choose my child and family’s services.	73	73
I helped to choose my child and/or family’s treatment goals.	100	90
I participated in my child’s and family’s treatment.	94	82

CULTURAL SENSITIVITY		
Staff treated our family with respect.	89	90
Staff respected our family’s religious/spiritual beliefs.	82	89
Staff spoke with me in a way that I understood.	78	85
Staff was sensitive to my family’s cultural and ethnic background.	88	76
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	94	N/A
I have people that I am comfortable talking with about my child’s problems.	94	N/A
In a crisis, I would have the support I need from family or friends.	94	95
I have people with whom I can do enjoyable things.	88	95
I am happy with the friendships I have.	N/A	80
I feel I belong in my community.	N/A	90
FUNCTIONING		
My child is better at handling daily life.	71	85
My child gets along better with family members.	88	71
My child gets along better with friends and other people.	82	89
My child is able to do the things he/she wants to do.	89	80
My child is better able to cope when things go wrong.	71	65
INTEREST ITEMS		
Staff explained my child’s diagnosis, medication and treatment options.	88	68
Staff explained my child and my family’s rights and confidentiality issues.	94	85
I receive support and advocacy from my NV PEP Family Specialist.	67	63
My NV PEP Family Specialist supports me in leading my child’s treatment planning or Child and Family Team meetings.	70	50
Our family is aware of people/ services in the community that support us.	94	89
I am better able to handle our family issues.	88	75
I am learning helpful parenting skills while in services	93	90
I have information about my child’s developmental expectations and needs.	88	63

Parent/Caregiver comments	Youth comments
1. What has been the most helpful thing about the services your child received? • He has an unbiased professional to talk to. • The consistency in support • The caring sooo much and the professional/personal help at all times … thank-you! • Talking with people that understand • Adult support & supervision • Adult supervision • Having someone to look to for help. • EFT Meeting Agape • Just being there when he needed it • background information & support • Better adapted. • Getting help when you need it for my (client)	1. What has been the most helpful thing about the services you received? • Everyone on the team is respectful towards me, and always thinks about my best interest even if that is not always what I want, I know that I can trust them. • My medication • Job help, guidance … • get high school diploma • everything the house the home • people to talk to • (Staff) is there when I can talk to her • The therapy with (staff). • Help with independent living • care coordination plan • help through adoption process; doing therapy even though we don't want to whenever I need something I can get help from (STAFF) and she does the work fast
2. What would improve services your child and the family received? • I would have liked the office to be closer but it was not too unreasonably far to travel. • I truly would not know any improvements that would be needed because, I, personally and sincerely was blessed with a great; concerning and professional smart case you have employed. • A more organized and staged transitional plan • I'm pretty happy with services. • If there were more agencies that accepted Medicaid • Nothing	2. What would improve services you received? • I get annoyed when I have too leave a home and then it takes them till the last minute too find a home • Nothing • Quit talking about family & friends being the same • for the kids to get their monthly money on time • some good meds • None. Everything is fine! • To control my anger, and I do better is school. • She is the best • do adoption process quickly; go to counseling for what I'm supposed to, not for what you think • get money for clothes
3. Additional Comments • Everyone involved was very kind, understanding & professional. • Thank you! • (Staff) has been my and my great-grandbaby's rock … thank-you! … She is an asset and an Angel to DCFS!! • I very happy with the service • None • It's all good. • No thanks!	3. Any additional comments? • I enjoy spending time with people on my team, I'm not always the best at expressing my feelings, but I still like it when I can talk to them. • This was fun, wasn't it? • None • No thank you • I lke pepsi but not coca cola

SNCAS

Early Childhood Mental Health Services Results

Parent/Caregiver N=24; Youth = NA **6% Total Served = 398**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	82	N/A
Services were scheduled at times that were right for us.	87	N/A
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	83	N/A
The people helping my child and family stuck with us no matter what.	87	N/A
I felt my child and family had someone to talk to when he/she was troubled.	90	N/A
The services my child and family received were right for us.	86	N/A
I received the help I wanted for my child.	86	N/A
My family got as much help as we needed for my child.	86	N/A

MEDICAID REPORT 2009
DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

POSITIVE OUTCOMES		
My child is better at handling daily life.	73	N/A
My child gets along better with family members.	78	N/A
My child gets along better with friends and other people.	68	N/A
My child is doing better in school and/or work.	73	N/A
My child is better able to cope when things go wrong	87	N/A
I am satisfied with our family life right now.	90	N/A
PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	80	N/A
I helped to choose my child and/or family's treatment goals.	86	N/A
I participated in my child's and family's treatment.	83	N/A
CULTURAL SENSITIVITY		
Staff treated our family with respect.	87	N/A
Staff respected our family's religious/spiritual beliefs.	86	N/A
Staff spoke with me in a way that I understood.	87	N/A
Staff was sensitive to my family's cultural and ethnic background.	90	N/A
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	83	N/A
I have people that I am comfortable talking with about my child's problems.	83	N/A
In a crisis, I would have the support I need from family or friends.	87	N/A
I have people with whom I can do enjoyable things.	78	N/A
I am happy with the friendships I have.	N/A	N/A
I feel I belong in my community.	N/A	N/A
FUNCTIONING		
My child is better at handling daily life.	73	N/A
My child gets along better with family members.	78	N/A
My child gets along better with friends and other people.	68	N/A
My child is able to do the things he/she wants to do.	73	N/A
My child is better able to cope when things go wrong.	87	N/A
INTEREST ITEMS		
Staff explained my child's diagnosis, medication and treatment options.	80	N/A
Staff explained my child and my family's rights and confidentiality issues.	90	N/A
I receive support and advocacy from my NV PEP Family Specialist.	87	N/A
My NV PEP Family Specialist supports me in leading my child's treatment planning or Child and Family Team meetings.	88	N/A
Our family is aware of people/ services in the community that support us.	78	N/A
I am better able to handle our family issues.	87	N/A
I am learning helpful parenting skills while in services	83	N/A
I have information about my child's developmental expectations and needs.	79	N/A

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • The foster parent that they were with was abusing them, both emotionally and physically - and they stopped it. They kept my children together as their ultimate goal. Thank you. • Getting bus passes and support • obtaining community resources • Weekly visit from (staff) & (staff) from Child Haven • having someone to answer my question and be nice and understanding • He doesn't fight so much with his sister • How to handle his behavior • Foster child has learned how to deal with things without screaming or fighting. Opens up more when things bother her. • The support, patience & kindness of (staff) • Being able to talk to the family specialist and having her support.	1. What has been the most helpful thing about the services you received? • NA
• (Staff) is so educational and involved. She is wonderful help. • Routine, same faces, children of equal behavior, small ratio • Parenting, learning how to deal with children that have emotional problems (like mine). • I have learned to manage my child better. • When (staff) helps me to talk instead of yelling at them. • (Staff) coming over and interacting with (client) helps her overcome some of he social issues	
2. What would improve services your child and the family received? • I couldn't ask for more • Please screen Foster parents longer. • Things are fine at this time • Alls well! • At the present time everything ok • Learning to be better parents!! • I am satisfied @ this time. • Everything is great for now. • I can't think of anything more than you already do. • Having the counselor help based around families existing methods/routine instead of saying (loosely) "Do it this way." • Everything is great! • I don't know how it could have been better. • Nothing	2. What would improve services you received? • NA
3. Additional Comments • You have the best people in my lives. Thank you. I have NO family. (Staff) has changed my life and helped my family with the help of all of her advocates on her team. - Thank you. • I am working with a great team! (staff) • Thanks! • My child is doing so much better. By being in the program she is talking more. She is getting the help she needs. • No: I am so satisfied with the services my child receives. Thank you so much. • The day treatment staff is fun and educational for me. I have learned so much about patience and new techniques when dealing with my child. • The Day Treatment staff is incredible. My child loves them all & has great trust in them. • My worker (staff) is an outstanding worker. She helps when needed and I am very grateful for her services. Thank you.	3. Any additional comments? • NA

NNCAS

Outpatient Services Results

Parent/Caregiver N=14; Youth N=13 **7% Total Served = 204**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	79	58
Services were scheduled at times that were right for us.	93	92
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	100	85
The people helping my child and family stuck with us no matter what.	85	92
I felt my child and family had someone to talk to when he/she was troubled.	92	85
The services my child and family received were right for us.	92	69
I received the help I wanted for my child.	93	62
My family got as much help as we needed for my child.	85	83
POSITIVE OUTCOMES		
My child is better at handling daily life.	79	75
My child gets along better with family members.	79	92
My child gets along better with friends and other people.	71	83
My child is doing better in school and/or work.	71	83
My child is better able to cope when things go wrong	71	85
I am satisfied with our family life right now.	71	62
PARTICIPATION IN TREATMENT		
I helped to choose my child and family’s services.	75	55
I helped to choose my child and/or family’s treatment goals.	93	67
I participated in my child’s and family’s treatment.	100	82
CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	100
Staff respected our family’s religious/spiritual beliefs.	93	100
Staff spoke with me in a way that I understood.	100	92
Staff was sensitive to my family’s cultural and ethnic background.	91	100
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	100	N/A
I have people that I am comfortable talking with about my child’s problems.	100	N/A
In a crisis, I would have the support I need from family or friends.	100	85
I have people with whom I can do enjoyable things.	100	100
I am happy with the friendships I have.	N/A	100
I feel I belong in my community.	N/A	85

FUNCTIONING		
My child is better at handling daily life.	79	75
My child gets along better with family members.	79	92
My child gets along better with friends and other people.	71	83
My child is able to do the things he/she wants to do.	86	62
My child is better able to cope when things go wrong.	71	85
INTEREST ITEMS		
Staff explained my child's diagnosis, medication and treatment options.	58	80
Staff explained my child and my family's rights and confidentiality issues.	77	100
I receive support and advocacy from my NV PEP Family Specialist.	78	70
My NV PEP Family Specialist supports me in leading my child's treatment planning or Child and Family Team meetings.	75	78
Our family is aware of people/ services in the community that support us.	93	85
I am better able to handle our family issues.	85	77
I am learning helpful parenting skills while in services	85	92
I have information about my child's developmental expectations and needs.	86	67

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • The care and understanding of our therapist and ability to adapt to our ever changing needs. • Understanding of situation at home and with his parents helping him get through difficult times • He is more open & honest • We just began treatment (again) a month ago and have not seen any changes yet • He knows his therapist (staff) cares for him. • That he behaves better at school • better attitude, better school performance, a happier child • She's able to deal with her issues better. • help with communication & rules • Continuity of care, treatment plan • She can work at her own pace.	1. What has been the most helpful thing about the services you received? • To calm down when I get mad • NO! • I have been getting independent living skills in the foster home in which I live in • it has helped me see more + in my life • they've helped my anger • IDK • foster care • Nothing, really. I'm not a regular. • Consistency of counselor • I don't know
2. What would improve services your child and the family received? • I don't know yet. • You guys & gals do a great job • A more concrete diagnosis, peer opportunities, school supports • His (better) behavior • nothing that I can think about • would like to meet with counselor more often • If we had started sooner.	2. What would improve services you received? • Have a bigger, cooler office room. • I do not get as much unhappy when I go here • None • If they used smaller words and if this is to the government I need to feel safe and that isn't helping if you guys are gay and won't fix it at the (treatment) home. Otherwise n/a • I need a diagnosis • Crafts while we talk
3. Additional Comments • We are grateful for services at CBS. • I am happy with this clinic - that they continue working with us is important help to society and the children. • My childs therapist is paired with my daughter perfectly • Thank you!	3. Any additional comments? • NO! • I love this & there needs to be more • I only come here once a month • I'm seeing a doctor to get medication for depression soon. • (Staff) is great. She really knows what she's doing. • Pizza

NNCAS		
WIN Results		
Parent/Caregiver N=25; Youth N=17 14% Total Served = 177	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	92	59
Services were scheduled at times that were right for us.	92	71
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	92	71
The people helping my child and family stuck with us no matter what.	88	82
I felt my child and family had someone to talk to when he/she was troubled.	96	71
The services my child and family received were right for us.	92	59
I received the help I wanted for my child.	88	75
My family got as much help as we needed for my child.	84	69
POSITIVE OUTCOMES		
My child is better at handling daily life.	79	88
My child gets along better with family members.	83	88
My child gets along better with friends and other people.	71	94
My child is doing better in school and/or work.	79	75
My child is better able to cope when things go wrong	62	73
I am satisfied with our family life right now.	83	59
PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	80	47
I helped to choose my child and/or family's treatment goals.	83	88
I participated in my child's and family's treatment.	100	82
CULTURAL SENSITIVITY		
Staff treated our family with respect.	92	87
Staff respected our family's religious/spiritual beliefs.	88	77
Staff spoke with me in a way that I understood.	92	88
Staff was sensitive to my family's cultural and ethnic background.	92	77
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	96	N/A
I have people that I am comfortable talking with about my child's problems.	92	N/A
In a crisis, I would have the support I need from family or friends.	100	94
I have people with whom I can do enjoyable things.	96	94
I am happy with the friendships I have.	N/A	94
I feel I belong in my community.	N/A	76
FUNCTIONING		
My child is better at handling daily life.	79	88
My child gets along better with family members.	83	88
My child gets along better with friends and other people.	71	94
My child is able to do the things he/she wants to do.	79	69
My child is better able to cope when things go wrong.	62	73

MEDICAID REPORT 2009
DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

INTEREST ITEMS		
Staff explained my child's diagnosis, medication and treatment options.	87	69
Staff explained my child and my family's rights and confidentiality issues.	88	88
I receive support and advocacy from my NV PEP Family Specialist.	89	43
My NV PEP Family Specialist supports me in leading my child's treatment planning or Child and Family Team meetings.	89	50
Our family is aware of people/ services in the community that support us.	100	94
I am better able to handle our family issues.	96	88
I am learning helpful parenting skills while in services	94	94
I have information about my child's developmental expectations and needs.	87	79

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • support, knowing that these services won't quit on him. • That I followed through to make sure that the WIN worker was doing her job. • Better lifestyles • Support if a crisis arrives. • Consistency, on-going services, follow-up, CFT meetings, coordination with Maplestar, effective communication • everyone is very caring and helpful • Support • WIN worker, myself, therapy, etc. • coping skills, anger management • Any & call concerns that we have/had, regarding the wellbeing of our child • The willingness of everyone to listen at any time has been a positive thing • I can p/u the phone at anytime and get immediate help, answers to questions & most important- TRANSPORTATION!! • Good • (Staff) & (staff) • New to home/WIN • (Client's) personal growth. • Learning how to deal with family matter in a more positive way. • learning healthy thinking and being more independent • consistent support & encouragement	1. What has been the most helpful thing about the services you received? • my family's support and the care I get • Figuring out who I am • getting me in the family I deserve • Plans that are written • Friendly • support & listens • Learning to be independent • I don't like anything that I get out of it. • Counseling • Having workers to help guide me. • Being able to do fun things • if you ask, you shall receive • getting my life & family back together again • The most helpful would be going to school regularly (when I don't skip)

2. What would improve services your child and the family received? • more services • For the WIN worker to understand and communicate to persons on the team my concerns regarding my children and to follow through. • Not separating families right away & work with the family with any problems preventing stress or any other major mental or physical issues for children or parents. • Nothing, I'm pleased at this time. • I am very happy w/ the services that I receive. • more time • I think more communication, all involved need to share their findings with everyone (staff) has been great with us. Very helpful and full of knowledge.	2. What would improve services you received? • Nothing needs to be improved. I like my services as they are. • I don't know • Nothing. Fine the way it is • Nothing • IDK • a lot • being seen more. • seeing my family more in the week & weekends • Not being as rude or discourteous, like not acting like they don't have respect toward the kids in the house.
• more time with our child • She really needs some way to acknowledge her behavior & address it. I'm going to speak to her therapist. • Timeliness. It's been a long year. • Nothing comes to mind.	
3. Additional Comments • (Staff) does a great job • To have better communication with the families that are being worked with to better the situation(s) at hand not make it harder on the parent(s) or children. • have been (& continue to be) addressed. Any questions we have are answered directly; or, if need be, we are promptly directed to the appropriate source. Your 'staff' continuously conducts themselves respectfully, with understanding & compassion. The services that are provided, & the way in which they are administered are gratefully appreciated... • Our WIN worker, (staff), is great. :-)	3. Any additional comments? • I enjoy being with this foster family. I have lots of fun. • thanks guys for the help! • I love (staff) & all the help she has given me!!! • thank you • I am amazing!!!

NNCAS

Early Childhood Treatment Results

Parent/Caregiver N=11; Youth N=NA **7% Total Served = 169**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
The location of services was convenient for us.	64	NA
Services were scheduled at times that were right for us.	91	NA
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and/or family received.	100	NA
The people helping my child and family stuck with us no matter what.	91	NA
I felt my child and family had someone to talk to when he/she was troubled.	100	NA
The services my child and family received were right for us.	91	NA
I received the help I wanted for my child.	82	NA
My family got as much help as we needed for my child.	82	NA

DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

POSITIVE OUTCOMES		
My child is better at handling daily life.	90	NA
My child gets along better with family members.	82	NA
My child gets along better with friends and other people.	91	NA
My child is doing better in school and/or work.	82	NA
My child is better able to cope when things go wrong	64	NA
I am satisfied with our family life right now.	91	NA
PARTICIPATION IN TREATMENT		
I helped to choose my child and family's services.	89	NA
I helped to choose my child and/or family's treatment goals.	90	NA
I participated in my child's and family's treatment.	100	NA
CULTURAL SENSITIVITY		
Staff treated our family with respect.	100	NA
Staff respected our family's religious/spiritual beliefs.	100	NA
Staff spoke with me in a way that I understood.	100	NA
Staff was sensitive to my family's cultural and ethnic background.	100	NA
SOCIAL CONNECTEDNESS		
I know people who will listen and understand me when I need to talk.	100	NA
I have people that I am comfortable talking with about my child's problems.	100	NA
In a crisis, I would have the support I need from family or friends.	82	NA
I have people with whom I can do enjoyable things.	90	NA
I am happy with the friendships I have.	N/A	NA
I feel I belong in my community.	N/A	NA
FUNCTIONING		
My child is better at handling daily life.	90	NA
My child gets along better with family members.	82	NA
My child gets along better with friends and other people.	91	NA
My child is able to do the things he/she wants to do.	91	NA
My child is better able to cope when things go wrong.	64	NA
INTEREST ITEMS		
Staff explained my child's diagnosis, medication and treatment options.	100	NA
Staff explained my child and my family's rights and confidentiality issues.	100	NA
I receive support and advocacy from my NV PEP Family Specialist.	86	NA
My NV PEP Family Specialist supports me in leading my child's treatment planning or Child and Family Team meetings.	88	NA
Our family is aware of people/ services in the community that support us.	89	NA
I am better able to handle our family issues.	100	NA
I am learning helpful parenting skills while in services	90	NA
I have information about my child's developmental expectations and needs.	90	NA

Parent/Caregiver comments	**Youth comments**
1. What has been the most helpful thing about the services your child received? • the change in behavior • learning to deal with anger • everything. I have been coming here for 4 years and (client) gets better and better. Day Treatment/Social Skills classes/weekly therapy. My son is meeting goals and is happy. • coping skills for child • The suggestions I have received regarding behavior issues • Controlling anger & tantrums - stopped hitting himself - no nightmares. Sleeping in own bed. • Helping understand some of their anxiety • My child is able to talk to someone that can help us all understand what is wrong or happening to him.	1. What has been the most helpful thing about the services you received? • NA
2. What would improve services your child and the family received? • maybe some counseling for mom • Maybe something more advanced for a 9 year old in peer group & parent to child classes • services closer to home • I am very satisfied and glad that a "grandma" is available so that I can participate in sessions as needed • I don't think it could get any better	2. What would improve services you received? • NA
3. Additional Comments • (staff) has been an amazing help the past few months. I can't thank CBS enough for all their help. • (Staff) & (staff) have been awesome! I can't thank them enough for all their help. • This program has been a catalyst in (client's) functioning as a happy child. His school behavior is above average because of DCFS, his grades & his relationship w/me is also much better. I could have not done it w/out this program. This is a long term commitment & consistency is what also makes it work. • (Staff) is wonderful! • (Staff) has been wonderful; she has helped the kids & our family so much.	3. Any additional comments? • NA

Discussion

Parent/caregiver and youth survey comments provide a consumer perspective on program areas that merits consideration toward improving the quality of DCFS outpatient services. Some respondent recommendations and/or issues from the current survey follow together with commentary regarding “courtesy highlights.”

DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

Children's Clinical Services/Outpatient Services

Topic	Client Recommendations
Access	• More evening appointment availability • Access to a directory of available county services • Greater availability of transportation to services
Service Quality	• More peer group opportunities • Greater school support • More frequent therapy sessions
Resources	• More funding available for medical, other treatment

Wraparound in Nevada

Topic	Client Recommendations
Access	• Closer proximity of services
Service Quality	• Better communication of parental concerns by WIN worker to team • More frequent family visits • Work more with family issues and not separate families right away
Resources	• More agencies that accept Medicaid • Monthly child payments on time • Greater availability of services

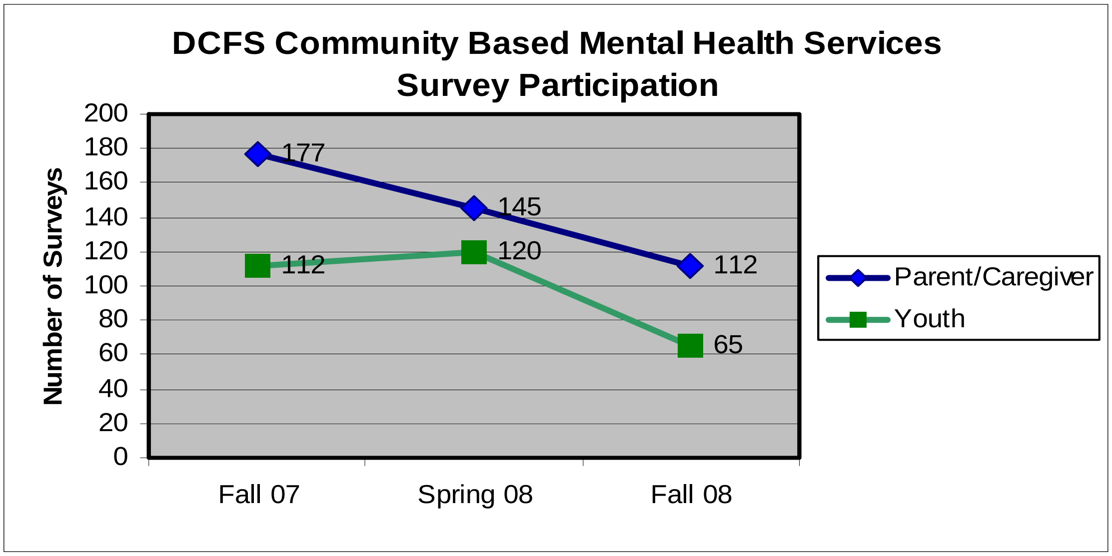
Early Childhood Services

Topic	Client Recommendations
Access	• Closer proximity of services
Service Quality	• Counselor work more within existing family methods/routines • More advanced peer groups • More parent-child classes

The Fall survey had a statewide total of 11 items that were “courtesy highlighted.” These statements had a less than 60% positive endorsement. Only one of the 11 items repeated from the Spring survey. Under the Participation in Treatment domain, the Youth survey statement “I helped to choose my services” garnered low endorsement each time.

Survey participation: final comments

This current survey is the third statewide children’s community-based services survey to date conducted by DCFS. The following graph depicts parent/caregiver and youth participation over the past three surveys.



The current survey shows a statewide 23% drop in parent/caregiver participation and a 46% drop in youth participation when compared to the same survey conducted earlier in the spring of this year. What might account for such a decline? There has been some suggestion that this reduction in survey participation may represent a kind of “respondent fatigue.” The fall survey would have solicited respondents from a population pool that included many of the same clients who had participated in the earlier spring project. Some of these people may well have decided it either unnecessary or too much trouble to fill out the same survey yet again. If there should be such a redundancy avoidance factor involved in our survey process thus far, hopefully it will be mitigated to some degree by DCFS’ moving to once a year surveying.

A Hispanic version of the parent/caregiver survey instrument was again available for this project. Of the 112 parent/caregiver surveys returned statewide, six were in Spanish with two coming from NNCAS. Spanish survey item completion rates were high and all comment sections were addressed. As in an earlier survey, respondent observations were positive, complimentary and appreciative of staff able to speak Spanish.

The Division of Child and Family Services Planning and Evaluation Unit extends its appreciation to all youth and parents/caregivers who participated in this survey. Equal appreciation goes to DCFS program area staff for the absolutely essential support they provided in carrying out this quality assurance project. Thanks to all.

DCFS Residential and Psychiatric Inpatient Services Parent / Caregiver – Youth Survey Results Statewide Spring 2008

From May to mid June of 2008, the Division of Child and Family Services (DCFS) conducted its spring survey of children's residential and psychiatric inpatient mental health service programs offered through the Southern Nevada Child and Adolescent Services (SNCAS) and the Northern Nevada Child and Adolescent Services (NNCAS). Parent/caregivers with children in treatment and youths themselves (if age 12 or older) from both agencies were solicited to voluntarily participate in completing the survey instrument.

Participants were asked to disagree or agree with a series of statements relating to nine focal areas or domains that reflect residential and inpatient participant experience. These domains include those areas deemed by the Federal Mental Health Statistical Improvement Program as reflective of mental health programming effectiveness. The nine domains covered by the survey include convenience in receiving services (Access); whether services being received are acceptable (General Satisfaction); do participants have a directive role in the course of their treatment (Treatment Participation); is important information being shared during treatment (Treatment Information); is the physical environment seen as safe and comfortable (Environment and Safety); are staff respectful of participant religion, culture and ethnicity (Cultural Sensitivity); are client educational needs being met adequately (Education); do clients feel supported in program and are they aware of community-based support (Social Connectedness); and how well do clients see themselves functioning in daily life (Positive Outcomes).

Survey Report Format

For this report, residential and psychiatric inpatient services survey results are in table format and are presented by service type and facility name under each of the two DCFS children mental health agencies (SNCAS and NNCAS). SNCAS has both residential and psychiatric inpatient programs. NNCAS currently has residential programs only. Parent/caregiver and youth responses for each agency's programs appear together under each domain.

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The Parent/Caregiver and Youth Positive Response numbers appearing under each domain are reported in percentages. A percentage number represents the degree to which a particular domain statement was endorsed or rated positively by respondents. Since not every survey respondent answers every statement, each statement's percentage numbers are based upon the actual number of responses to that particular statement.

You will notice that any statement on the survey with less than a 60% Positive Response number is "courtesy highlighted". Courtesy highlights call attention to any survey item having a respondent endorsement rate that is approaching the lower end of the frequency scale. Programs having courtesy highlighted items may wish to monitor these particular items in subsequent surveys should similarly low endorsement rates re-occur. Programs might opt to give special attention to a highlighted statement's subject matter when considering if any programmatic or other corrective action might be taken.

Following each service area's domain results, you will find listed whatever remarks respondents offered regarding what was the most helpful thing about the services they received, what would improve upon the services they received and any additional comments they might have had.

A discussion section follows the survey results table. It includes a brief summary of survey respondent remarks. A final section on survey participation concludes the report.

Survey Participants

Participants in the spring survey included parents or caregivers with children receiving residential or psychiatric inpatient mental health treatment and the youths themselves where age appropriate. The youth survey is completed by youth ages 12 and older. Thirty-six parent/caregivers statewide completed the survey in addition to 63 youth statewide who were still in treatment. Planning and Evaluation Unit staff or other non-direct treatment staff solicited survey participants at the different program sites providing the clients' mental health services. Survey questionnaires were self-administered and when completed put into secure containers. Some parent/caregivers chose to complete the surveys at home and mail them to Planning and Evaluation Unit offices. Survey participation was entirely voluntary and survey responses were both anonymous and confidential.

The following table presents the number of parent/caregiver and number of youth surveys received from each program site. One program site was unable to secure parent/caregiver participation. The table also includes the percentage of clients served who were sampled by the respective program's survey. Youth percentages are not given since not all clients served were age eligible for survey participation and any percentage would be non representative.

DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

	SURVEYS			
	Parent/Caregiver			**Youth**
AGENCY & SITE	Number of Surveys	Number of Clients Served	Survey Sample Percent	Number of Surveys
SNCAS				
Residential: OASIS	10	33	30.3	10
Inpatient: DWTC	16	79	20.2	31
Total	26	112	23.2	41
NNCAS				
Residential: ATC	10	19	52.6	15
Residential: FLH	0	27	0	7
Total	10	46	21.7	22
Statewide Total	36	158	22.8	63

Note: OASIS = Oasis On-Campus Treatment Homes
DWTC = Desert Willow Treatment Center
FLH = Family Learning Homes
ATC = Adolescent Treatment Center

DCFS Residential Services
Parent / Caregiver – Youth Survey Results
Statewide Spring 2008

Note: The Parent/Caregiver and the Youth surveys share questions 1 through 26 in the same numerical sequence. The Parent/Caregiver survey has three additional questions (marked “caregiver”) that do not appear on the Youth survey.

NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES		
ATC		
Parent/Caregiver N=10; % Total Served = 53 **Youth N=15**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	100	73
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	88	67
The people helping my child and family stick with us no matter what.	88	60
I feel my child and family have someone to talk to when he/she is troubled.	100	87
The services my child and family receive are right for us.	88	60
My family gets the help we want for my child.	88	60
My family gets as much help as we need for my child.	88	60

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TREATMENT PARTICIPATION		
I help to choose my child's services.	88	47
I help to choose my child's treatment goals in the treatment team meeting.	88	64
I participate in my child's treatment.	100	86
TREATMENT INFORMATION		
Staff explain my child's diagnosis, medication and treatment options.	100	87
Staff explain my child and family's rights and confidentiality issues.	100	73
I am learning helpful parenting skills while in services. (caregiver)	80	n/a
I have information about my child's developmental expectations and needs. (caregiver)	100	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	100	47
Visitation rooms are comfortable and provide privacy with my child.	33	31
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	100	40
Staff respect my family's religious/spiritual beliefs.	57	85
Staff speak with me in a way that I understand.	100	73
Staff are sensitive to my cultural and ethnic background.	83	62
EDUCATION		
My child's educational needs are being met during his/her stay in the acute/ residential services.	100	93
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	100	87
Our family is aware of people and services in the community that support us.	60	60
POSITIVE OUTCOMES		
My child is better at handling daily life.	60	67
My child gets along better with family members.	40	73
My child gets along better with friends and other people.	60	87
My child is doing better in school and/or work	80	67
My child copes in difficult situations much better.	50	73
I am satisfied with our family life right now.	56	47
I am better able to handle our family issues. (caregiver)	70	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• Caring support through treatment, and valuable safety and self control strategies. • Coping skills • Getting along better, learning self control. • Helping him with anger management • My daughter is in a safe environment • She seems to do well in this setting. • structure and safe living environment • Weekly family counseling sessions	• I don't think this place is helpful • Learning who I really am • My team leader helps me • Nothing really I think I ended up just snapping out of it, I don't think they did anything • Nothing that I know of • People are there when I need them • Positive feed back • Someone is always there to talk to me when I get upset • That it's bringing my family and I together • the self control strategies that have been provided for me • The staff that help me • They are helping me with my anger • They help me when I need help • When I'm mad or sad the staff here know what to say to make me feel better
What would improve services your child and the family received?	What would improve the services you receive?
• anger management, self control, coping skills • Distance - unable to meet more often • Just started program one month ago • Nothing, I think the services have been helpful along with the info on how to obtain service. • Staff at ATC are willing to use alternative methods in order for my family and children to be successful with treatment. • Unsure at this time	• food should be better, more free time & home notes should be 10 points • Harder school work • I think we should be treated like humans and have more freedom • If we could get a patch for nicotine because a lot of us in here have a smoking problem, or a nicoret gum just to make it a little less stressful • Less stricter rules • More outside time • More respect, healthier and better food it's not always cooked fully • More staff involvement and less attitude (some are, they're rude) • Staff would be more nice and not so negative happy • Stopping the drama between kids • they are good people
Additional Comments	Additional Comments
• I am extremely grateful for the financial assistance that was given to me during the month of May 08 while my daughter was in ATC, it came at a time when I really needed it and helped me get caught up on my power and to put some extra food on the table. Thanks so much for all of the wonderful things you guys have done! • I think everyone is very helpful and kind. • Our family is grateful to this program it is slowly becoming better for us.	• ATC is the right treatment facility for me • I really don't like being here. I just want to be home. I don't want to be here no more. • Some staff give me respect but others are rude. • Some staff here are not so nice and give negatives for no reason • Some staff should get there noses out of the air • there's nothing wrong with staff some people would like this as a chance to get them in trouble. • They let me see my mom all the time. • They're doing a great job.

NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES FLH		
Parent/Caregiver N= N/A; Youth N= 7	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	n/a	86
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	n/a	71
The people helping my child and family stick with us no matter what.	n/a	71
I feel my child and family have someone to talk to when he/she is troubled.	n/a	67
The services my child and family receive are right for us.	n/a	71
My family gets the help we want for my child.	n/a	71
My family gets as much help as we need for my child.	n/a	71
TREATMENT PARTICIPATION		
I help to choose my child’s services.	n/a	71
I help to choose my child’s treatment goals in the treatment team meeting.	n/a	83
I participate in my child’s treatment.	n/a	71
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	n/a	71
Staff explain my child and family’s rights and confidentiality issues.	n/a	71
I am learning helpful parenting skills while in services. (caregiver)	n/a	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	n/a	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	n/a	100
Visitation rooms are comfortable and provide privacy with my child.	n/a	60
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	n/a	71
Staff respect my family’s religious/spiritual beliefs.	n/a	100
Staff speak with me in a way that I understand.	n/a	86
Staff are sensitive to my cultural and ethnic background.	n/a	100
EDUCATION		
My child’s educational needs are being met during his/her stay in the acute/ residential services.	n/a	86
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	n/a	67
Our family is aware of people and services in the community that support us.	n/a	86

POSITIVE OUTCOMES		
My child is better at handling daily life.	n/a	100
My child gets along better with family members.	n/a	86
My child gets along better with friends and other people.	n/a	100
My child is doing better in school and/or work	n/a	86
My child copes in difficult situations much better.	n/a	86
I am satisfied with our family life right now.	n/a	71
I am better able to handle our family issues. (caregiver)	n/a	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
N/A	• The whole program • Treatment goals and something to look forward to • Anger management, social skills and silliness • When staff talks to me
What would improve services your child and the family received?	What would improve the services you receive?
N/A	• More time on the phone and more family overnight visits not 25 • More family interactions and meetings • Getting out of the home and into a regular one
Additional Comments	Additional Comments
N/A	• This program has helped me through a lot and taught me a lot • The undecided is because they have weird ways of showing stuff. What makes the home uncomfortable is the fact that it's strict • More variety in the lunch and breakfast

SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES
OASIS

Parent/Caregiver N=10; % Total Served = 30 **Youth N= 10**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	100	100
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	100	90
The people helping my child and family stick with us no matter what.	100	90
I feel my child and family have someone to talk to when he/she is troubled.	100	90
The services my child and family receive are right for us.	100	70
My family gets the help we want for my child.	100	70
My family gets as much help as we need for my child.	100	89

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DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

TREATMENT PARTICIPATION		
I help to choose my child’s services.	100	100
I help to choose my child’s treatment goals in the treatment team meeting.	100	100
I participate in my child’s treatment.	100	100
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	100	78
Staff explain my child and family’s rights and confidentiality issues.	100	90
I am learning helpful parenting skills while in services. (caregiver)	100	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	100	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	100	90
Visitation rooms are comfortable and provide privacy with my child.	86	89
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	100	70
Staff respect my family’s religious/spiritual beliefs.	78	86
Staff speak with me in a way that I understand.	100	100
Staff are sensitive to my cultural and ethnic background.	89	70
EDUCATION		
My child’s educational needs are being met during his/her stay in the acute/ residential services.	100	70
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	100	90
Our family is aware of people and services in the community that support us.	90	90
POSITIVE OUTCOMES		
My child is better at handling daily life.	90	90
My child gets along better with family members.	80	100
My child gets along better with friends and other people.	90	70
My child is doing better in school and/or work	80	90
My child copes in difficult situations much better.	80	90
I am satisfied with our family life right now.	70	90
I am better able to handle our family issues. (caregiver)	90	n/a

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DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• Coordination of services, counseling appts are done at his home • he is motivated to earn rewards. His responsibility leveling greatly improved including toileting & hygiene. • He is receiving the help he needs finally • open communication, family atmosphere made my son's stay relaxing and he adjusted quite well • she knows how to show respect for people and family friends, she talks like a big girl • She's learning to control herself and do a lot more for herself • Structure, safety, lots of communication • Support from staff in regards to how to manage our son • The Oasis staff has been consistent in helping my son learn better life management skills & in handling his Psych disorder appropriately. They have taught him how to calm himself & how to avoid inappropriate behaviors. • The pharmacy card	• I know how to cope with my anger and have less outbursts. Learned how to get along with people better • I learned to do chores, cook, laundry, go outings, staff teach to straight up • Learned very valuable skills such as anger management and better ways to cope with stress. Staff is helpful when he is angry • One on One working with staff • Staff are fun and nice • Teach me all this good stuff that I can use when I go home. Like taking a seat when I get mad and going to take a walk to clear my head • Teaching me how to be a better person • Teaching respect, being polite, saying "ok" • That I get the help that I need. I have come a long way in my improvement. I have a lot of things that I can say count • The feedback helps
What would improve services your child and the family received?	What would improve the services you receive?
• A placement for children on a long term basis • at this time I can't think of anything • How my daughter talks to me, very improved, my daughter listens to me now. • I should have agreed to this placement 2 years ago. • learning how to interact together with reduced stress on both sides. Learning how to prepare and then live by a structured routine, without throwing each other off balance when something doesn't go according to plan. • More funding from state and federal government. Recreational, social interaction as therapy (ex: participation is sports teams or group/team activities) • Nothing, I think the services have been helpful along with the info on how to obtain service. • We can find out what sets him off right after lunch	• It is fine how it is • It's cool the way it is • make it a happier place • More food • Really there's nothing I am doing what I have to do. I still need some help improving that way • There should be more stuff - more stuff would mean more freedom. Staff should be a bit more "laid back" and a little more "with it"
Additional Comments	Additional Comments
• Assistance in coming period of time to make best choice regarding placement & continued services to assist my child in transition from adolescence to adulthood with a reasonable supportive & happy outcome if possible. • good job • Hopefully in the months ahead we can make even more progress • I want to thank child family services for helping me with my family, you did a great job; thank you god bless you!! • Oasis has been a godsend for my son & myself. I have learned a lot about being a more effective parent. He feels safe and accepted at Oasis. I have the highest regard for the staff and how nurturing they are to all children in their cottage. • staff members are doing an excellent job focusing on each child not only in group settings but also one on one.	• Continue with what staff is doing to help • I am great that I am in a place that can help me and care about I like people who are about me/respect me. • I like this place, I will miss you guys • more recreational equipment should be provided • The program is very strong. If it were not for Oasis clients would be worse off • we are like family here • We're doing a pretty good job

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DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES DWTC		
Parent/Caregiver N= 16; % Total Served = 20 **Youth N=31**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	86	84
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	93	83
The people helping my child and family stick with us no matter what.	86	87
I feel my child and family have someone to talk to when he/she is troubled.	79	77
The services my child and family receive are right for us.	79	77
My family gets the help we want for my child.	71	74
My family gets as much help as we need for my child.	71	63
TREATMENT PARTICIPATION		
I help to choose my child’s services.	86	71
I help to choose my child’s treatment goals in the treatment team meeting.	79	74
I participate in my child’s treatment.	100	73
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	93	83
Staff explain my child and family’s rights and confidentiality issues.	93	87
I am learning helpful parenting skills while in services. (caregiver)	71	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	77	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	93	90
Visitation rooms are comfortable and provide privacy with my child.	64	71
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	93	80
Staff respect my family’s religious/spiritual beliefs.	89	93
Staff speak with me in a way that I understand.	100	83
Staff are sensitive to my cultural and ethnic background.	91	76
EDUCATION		
My child’s educational needs are being met during his/her stay in the acute/ residential services.	71	74
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	79	77
Our family is aware of people and services in the community that support us.	64	86

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DCFS PERFORMANCE AND QUALITY IMPROVEMENT
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POSITIVE OUTCOMES		
My child is better at handling daily life.	62	83
My child gets along better with family members.	75	71
My child gets along better with friends and other people.	83	82
My child is doing better in school and/or work	64	90
My child copes in difficult situations much better.	62	76
I am satisfied with our family life right now.	62	78
I am better able to handle our family issues. (caregiver)	67	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• Everyone being dedicated to help them get better. Great environment • He is getting better and the support • I know he's safe here because it is locked down, and will not escape. • Receiving medication • she has learned respect for others and is setting future goals • she laughs a lot more • Stabilization, after care planning • staff is consistent • to know that there is someone who understands the problems and who are willing to assist me & my child at this time. • What is most helpful for our family is to be able to talk with the Doctor & Treatment team it helps us to get a full understanding of what is being done to help our child and it makes me, his mother so much more at ease, to know that I am listened to, Because I know my child more than anyone else, with past experiences this did not happen.	• Coping skills from DBT group • Family meeting • Family therapy • Family therapy • Groups- drug group, community, (staff)'s group • How to socialize with other's better • I don't know • I know how to walk away when someone makes me angry. • It taught me to be close to my mom • Learning coping skills • Medication • Medication therapy • My family and staff • My NA meetings, therapy, and one of the staff. • School • That I can talk to people when I need to • That it is provided • The people that help • Therapy • Therapy to express feelings calling mother • Therapy and (staff) • To get along with my family • Umm. The medication and when (staff) was here. (staff), a different therapist for me
What would improve services your child and the family received?	What would improve the services you receive?
• Modified academics 2) continue family support. 3) appropriate medication! • If my child would cooperate with staff members & comply to the rules and regulations. • More family interaction. Children being able to visit as well • more family treatment • more techs on each unit	• Better food • don't • Food • Food • Going home • Going home with the passes given to me in rtc • Having someone one on one to talk to more • Help with the anger control • Its pretty good maybe groups that are more in depth with while you're here and connect more? I don't know • More fitness and physical activity to get out feelings. Educated groups more specifically detailed during group • More fun projects at school or on the unit • More one on one therapy • My therapist, food • No reading, the rules are stupid. • Not the same when I came in, I'm better • Open your window blinds in our rooms • People talk with more respect • Quicker help. Make appointments earlier and let me know decisions earlier • Visiting w/family - more cooperation with family

Additional Comments	Additional Comments
• I can't answer a lot of these questions because my child is still getting treatment • Please make sure that (client) takes his new medication with food it is very very important. • Thank You • Thank you ! • Thank you all!! • We are pleased with the services here continue to help our child.	• Doing Tx • Dr. is really rude to me. When I was in a session with her she yelled at me while I was crying because I wiped my eyes. We should be able to pick our therapist I think. • Get better food. Get some brownies for us please. • I don't really like the food. • I should go home, get better staff • Staff are working with me • Staff is sometimes rude. They talk down to me a lot. Doctors/Therapists are nice though • the food is nasty • The food is not very edible

Discussion

After answering their survey questions, all participants had an opportunity to provide their own remarks regarding the quality of services they receive and any additional comments they might have.

Several parent/caregivers expressed appreciation at the structure and the safe living environment provided by the programs. Several noted that their children were learning better self control and respect for others. Medication and collaboration between families, the doctor and the treatment team were also mentioned. One parent noted that short-term financial assistance while her child was in treatment helped get her through a bad month of power bills and not enough food for her family. Several youth responders found therapy and especially family therapy beneficial and several appreciated the control and anger management strategies they were learning to assist them in getting along better with others.

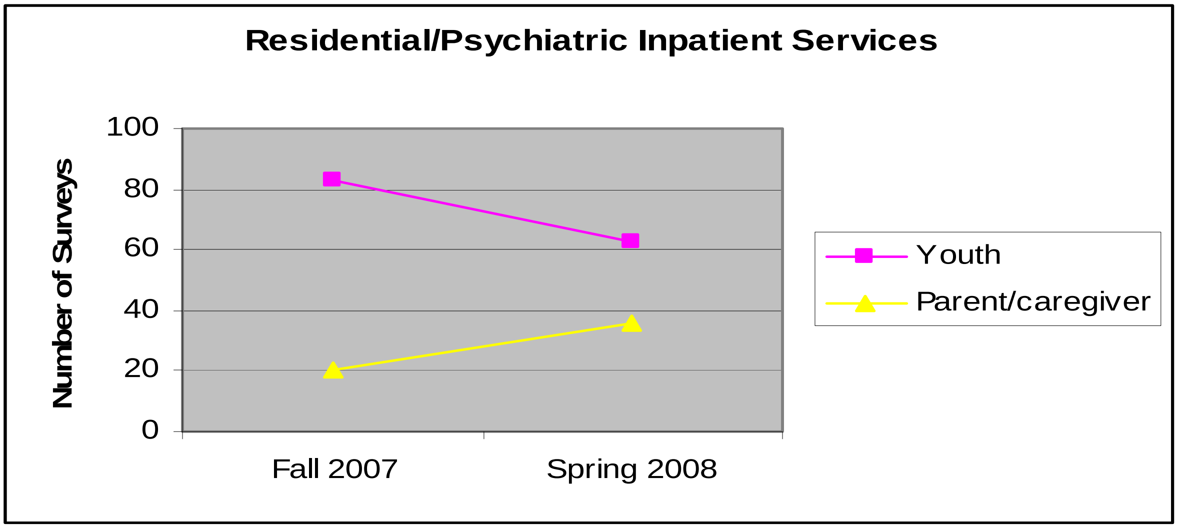
Some respondents noted that the distance to a treatment facility made more frequent treatment meetings more difficult. And additional state funding, said another, could help improve treatment availability and staffing. Youth tended to focus on the perceived limited quantity and quality of food served by programs and the need for more outside physical activities. More time with their family was also a repeated complaint.

Additional comments tended to be parent/caregivers thanking programs and program staff for their help and for the quality of services provided. There were more than a few variations of “God bless you.”

Youth noted that program staff can be both respectful and at times rather rude. More food and food variety sneaked in again. Youth nonetheless had some positive comments regarding staff availability and treatment effectiveness. Wrote one respondent, “I like this place. I’ll miss you guys.”

Survey participation: final comments

This current survey is only the second statewide residential and psychiatric inpatient services survey conducted by DCFS. The survey completed in the Fall of 2007 represented the division’s first effort to compile statewide residential/inpatient client consumer feedback. The following graph depicts parent/caregiver and youth participation over the past two surveys.



Current survey results show an 80% increase over Fall 2007 in the number of parent/caregivers completing the survey questionnaire. This result likely reflects an increase in program staff efforts to actively solicit family member and other caregiver feedback.

There was a corresponding 24% reduction from Fall 2007 in the number of youth participating in the survey. Reasons for this difference are unclear. Perhaps more youth in all programs simply exercised their right not to take the survey. Another possibility may be that some of the southern programs serve youth with co-occurring developmental disabilities. These youngsters may well have a more difficult time self-administering surveys and so opted out of voluntary participation. This latter case might suggest that non-direct service staff/other volunteers be made available to co-occurring youngsters for explaining and/or administering the survey instrument.

The Division of Child and Family Services / Planning and Evaluation Unit extends its appreciation to all residential and psychiatric inpatient youth and parents/caregivers who participated in this survey. A big "thank you" also goes to residential and psychiatric inpatient staff statewide for their support in carrying out this quality assurance project. Thanks to all.

ATTACHMENT E

DCFS Residential and Psychiatric Inpatient
Services Survey - Fall

DCFS Residential and Psychiatric Inpatient Services Parent / Caregiver – Youth Survey Results Statewide Fall 2008

From mid October to the end of November, 2008, the Division of Child and Family Services (DCFS) conducted its fall survey of children's residential and psychiatric inpatient mental health service programs offered through the Northern Nevada Child and Adolescent Services (NNCAS) and the Southern Nevada Child and Adolescent Services (SNCAS). Parent/caregivers with children in treatment and youths themselves (if age 12 or older) from both agencies were solicited to voluntarily participate in completing the survey instrument.

Participants were asked to disagree or agree with a series of statements relating to nine focal areas or domains that reflect residential and inpatient participant experience. These domains include those areas deemed by the Federal Mental Health Statistical Improvement Program as reflective of mental health programming effectiveness. The nine domains covered by the survey include convenience in receiving services (Access); whether services being received are acceptable (General Satisfaction); do participants have a directive role in the course of their treatment (Treatment Participation); is important information being shared during treatment (Treatment Information); is the physical environment seen as safe and comfortable (Environment and Safety); are staff respectful of participant religion, culture and ethnicity (Cultural Sensitivity); are client educational needs being met adequately (Education); do clients feel supported in program and are they aware of community-based support (Social Connectedness); and how well do clients see themselves functioning in daily life (Positive Outcomes).

Survey Report Format

For this report, residential and psychiatric inpatient services survey results are in table format and are presented by service type and facility name under each of the two DCFS children mental health agencies (NNCAS and SNCAS). NNCAS currently has residential programs only. SNCAS has both residential and psychiatric inpatient programs. Parent/caregiver and youth responses for each agency's programs appear together under each domain.

The Parent/Caregiver and Youth Positive Response numbers appearing under each domain are reported in percentages. A percentage number represents the degree to which a particular domain statement was endorsed or rated positively by respondents. Since not every survey respondent answers every statement, each statement's percentage numbers are based upon the actual number of responses to that particular statement.

You will notice that most statements on the survey with less than a 60% Positive Response number are “courtesy highlighted”. Courtesy highlights call attention to any survey item having a respondent endorsement rate that is approaching the lower end of the frequency scale. Programs having courtesy highlighted items may wish to monitor these particular items in subsequent surveys should similarly low endorsement rates re-occur. Programs might opt to give special attention to a highlighted statement’s subject matter when considering if any programmatic or other corrective action might be taken.

Please note that on the parent/caregiver survey, courtesy highlights were omitted for the NNCAS: FLH program and the SNCAS: Oasis program. Response rates for these programs were two and one respectively, numbers too small for meaningful item endorsement comparisons. Youth survey highlights were retained.

Following each service area’s domain results, you will find listed whatever remarks respondents offered regarding what was the most helpful thing about the services they received, what would improve upon the services they received and any additional comments they might have had. A final section on survey participation concludes the report.

Survey Participants

Participants in the fall survey included parents or caregivers with children receiving residential or psychiatric inpatient mental health treatment and the youths themselves where age appropriate. The youth survey is completed by youth ages 12 and older. Twenty-three parent/caregivers statewide completed the survey in addition to 59 youth statewide who were still in treatment. Planning and Evaluation Unit staff or other non-direct treatment staff solicited survey participants at the different program sites providing the clients’ mental health services. Survey questionnaires were self-administered and when completed put into secure containers. Some parent/caregivers chose to complete the surveys at home and mail them to Planning and Evaluation Unit offices. Survey participation was entirely voluntary and survey responses were both anonymous and confidential.

The following table presents the number of parent/caregiver and number of youth surveys received from each program site. The table also includes the percentage of clients served who were sampled by the respective program’s survey. Youth percentages are not given since not all clients served were age eligible for survey participation and any percentage would be non representative.

	SURVEYS			
	Parent/Caregiver			**Youth**
AGENCY & SITE	Number of Surveys	Number of Clients Served	Survey Sample Percent	Number of Surveys
NNCAS				
Residential: ATC	8	20	40	13
Residential: FLH	2	24	8	9
Total	10	44	23	22
SNCAS				
Residential: OASIS	1	32	3	13
Inpatient: DWTC	12	80	15	24
Total	13	112	12	37
Statewide Total	23	156	15	59

Note:
OASIS = Oasis On-Campus Treatment Homes
DWTC = Desert Willow Treatment Center
FLH = Family Learning Homes
ATC = Adolescent Treatment Center

DCFS Residential Services
Parent / Caregiver – Youth Survey Results
Statewide Fall 2008

Note: The Parent/Caregiver and the Youth surveys share questions 6 through 31 in the same numerical sequence. The Parent/Caregiver survey has three additional questions (marked "caregiver") that do not appear on the Youth survey.

NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES		
ATC		
Parent/Caregiver N=8; % Total Served = 40 Youth N=13	Parent/Caregiver Positive Response %	Youth Positive Response %
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	100	83
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	100	54
The people helping my child and family stick with us no matter what.	100	67
I feel my child and family have someone to talk to when he/she is troubled.	100	62
The services my child and family receive are right for us.	88	46
My family gets the help we want for my child.	100	46
My family gets as much help as we need for my child.	88	62

2008 SUMMARY

TREATMENT PARTICIPATION		
I help to choose my child's services.	86	54
I help to choose my child's treatment goals in the treatment team meeting.	88	69
I participate in my child's treatment.	100	75
TREATMENT INFORMATION		
Staff explain my child's diagnosis, medication and treatment options.	100	62
Staff explain my child and family's rights and confidentiality issues.	100	69
I am learning helpful parenting skills while in services. (caregiver)	75	n/a
I have information about my child's developmental expectations and needs. (caregiver)	100	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	88	69
Visitation rooms are comfortable and provide privacy with my child.	50	62
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	86	45
Staff respect my family's religious/spiritual beliefs.	100	77
Staff speak with me in a way that I understand.	100	69
Staff are sensitive to my cultural and ethnic background.	100	54
EDUCATION		
My child's educational needs are being met during his/her stay in the acute/ residential services.	100	85
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	100	62
Our family is aware of people and services in the community that support us.	88	62
POSITIVE OUTCOMES		
My child is better at handling daily life.	75	77
My child gets along better with family members.	75	82
My child gets along better with friends and other people.	75	58
My child is doing better in school and/or work	75	92
My child copes in difficult situations much better.	75	77
I am satisfied with our family life right now.	88	58
I am better able to handle our family issues. (caregiver)	88	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• Group • The skills that (client) has learned has helped him and our family become more connected and we live a more healthy lifestyle than before. (Client) has changed so much. Thank you for all of your services and care. • My daughter & I have a better relationship • She learned to cope with her siblings • the skills he has learned to better handle life situations • The most helpful thing is that our child is safe and not hurting herself or others to the extent of when she was not in treatment. Other family members are doing better because she is away from them.	• Counseling. Understanding where I'm coming from and they don't judge me • Nothing really except for my self-control strategy • I have a better relationship with my mom • The staff • I think it would be my meds they have helped me a lot! • Being able to be open and honest with staff • Nothing • The people who are able to talk to us about their past as well as helping us with our future • The skills
What would improve services your child and the family received?	What would improve the services you receive?
• More involvement to Family session in the beginning levels is important for the families to have from the Team leader to address families' concerns on a more immediate basis • Everything was great • Not at this time • To work closer with the Social Worker to get off-grounds passes and overnights during the levels he was to have been able to earn it • I don't know that there is anything that would improve the services - her diagnosis is severe and barely treatable, if at all. I think that everyone is doing their very best to try and help our daughter, and we appreciate it very, very much!	• Better food, bigger portions - If staff weren't that disrespectful either. • less rudeness with staff • I do not know and honestly I don't care • Nothing • I don't know • more stuff to do • Getting people who are better qualified • Not having to do things I do not feel ready to accomplish • More rewards for good behavior that usually go unnoticed • my behavior
Additional Comments	Additional Comments
• Our family has been very pleased with the services that have been provided to our son and our very pleased with the outcome of (client's) progress in both the program and in school. Thank you also to (staff) for providing all of (client's) education needs and helping him to make better choices in doing his work and completing his assignments and improving his grades. He has learned to become a more successful student. Thank you very much for all of your help and support. It is ok with me to have this feedback discussed with any and all staff • I am impressed with who our new (client) is • Thank you for being there for our family	• The program shouldn't be so strict really • I hate this stupid place and all the people in it • No • Thanks 4 talking • Nothing • This place sucks, It's a hell hole, Burn it down • Better food, please. Thank you for giving me a chance to speak

NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES FLH		
Parent/Caregiver N= 2 % Total Served = 8 **Youth N= 9**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	50	56
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	50	67
The people helping my child and family stick with us no matter what.	50	67
I feel my child and family have someone to talk to when he/she is troubled.	50	89
The services my child and family receive are right for us.	50	44
My family gets the help we want for my child.	50	75
My family gets as much help as we need for my child.	50	63
TREATMENT PARTICIPATION		
I help to choose my child’s services.	100	67
I help to choose my child’s treatment goals in the treatment team meeting.	50	78
I participate in my child’s treatment.	100	67
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	50	63
Staff explain my child and family’s rights and confidentiality issues.	50	50
I am learning helpful parenting skills while in services. (caregiver)	50	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	50	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	50	78
Visitation rooms are comfortable and provide privacy with my child.	0	67
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	50	67
Staff respect my family’s religious/spiritual beliefs.	100	67
Staff speak with me in a way that I understand.	50	56
Staff are sensitive to my cultural and ethnic background.	0	29
EDUCATION		
My child’s educational needs are being met during his/her stay in the acute/ residential services.	50	83
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	50	89
Our family is aware of people and services in the community that support us.	50	67
POSITIVE OUTCOMES		
My child is better at handling daily life.	50	88
My child gets along better with family members.	50	100
My child gets along better with friends and other people.	50	100
My child is doing better in school and/or work	50	75
My child copes in difficult situations much better.	50	88
I am satisfied with our family life right now.	50	67
I am better able to handle our family issues. (caregiver)	50	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• 2 of the staff members that I talk to on a daily basis (staff) and (staff) • nothing really. There are consequences that don't really make sense	• home, shelter, food • honesty! • I am learning to control my issues • Only keeping me fed, and sheltered • That the staff can sit and talk with me • (Staff) always being there for me to talk to • my family communication skills. Making right decisions
What would improve services your child and the family received?	What would improve the services you receive?
• Let me also parent my way too • The way that the case mgrs talk to the parents. They sometimes make me feel like I'm stupid and that I don't care about my child	• money, food, shelter, food • Respect others without yelling • Chiropractors and dentists and doctors on demand • nothing they're doing great • firing (staff) • to take this lesson to heart
Additional Comments	Additional Comments
• love it here • I am not very happy with the overall program. I am very close to pulling her out of the program, but am hesitating because I don't have any options for her if she needs to be put back in.	• I would like my own room! • Nothing • I have an infected tooth, along with heavy pains in my lower back and neck/lastly my upper neck. I haven't had any help at all! • All staff is friendly

SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES OASIS		
Parent/Caregiver N=1; % Total Served = 3 Youth N= 13	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	100	85
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	100	77
The people helping my child and family stick with us no matter what.	100	92
I feel my child and family have someone to talk to when he/she is troubled.	100	92
The services my child and family receive are right for us.	100	77
My family gets the help we want for my child.	0	75
My family gets as much help as we need for my child.	0	83
TREATMENT PARTICIPATION		
I help to choose my child’s services.	100	42
I help to choose my child’s treatment goals in the treatment team meeting.	100	82
I participate in my child’s treatment.	100	100
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	100	77
Staff explain my child and family’s rights and confidentiality issues.	100	92
I am learning helpful parenting skills while in services. (caregiver)	100	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	100	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	100	100
Visitation rooms are comfortable and provide privacy with my child.	0	77

2008 SUMMARY

CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	100	85
Staff respect my family's religious/spiritual beliefs.	0	82
Staff speak with me in a way that I understand.	100	92
Staff are sensitive to my cultural and ethnic background.	100	82
EDUCATION		
My child's educational needs are being met during his/her stay in the acute/ residential services.	0	100
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	100	92
Our family is aware of people and services in the community that support us.	100	92
POSITIVE OUTCOMES		
My child is better at handling daily life.	100	69
My child gets along better with family members.	100	92
My child gets along better with friends and other people.	100	97
My child is doing better in school and/or work	0	77
My child copes in difficult situations much better.	100	85
I am satisfied with our family life right now.	100	85
I am better able to handle our family issues. (caregiver)	100	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
No response	• Family therapy • People are always there and to help me • Teaching • The most helpful thing about the services is that they actually care and respect me & my boundaries • The way they are • My family being with me • Supportive environment • Expressing myself is easier and having staff that truly understand • I'm talking with my dad more • people caring about me and not judging me.
What would improve services your child and the family received?	What would improve the services you receive?
No Response	• Nothing • Let me have my privs every day no matter what • Me doing what I like to do • Privacy, more head on with staff to get extra work • Basketball • the adults not taking you down all the time over little things • I would like to be offer vocational skills • I don't know I can't think of anything
Additional Comments	Additional Comments
No Response	• No • I hate this place. I going to runaway tomorrow • The staff have great ideas for group • Improve on safely restraining clients for staff • I love all the staff and wouldn't change anything about them.

MEDICAID REPORT 2009
DCFS PERFORMANCE AND QUALITY IMPROVEMENT
2008 SUMMARY

SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES DWTC		
Parent/Caregiver N= 12; % Total Served = 15 **Youth N=24**	**Parent/Caregiver Positive Response %**	**Youth Positive Response %**
ACCESS TO SERVICES		
Services are scheduled at times that are right for me and my family.	100	67
GENERAL SATISFACTION		
Overall, I am pleased with the services my child and family receive.	92	75
The people helping my child and family stick with us no matter what.	82	54
I feel my child and family have someone to talk to when he/she is troubled.	91	63
The services my child and family receive are right for us.	100	54
My family gets the help we want for my child.	100	63
My family gets as much help as we need for my child.	92	87
TREATMENT PARTICIPATION		
I help to choose my child’s services.	91	64
I help to choose my child’s treatment goals in the treatment team meeting.	92	74
I participate in my child’s treatment.	100	74
TREATMENT INFORMATION		
Staff explain my child’s diagnosis, medication and treatment options.	91	75
Staff explain my child and family’s rights and confidentiality issues.	100	79
I am learning helpful parenting skills while in services. (caregiver)	90	n/a
I have information about my child’s developmental expectations and needs. (caregiver)	90	n/a
ENVIRONMENT AND SAFETY		
Services are provided in a safe, comfortable environment that is well cared for.	83	79
Visitation rooms are comfortable and provide privacy with my child.	73	45
CULTURAL SENSITIVITY		
Staff treat me and my family with respect.	83	63
Staff respect my family’s religious/spiritual beliefs.	100	84
Staff speak with me in a way that I understand.	100	71
Staff are sensitive to my cultural and ethnic background.	86	81
EDUCATION		
My child’s educational needs are being met during his/her stay in the acute/ residential services.	100	64
SOCIAL CONNECTEDNESS		
I feel my child and family have someone to talk to when he/she is troubled.	91	63
Our family is aware of people and services in the community that support us.	83	74

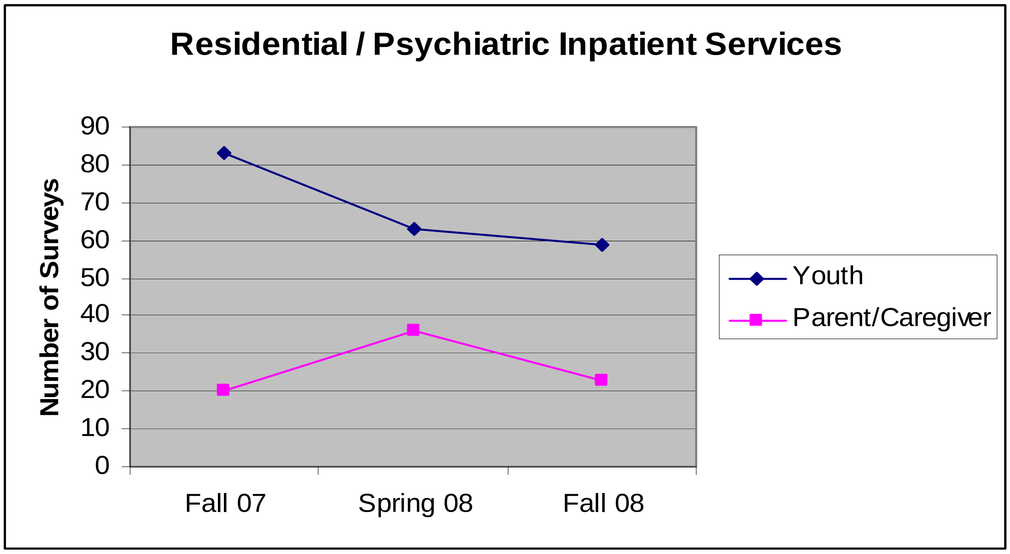
POSITIVE OUTCOMES		
My child is better at handling daily life.	83	79
My child gets along better with family members.	83	71
My child gets along better with friends and other people.	67	78
My child is doing better in school and/or work	83	74
My child copes in difficult situations much better.	67	67
I am satisfied with our family life right now.	67	54
I am better able to handle our family issues. (caregiver)	75	n/a

PARENT / CAREGIVER COMMENTS	YOUTH COMMENTS
What has been the most helpful thing about the services your child received?	What has been the most helpful thing about the services you receive?
• Coping skills • The crisis & danger were dealt with. I feel like she is getting some serious help that she needs • Patience used to handle his problems • He got meds that help. I know he is safe. He is being helped and learning to help himself • To learn to cope with situations that did not go his way	• The respect • Well I think that the staff here help me and respect me • Being with my family • coping skills - breathing, counting, crying, taking self-time-outs, and relaxing • my education • What 2 people said. One said, "If you tell yourself you can't do it, you can't, if you tell yourself you can, you can." Other person said, "You're your own worst enemy," • Ms (staff) and some of the groups • The therapy for anxiety helps but I hardly get it and the medication does not help sometimes worsening my problems • All the help I am getting • I get/receive the treatment I need • Not to re-offend • The most helpful thing is talking to staff about my problems • Able to talk to staff about problems • The explanation of issues and helping with problems in my life • That now I am learning to get along with people I hate • It is much of the group where you get to share your feelings • When I receive feedback on how to cope with daily life without being negative

What would improve services your child and the family received?	What would improve the services you receive?
• Nothing • More interaction with all levels of staff in a informal way • I am happy with services. I like that I am involved with my child's recovery. It is hard for me to visit during the week 6-7 because I work grave 6 nights. I wish there was more flexible visiting • Nothing that I can think of. I really believe that (DW) has a great program	• More people caring • Nothing • If I just focus on myself and not others • I don't know what you're talking about • I want to be able to have a say in my discharge date and to be able to talk to the people who plan it • Focus more on helping patients in general • The respect! Some staff don't respect. People listening and understanding what you have 2 say • More treatment work time • Staff - the techs I should say • Do a lot more outside activities • Staff and other authorities being there a little more often • Less work • Higher school education and overnight passes so I can start readjusting to the real world • Being able to wear belts and more social groups • If we would be able to have more outfits and shoes and not to tuck in are shirts and that we should have cable tv and watch it at any time we have free time on SATP • More behavioral based context
Additional Comments	**Additional Comments**
• None • Visiting rooms for siblings • Thank you for all the help you give us and (client) • I wish I could bring him home cooked meals once in a while. Or stuff for the whole unit? • I am so very thankful for what (DW) has done for (client). I really believe (DW) has saved his life! And our family!	• Thanks you for all the help and treatment you guys have gave me • I think staff can be rude at certain times • They don't care • There is a conflict with me and a staff on (unit). Getting medicine I need is a long process and not nearly enough visits from therapist. Once a week isn't enough • Good job! • This place really seems like it will help me move on in life and not re-offend • Bigger portions of food • The staff have helped me a lot on bettering myself. Please let us wear belts.

Survey participation

This current survey is the third statewide residential and psychiatric inpatient services survey conducted by DCFS. The survey completed in the fall of 2007 represented the division's first effort to compile statewide residential/inpatient client consumer feedback. The following graph depicts parent/caregiver and youth participation over the past three surveys.



Current survey results show a statewide 17% decrease from spring 2008 in the combined total of youth and parent/caregivers completing the survey questionnaire. Youth participation was down 6% while parent/caregiver participation fell 36%.

A similar decline in client participation was found in the fall community-based services survey. It was suggested at that time that perhaps we were seeing a kind of “respondent fatigue.” Respondents to the fall community-based services survey would have come from a population pool that included many of the same clients who had participated in the earlier spring survey. The same could be said for the residential/inpatient pool of respondents. Some of these people may well have decided it either unnecessary or too much trouble to fill out the same survey yet again. If there should be such a redundancy avoidance factor involved in our survey process thus far, hopefully it will be mitigated to some degree by DCFS’ moving to once a year surveying.

The Division of Child and Family Services / Planning and Evaluation Unit once again extends its appreciation to all residential and psychiatric inpatient youth and parents/caregivers who participated in this survey. Our gratitude goes as well to residential and psychiatric inpatient staff statewide for their support in carrying out this quality assurance project. Thanks to all.

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ATTACHMENT F

Division of Child and Family Services
Treatment Plan Goal Status Review Aggregate Report
DCFS Treatment Homes

TREATMENT PLAN GOAL STATUS REVIEW AGGREGATE REPORT

I. Introduction

The more efficient and effective the delivery of our services, the greater our opportunity for realizing positive treatment outcomes for the children and the families we are all committed to serve. Therefore, the overarching performance and quality improvement (PQI) goal of the Division of Child and Family Services (DCFS) and its partners is to assess the quality of services and care coordination provided to children and youth in order to improve practice and service delivery, and increase collaboration as we continue to build our system of care.

PQI is a process that continually monitors program performance. When a quality issue is identified, PQI drives the development of an informed and modified approach to address the issue and then monitors the implementation and success of the modified approach. The process includes involvement at all stages by all organizations and all stakeholders affected by the issue and/or involved in implementing the modified approach.

II. Treatment Plan Goal Status Review Process

The goal of the Treatment Plan Goal Status Review is to track youths' treatment status toward achieving measurable goals as indicated on the treatment plan and subsequent reviews of the treatment plan. In order to achieve this goal, the DCFS-PEU developed a methodology which included identifying a target population and subject selection, developing a data collection tool and process, and conducting data analysis and a report protocol for distribution to participating providers and other identified stakeholders.

The target population consisted of all children/youth that have been in an out-of-home placement with the treatment home program for at least six months. This longitudinal perspective was chosen in order to allow a full analysis of treatment planning over time. Of the treatment plans selected from the sampling frame, those reviewed were from the four most recent 90-day review periods.

The treatment plan goal review was conducted with DCFS treatment home providers October to November 2008. The three programs are Oasis (SNCAS), Adolescent Treatment Center and Family Learning Homes (NNCAS). The DCFS Treatment Home Programs review included 12 chart reviews.

A data collection tool entitled "Treatment Plan Goal Status Review Form" was used to document all relevant data for each treatment plan selected for review. Goal status codes were developed by the PEU in order to ensure consistent comparison across all provider agencies and to allow for a standardized reporting format. These codes are as follows:

1 = Deteriorating/ Regressed/ Regression
2 = Unchanged/ No Progress
3 = Making progress toward goal/ Progressing/ Continuing/ Progress made
4 = Achieved/ Resolved/ Met
5 = Goal Revised/ Deferred/ Deleted/ New Goal
6 = Unable to score

III. Aggregate Results

There were 12 treatment plan reviews conducted with the DCFS Treatment Home Programs. The following is the descriptive summary from the reviews.

Demographics of Client Population Reviewed

Gender		
Males	5	(42%)
Females	7	(58%)

Age Range		
6 -12 year old	6	(50%)
13 -18+ year old	6	(50%)

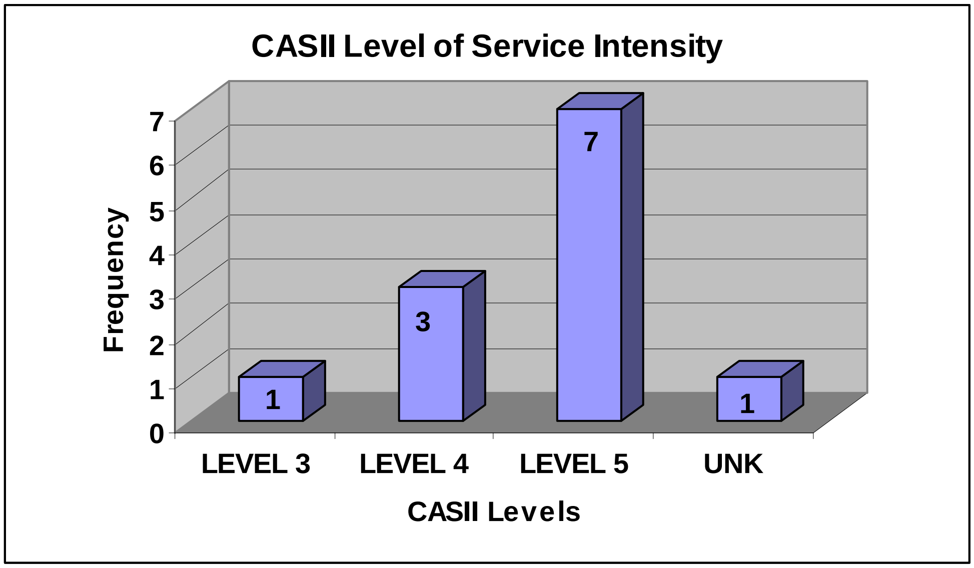
Average Age
12.3 years

Child and Adolescent Service Intensity Instrument (CASII)

The CASII (American Academy of Child and Adolescent Psychiatry, 2007) level of service intensity scores start with Level 0 which is for basic services for prevention and maintenance. Level 1 is for recovery maintenance and health management. Level 2 indicates a need for outpatient services. At a Level 3 more intensive outpatient services are indicated. Case management services begin at a Level 3. Level 4 indicates that there are multiple needs that require collaboration among services and providers. Levels 4 and 5 services are most commonly provided in a treatment home environment. Level 6 indicates a need for a secure environment that can provide medical and mental health services at the required intensity.

The CASII is used to match the mental health service needs of children and youth with treatment resources. The treatment plan goal review identified 11 CASII scores. The average CASII composite score was 23. CASII composite scores ranged from 19 (Level 3) to 27 (Level 5). CASII scores were obtained primarily from the intake assessment or from the First Health FH-11A payment authorization request form. Almost all children (91%) are rated at CASII Levels 4 and 5. This is consistent with the types of services provided in a treatment home environment

The graph below shows the CASII Level of Service Intensity.



Diagnosis

The three most frequent Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000) Axis I diagnoses were determined from all diagnoses collected on each child. Diagnoses were obtained primarily from the intake assessment or from the First Health FH-11A form.

1. Post-Traumatic Stress Disorder (PTSD) (3)
2. Bipolar Disorder, Not Otherwise Specified (3)
3. Depressive Disorders (Depressive Disorder NOS (1), Major Depressive Disorder, Recurrent, Moderate (1) and Dysthymic Disorder (1)

Children receiving rehabilitative services in a treatment home environment must meet criteria for a determination of severe emotional disturbance (SED). An indication of the multiple and complex needs of these children is the severity and number of diagnoses that they receive. Approximately 75% (9) of the youth in this review had at least two DSM-IV-TR Axis I diagnoses and 42% (5) have three DSM-IV-TR Axis I diagnoses.

Children with a Dual Diagnosis of a Mental Health Condition and a Developmental Delay

Children dually diagnosed with a mental health condition and a developmental delay can

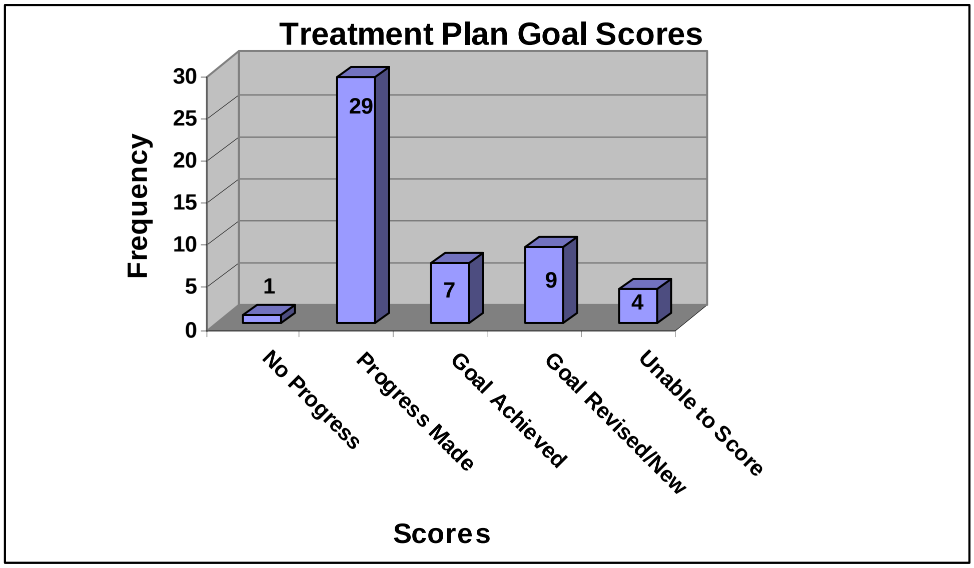
pose a special challenge to mental health and other helping professionals. One of the challenges is the combination of a lower intelligence and a mental health disorder which may not be responsive to usual treatment approaches. Another challenge is the lack of verbal communication and the tendency to express emotion through behavior. Although it is not uncommon for children to “act out” their emotions, children with a developmental delay may struggle with this more. The needs of children with a dual diagnosis may require specifically designed methods of intervention. Of the 12 treatment plans reviewed one youth was dually diagnosed with a mental health disorder and a developmental delay.

Treatment Goal Results

Treatment plan goal score results were derived by taking the last score for each identified goal. For example, when there were four 90-day reviews for one goal the last score was used to chart the results in order to measure the progress (or lack of) made on the stated goal.

There were 50 goals identified in the treatment plan review. The majority (58%) indicated that progress was made and that 14% of goals were achieved. Results showed that 2% of the goals indicated no progress while none showed regression. Some goals (18%) were new or revised and 8% of the goals could not be scored.

The graph below shows the treatment plan goals by score.



Treatment Plan Goals Related to Diagnosis

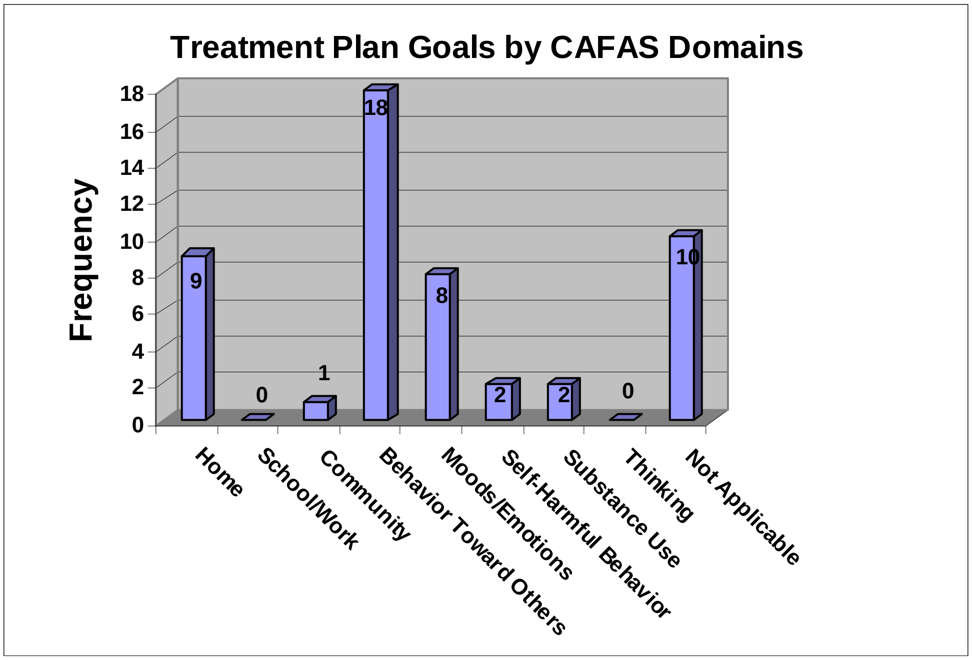
A diagnosis is one part of a comprehensive clinical assessment process that guides the clinician in the development of a treatment plan. The treatment plan reviews included a data collection item that asked whether the treatment plan goals were related to the diagnoses and assessment. Reviewers ascertained if the goal focused on a therapeutic need of the child addressed in the assessment and diagnoses. Of the 50 treatment goals 82% were found to relate to the diagnoses and assessment. Reviewers determined some treatment goals (18%) did not relate to the diagnosis and assessment but were instead goals focused on discharge planning.

Type of Goals

The total number of goals identified in the treatment plan review (50) required a method of clustering the data in order to better understand the impact on children's functioning. The Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 2005), a standardized tool that measures the degree to which impairment affects child functioning, was used to rate each treatment plan goal. The CAFAS has eight life domains which are: School/Work, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use, and Thinking.

The CAFAS is commonly used to assess impairment in children and youth with emotional, behavioral, or psychological needs (Hodges, 2005). The scale can be used to manage the progress in treatment and for organizing a treatment plan for clients in outpatient and residential settings. It is also used to track clinical outcomes for individual clients and for evaluation purposes. The CAFAS domains reflect areas of real-life functioning for children and youth. The CAFAS domains were used to rate the type of goal identified for each child.

The following graph shows the CAFAS domains for treatment plan goals.



The Behavior Toward Others domain assesses the appropriateness of youth's daily behavior in interacting with peers and adults. Behavior Toward Others was the most frequently rated domain at 36%. This domain addresses how a child relates to others, how anger, disagreements, or aggression is expressed, peer interactions and relationships, and sexual behavior. For all treatment plan goals that were rated as making progress or goal achieved 28% fell into the Behavior Toward Others domain.

The Moods/Emotions domain received 16% of the ratings. This domain assesses the modulation of the child's emotional life. This domain addresses the management and expression of emotions such as fears, worries, sadness, anxieties and depression. For all treatment plan goals that were rated as making progress or goal achieved 19% fell into the Moods/Emotions domain.

The Home domain received 18% of the ratings. The Home domain assesses the child's compliance with rules and expectations of the caregiver and the extent to which the child performs age appropriate tasks and engages in disruptive behaviors in the home. For all treatment plan goals that were rated as making progress or goal achieved 22% fell into the Home domain.

The domains of Self-Harmful Behavior, Community and Substance Use together received 12% of the goal ratings. The treatment plan goals that were rated as making progress or goal achieved for these remaining domains are included in the table below.

CAFAS Domains Rated As Making Progress or Goals Achieved

CAFAS Domain	*Number of Goals*	*Percent*
School/Work	0	0
Home	8	22
Community	1	3
Behavior Toward Others	10	28
Moods/Emotion	7	19
Self-Harmful Behavior	1	3
Substance Use	2	6
Thinking	0	0

Domains that received few ratings should also be considered. The Community domain focuses on conformity to laws and the rights of others. Goals that specifically address delinquent behavior may be rated under this domain. The Thinking domain assesses the degree of impairment in thought processes. The School/Work domain assesses the ability to function in a group educational or work environment. The Self-Harmful Behavior domain's few ratings may indicate that children who exhibit serious self-harm are in need of immediate placement in more restrictive levels of care. The low frequency of ratings under the Substance Use domain may be indicative of the difficulties and challenges in assessing and treating substance abuse in mental health settings.

Some goals were not rated (8%) or were not applicable (20%) under the CAFAS domains. Goals focused on improving family functioning and access to resources as well as discharge planning issues cannot be categorized under CAFAS domains.

IV. Discussion and Recommendations

The intent of this review was to track children's treatment status toward achieving measurable goals as identified on their treatment plans. The majority of treatment plan goals reviewed were rated as making progress (58%) or that the goal was achieved (14%) as represented on the most recent 90-day review. This indicates that almost three-quarters of the goals (72%) were being addressed in an effective manner.

Children selected for this review mostly received a CASII level of intensity score of Level 4 or 5. Levels 4 and 5 are appropriate for a treatment home environment. All but one (91%) of the youth received these levels of intensity scores.

Currently, the system generated treatment planning form only allows for "primary problems" rather than diagnostic classifications. It would be helpful; therefore, that the treatment plan document could also include fields for each child's mental health diagnosis. This would better ensure that each child's treatment planning goals are related to their mental health diagnosis.

A number of goals were not applicable to any CAFAS subscale. In reviewing the treatment plans related to these specific goals it was determined that the lack of applicability is primarily related to the practice of documenting case management goals (e.g., linkage to community resources, discharge planning, parenting issues, etc.) on the child's mental health treatment plan; this was particularly the case in the review of the ATC treatment plans. DCFS may want to review this practice in order to maintain the integrity of the mental health treatment planning process for those children served in DCFS treatment home settings.

It is recommended that each program consider the recommendations provided to them in their individual agency reports. It is also recommended that each program compare their findings with the aggregate findings described in this report and with the Treatment Goal Status Review Aggregate Report for Community Providers. Comparing individual program findings with the overall findings in the aggregate reports will help programs determine where they are in relation to the other two programs. For example, where does the agency's CASII scores fall in comparison with the aggregate scores or what was the distribution of treatment plan goal scores for the agency in comparison to aggregate scores? This may help the program to identify areas of strength or areas for improvement.

As with any study or review there are always limitations to be addressed. This treatment plan goal review did not use standardized instruments to measure improvement over time for each goal. Goals were not compared from the first treatment plan review to the last 90-day review. This review did not examine children from intake through the course of treatment at designated intervals. Therefore, comparisons could not be made among the treatment plan goal scores.

References

American Academy of Child and Adolescent Psychiatry. (2007). *Child and adolescent service intensity instrument.* (version 3.0). Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Hodges, K. (2005). *CAFAS manual for training coordinators, clinical administrators, and data managers.* (3rd ed.). Ann Arbor, MI: Author.

ATTACHMENT G

Risk Measurement

RISK MANAGEMENT SUMMARIZED DATA CAPTURE BY RISK AREA

RISK CONTENT AREA	DATA ELEMENTS
Program Information	Quarter being reported upon by reporting facility, number of clients served; facility bed capacity
Suicide	Documents attempts/completions by client age, gender, race, ethnicity, diagnoses, CASII scores, means used, prior suicide history; staff training status and protocols used
Medication Errors	Med errors by client age, gender, race, ethnicity, diagnoses, CASII scores; medication error type, drug type; outcome and staff training status
AWOLS	Unauthorized absences (24 hrs plus) by client age, gender, race, ethnicity, diagnoses, CASII scores, number of days absent, prior awol history, client behavior at time of leaving; staff supervision status
Safety Holds	Documents number of occurrences by client age, gender, race, ethnicity, diagnoses, CASII scores, client prior history; hold duration (minutes), time of occurrence, injuries sustained; staff supervision and training status
Departure Conditions	Documents number of departures by client age, race, ethnicity, custody status, referral status, admission date, CASII admission & departure scores, diagnoses, type of discharge (positive, negative) and discharging facility

ATTACHMENT H

Children's Mental Health Direct Service Delivery
Clinical Supervisor Checklist

CHILDREN'S MENTAL HEALTH - DIRECT SERVICE DELIVERY CLINICAL SUPERVISOR CHECK LIST

Name of Practitioner	Review Date
Chart	Program
Intake Date	Date of Discharge

	STANDARD	MET		COMMENTS
	Client Rights/Privacy	YES	NO	
1.	Informed Consent/Clients Rights signed and dated on or before first session.	**Y**	**N**	
2.	HIPAA acknowledgement signed and dated on or before the first session.	**Y**	**N**	
3.	Release of Information completed properly by addressing the source and the nature of information needed with an expiration of 1 year or less, signed and initialed.	**Y**	**N**	
4.	DCFS Freedom of Choice form, signed and dated at the time of or following the clinical assessment.	**Y**	**N**	

	Children's Uniform Mental Health Assessment		
5.	Module Four of the Children's Uniform Mental Health Assessment and diagnosis is completed on the first session and entered into the diagnosis section in Avatar.	**Y** **N**	
6.	Children's Uniform Mental Health Assessment is entered into Avatar within five working days of the second session.	**Y** **N**	
7.	Children's Uniform Mental Health Assessment is reviewed and authorized by supervising QMHP.	**Y** **N**	
	Discharge Planning at admission		
8.	Required aftercare/transition services	**Y** **N**	
9.	Identified agency (ies) or independent providers to provide the aftercare services.	**Y** **N**	
10.	A plan for assisting the client and family in selecting and accessing these services.	**Y** **N**	
	Treatment Plan		
11.	Each child has an initial treatment plan completed during the assessment session.	**Y** **N**	
12.	Each child has a full clinical treatment plan completed within 30 day of the initial session, entered into Avatar and approved by supervisor within 45 days from intake.	**Y** **N**	
13.	Treatment goals and objectives are expressed in the words of the child (when developmentally appropriate), and the family.	**Y** **N**	

14.	Family/Caregiver is involved in developing the treatment plan as evidenced by their signature on the treatment plan.	**Y**	**N**	
15.	Child/adolescent is involved in developing the treatment plan (when developmentaly appropriate) which is individualized to reflect the childs needs.	**Y**	**N**	
16.	Treatment Plan is reviewed and authorized by QMHP in Avatar.	**Y**	**N**	
17.	Discharge/transition criteria for each treatment goal are reflected in the treatment plan.	**Y**	**N**	
18.	Specific treatment goal/objective includes the anticipated amount, scope, duration and the provider of service	**Y**	**N**	

	Monitoring of Treatment-*Progress Notes and Billing Codes*	MET		COMMENTS
		YES	NO	
19.	Progress notes that follow a standardized format (DAP) document the data, assessment, and plan necessary for treatment and service care coordination that includes the amount, scope, duration and name of the service provider.	**Y**	**N**	
20.	Progress notes relate to the treatment plan goals and objectives and document progress or lack thereof in the DAP format.	**Y**	**N**	
21.	Progress notes are documented in Avatar by the following Tuesday after services are provided.	**Y**	**N**	

	Monitoring of Treatment -*90 day review*		
22.	90 day review summarizes treatment goals/ objectives and progress made (or lack of progress) in therapy and addresses revised goals/objectives of the treatment.	**Y** **N**	
23.	90 day review includes updated assessment; CASII/NECSET/ECSII, CAFAS/PECFAS, diagnostic changes etc.	**Y** **N**	
24.	Involvement of the family/caregiver in 90 day reviews.	**Y** **N**	
	Discharge Summary-*(Rate only if this is a discharged case)*		
25.	Discharge Summary completed within 30 days when planned, 45 days when unplanned, and 7 days when transferred, following discharge.	**Y** **N**	
26.	Date of last service contact	**Y** **N**	
27.	Diagnosis at admission and discharge	**Y** **N**	
28.	Reason for transition/discharge stated clearly	**Y** **N**	
29.	Current level of functioning description and measurement CASII/NECSET/ECSII	**Y** **N**	
30.	Summary of effectiveness of treatment modalities, progress toward treatment goals and objectives as documented in the treatment plan.	**Y** **N**	
31.	Recommendations for further treatment and how child has been transitioned to these services.	**Y** **N**	

Notes:

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ATTACHMENT I

Children’s Mental Health Case Management
Supervisor Checklist

CHILDREN'S MENTAL HEALTH - CASE MANAGEMENT SUPERVISOR CHECK LIST

Name of Practitioner ______________________ Name of Supervisor ______________________

Chart # ______________________ Program ______________________

Intake Date ______________ Discharge Date __________ Review Date ______________

	STANDARD **Client Rights / Privacy**	Met Yes	 No	COMMENTS
1.	Informed Consent/Client Rights signed and dated on or before the first session.	**Y**	**N**	NRS 433.431-433.536 DCFS Children's MH Policy 2.01 Client's Rights & Consent to Treat.
2.	HIPAA Acknowledgement signed and dated on or before the first session.	**Y**	**N**	DCFS Notice of Privacy Practices
3.	Release of Information completed properly by addressing the source and the nature of information needed with expiration of 1 year or less, signed and initaled.	**Y**	**N**	DCFS Children's MH Policy 2.05 Release of Confidential Client Information, NRS 433.504 Right to Information; Inspection and copying of records
4.	DCFS Freedom of Choice form after completion of the clinical assessment recommending case management.	**Y**	**N**	DCFS Children's MH Policy 6.81 TCM Documentation Policy item IV E

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	Medical Necessity			
5.	Children's Uniform Mental Health Assessment is completed at the first session to include the diagnosis, level of intensity, SED determination completed by QMHP prior to referral and opening of case for case management	**Y**	**N**	Chapter 400 - Diagnosis 402.16; DCFS Children's MH Policy 6.81 TCM Documentation Policy Item IV B Comprehensive Assessment Policy draft Chapter 2500 - Non-SED and SED 2502.8 & 2502.9
	Case Management Assessment			
6.	Strength, Needs, and Culture, Targeted Case Management Assessment is completed and entered into Avatar or UNITY within 10 working days of the case management contact	**Y**	**N**	
7.	Assessment includes strengths and needs related to the culture of the family	**Y**	**N**	
8.	Medical, Social, Educational, Emotional or other support services including housing and transportation needs are addressed.	**Y**	**N**	Chapter 2500 - Case Management
	Case Management Care Coordination Plan	Met Yes	 No	COMMENTS
9.	The initial Care Coordination Plan is completed within 30 days of admission.	**Y**	**N**	
10.	Care Coordination Plan is developed at the Child and Family Team meeting.	**Y**	**N**	
11.	The child/family's needs and care coordination recommendations are addressed through the life domains.	**Y**	**N**	

12.	Care Coordination Plan is reviewed and updated in the child and family team meetings at least every month.	**Y N**	
13.	Confidentiality Form that identifies and is signed by all participants is attached to the Care Coordination Plan.	**Y N**	
14.	Care Coordination Plan reflects a planned action for addressing and meeting the identified needs of the child/family.	**Y N**	
15.	Care Coordination Plan is individualized to reflect the child's age, gender, ethnic background, primary language in the home, life experience, culture, etc.	**Y N**	
16.	Care Coordination Plan goals are expressed in the words of the child (when developmentally appropriate) and the family.	**Y N**	
17.	Children, when developmentally appropriate are involved in developing the Care Coordination Plan.	**Y N**	
18.	Family/Caregiver is involved in developing the Care Coordination Plan as evidenced by their signature on the plan.	**Y N**	
19.	Care Coordination Plan's goals, objectives and actions address the medical, social, educational, emotional, and other needs.	**Y N**	

20.	Care Coordination Plan addresses specific services and treatments that include the amount, scope, duration, and names of the service providers.	**Y**	**N**	
21.	Anticipated aftercare/transition plan	**Y**	**N**	
22.	Crisis Plan	**Y**	**N**	
	Monitoring of Treatment Progress Notes and Billing Codes	Met Yes	 No	COMMENTS
23.	Progress notes that follow a standardized format (DAP) document the data assessment plan necessary for service care coordination that includes the amount, scope, timeline and the name of the service provider.	**Y**	**N**	Chapter 2500 - 2502.10 A (a & e) Case Record Documentation
24.	Progress notes relate to the Care Coordination Plan goals and objectives and document progress or lack therof.	**Y**	**N**	Chapter 2500 - 2502.10 A (c) Case Record Documentation
25.	Progress note documents the nature, content and units of case management services received.	**Y**	**N**	Chapter 2500 - 2502.10 A (b) Case Record Documentation
26.	Progress notes are documented in Avatar/ UNITY by the following Tuesday after services are provided.	**Y**	**N**	
27.	The need for and occurences of coordination with case managers of other programs	**Y**	**N**	Chapter 2500 - 2502.10 A (f) Case Record Documentation

28.	Summary of effectiveness of treatment modalities, progress toward treatment goals and objectives as documented in the treatment plan.	**Y**	**N**	Chapter 2500 - 2502.10 A (c) Case Record Documentation
	Monitoring of Treatment - 90 day review			
29.	90 day written review for each child that includes all the objectives/goals of the Case Management Assessment that addresses all the relevant life domains of the child and family and progress or lack of in the Care Coordination Plan.	**Y**	**N**	
30.	Reports explains updated/revised Care Coordination Plan goals, objectives, and anticipated time of goal achievement/progress and discharge/transition plan.	**Y**	**N**	
31.	Report includes updated assessment and medical necessity data; CASII/NECSET/ECSII/ CAFAS/PECFAS.	**Y**	**N**	
	Discharge Summary *(Rate only if this is a discharged case).*			
32.	Discharge Summary completed within 30 days when planned; 45 days when unplanned; and 7 days when transferred. Following discharge.	**Y**	**N**	
33.	Date of last service contact.	**Y**	**N**	
34.	Diagnosis at admission and discharge.	**Y**	**N**	
35.	Reason for transition/discharge stated clearly	**Y**	**N**	

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36.	Implementation steps toward transition/ discharge addressed.	**Y** **N**	
37.	Current level of functioning description and measurement-CAFAS/PECFAS CASII/NECSET/ECSII.	**Y** **N**	
38.	Summary of effectiveness of services, progress or lack of towards service goals as documented in the Care Coordination Plan.	**Y** **N**	
39.	Recommendations for further services and how child has been transitioned to these services.	**Y** **N**	