

**DESCRIPTIVE SUMMARY OF  
CHILDREN'S MENTAL HEALTH SERVICES  
Fiscal Year 2013**

**CONTENTS**

<b>Introduction</b>	<b>2</b>
<b>Children's Mental Health</b>	<b>3</b>
Number of Children Served	3
Admissions	3
Discharges	3
<b>Children's Demographic Characteristics</b>	<b>4</b>
Statewide and by Region	4
Demographics by Program	6
<i>Community-Based Services</i>	6
<i>Treatment Homes</i>	9
<i>Residential Facility and Psychiatric         Hospital</i>	11
<b>Children's Clinical Characteristics and Outcomes</b>	<b>12</b>
Presenting Problems at Admission	12
Diagnosis	13
Child and Adolescent Functional Assessment and the Preschool and Early Childhood Functional Assessment	14
Education and Juvenile Justice Outcomes	28
<b>Consumer Survey Results</b>	<b>31</b>





## INTRODUCTION

The following is the annual descriptive summary of DCFS Children’s Mental Health Services for Fiscal Year (FY) 2013, from July 1, 2012 through June 30, 2013. The FY 2013 Descriptive Summary provides an expanded analysis of DCFS programs. This report examines served client data statewide and by program area. Children served are those who received a service sometime during the fiscal year.

This descriptive report summarizes demographic and clinical information on the 2865 children served by mental health services across the State of Nevada in DCFS Children’s Mental Health Services. DCFS Children’s Mental Health Services are divided into Southern Nevada Child and Adolescent Services (SNCAS), with locations in southern Nevada, and Northern Nevada Child and Adolescent Services (NNCAS), with locations in northern Nevada. NNCAS includes the Wraparound in Nevada program serving the rural region. Programs are outlined in the following table.

### Programs for Southern Nevada Child and Adolescent Services (SNCAS) and Northern Nevada Child and Adolescent Services (NNCAS)

SNCAS	NNCAS
<i>Community-Based Services</i>	
Children’s Clinical Services (CCS)	Outpatient Services (OPS)
Early Childhood Mental Health Services (ECMHS)	Early Childhood Mental Health Services (ECMHS)
Wraparound in Nevada (WIN)	Wraparound in Nevada (WIN)
<i>Treatment Homes</i>	
Oasis On-Campus Treatment Homes (OCTH)	Adolescent Treatment Center (ATC)
	Family Learning Homes (FLH)
<i>Residential Facility and Psychiatric Hospital</i>	
Desert Willow Treatment Center (DWTC)	



## CHILDREN'S MENTAL HEALTH

### Number of Children Served

Statewide	NNCAS	SNCAS
2865	865	2000

### Admissions

Statewide	NNCAS	SNCAS
1630	478	1152

### Discharges

Statewide	NNCAS	SNCAS
1591	460	1131

#### SURVEY COMMENT FROM A SATISFIED PARENT

*Learning coping skills on a weekly basis.  
Open communication is an everyday learning experience.*



## CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

### Statewide and by Region

#### Age

The average age of children served Statewide was 10.94, NNCAS was 11.60 and SNCAS was 10.65.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	679 (23.7%)	131 (15.1%)	548 (27.4%)
6–12 years old	974 (34.0%)	344 (39.8%)	630 (31.5%)
13–17 years old	1050 (36.6%)	336 (38.8%)	714 (35.7%)
18+ years old	162 (5.7%)	54 (6.2%)	108 (5.4%)

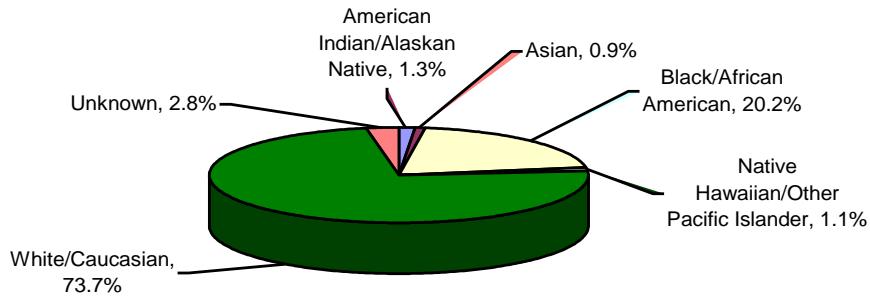
#### Gender

	Statewide	NNCAS	SNCAS
Male	1578 (55.1%)	468 (54.1%)	1110 (55.5%)
Female	1287 (44.9%)	397 (45.9%)	890 (44.5%)

#### Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	38 (1.3%)	23 (2.7%)	15 (0.8%)
Asian	25 (0.9%)	1 (0.1%)	24 (1.2%)
Black/African American	579 (20.2%)	73 (8.4%)	506 (25.3%)
Native Hawaiian/Other Pacific Islander	31 (1.1%)	12 (1.4%)	19 (1.0%)
White/Caucasian	2111 (73.7%)	746 (86.2%)	1365 (68.3%)
Unknown	81 (2.8%)	10 (1.2%)	71 (3.6%)
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	861 (30.1%)	209 (24.2%)	652 (32.6%)

### Percentage of Children Served Statewide by Race



### How Clients Served by NNCAS and SNCAS Reflect Ethnicity of Washoe and Clark Counties

Ethnicity	NNCAS	Washoe County <sup>1</sup>	SNCAS	Clark County <sup>1</sup>
Hispanic Origin	209 (24.2%)	32.6%	652 (32.6%)	37.1%

### Custody Status

	Statewide	NNCAS	SNCAS
Parent/Family	1590 (55.5%)	496 (57.3%)	1094 (54.7%)
Child Welfare	1217 (42.5%)	366 (42.3%)	851 (42.6%)
DCFS Youth Parole	7 (0.2%)	1 (0.1%)	6 (0.3%)
Parental Custody on Probation	31 (1.1%)	2 (0.2%)	29 (1.5%)
Unknown	20 (0.7%)	0 (0.0%)	20 (1.0%)

### Severe Emotional Disturbance Status

Statewide	NNCAS	SNCAS
2408 (84.0%)	792 (91.6%)	1616 (80.8%)

<sup>1</sup> 2012 Nevada KIDS COUNT County Profiles • <http://kidscount.unlv.edu/countyprofiles/2012/direct.html>, Center for Business and Economic Research, UNLV

## Demographics by Program

### Community-Based Services

#### Outpatient Services (OPS) – NNCAS and Children’s Clinical Services (CCS) – SNCAS

#### Number of Children Served

Statewide	OPS	CCS
1211	400 (33.0%)	811 (67.0%)

#### Age

The average age of children served Statewide was 14.2, OPS was 13.9, and CCS was 14.4.

Age Group	Statewide	OPS	CCS
0–5 years old	4 (0.3%)	0 (0.0%)	4 (0.5%)
6–12 years old	393 (32.5%)	145 (36.3%)	248 (30.6%)
13–17 years old	708 (58.5%)	224 (56.0%)	484 (59.7%)
18+ years old	106 (8.8%)	31 (7.8%)	75 (9.2%)

#### Gender

	Statewide	OPS	CCS
Male	624 (51.5%)	204 (51.0%)	420 (51.8%)
Female	587 (48.5%)	196 (49.0%)	391 (48.2%)

#### Race and Ethnicity

Race	Statewide	OPS	CCS
American Indian/Alaskan Native	9 (0.7%)	4 (1.0%)	5 (0.6%)
Asian	17 (1.4%)	1 (0.3%)	16 (2.0%)
Black/African American	163 (13.5%)	29 (7.3%)	134 (16.5%)
Native Hawaiian/Other Pacific Islander	16 (1.3%)	7 (1.8%)	9 (1.1%)
White/Caucasian	979 (80.8%)	358 (89.5%)	621 (76.6%)
Unknown	27 (2.2%)	1 (0.3%)	26 (3.2%)
Ethnicity	Statewide	OPS	CCS
Hispanic Origin	462 (38.2%)	119 (29.8%)	343 (42.3%)

#### Custody Status

	Statewide	OPS	CCS
Parent/Family	993 (82.0%)	321 (80.3%)	672 (82.9%)
Child Welfare	204 (16.8%)	78 (19.5%)	126 (15.5%)
DCFS Youth Parole	2 (0.2%)	1 (0.3%)	1 (0.1%)
Parental Custody on Probation	10 (0.8%)	0 (0.0%)	10 (1.2%)
Unknown	2 (0.2%)	0 (0.0%)	2 (0.2%)

## Early Childhood Mental Health Services (ECMHS) – NNCAS and SNCAS

### Number of Children Served

Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
930	239 (25.7%)	691 (74.3%)

### Age

The average age of children served by ECMHS Statewide was 5.4, ECMHS (NNCAS) was 6.1, and ECMHS (SNCAS) was 5.2.

Age Group	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	579 (62.3%)	120 (50.2%)	459 (66.4%)
6–12 years old	350 (37.6%)	118 (49.4%)	232 (33.6%)
13–17 years old	1 (0.1%)	1 (0.4%)	0 (0.0%)

### Gender

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	539 (58.0%)	133 (55.6%)	406 (58.8%)
Female	391 (42.0%)	106 (44.4%)	285 (41.2%)

### Race and Ethnicity

Race	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	7 (0.8%)	5 (2.1%)	2 (0.3%)
Asian	2 (0.2%)	0 (0.0%)	2 (0.3%)
Black/African American	223 (24.0%)	26 (10.9%)	197 (28.5%)
Native Hawaiian/Other Pacific Islander	11 (1.2%)	4 (1.7%)	7 (1.0%)
White/Caucasian	660 (71.0%)	204 (85.4%)	456 (66.0%)
Unknown	27 (2.9%)	0 (0.0%)	27 (3.6%)
Ethnicity	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	256 (27.5%)	56 (23.4%)	200 (28.9%)

### Custody Status

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Parent/Family	373 (40.1%)	105 (43.9%)	268 (38.8%)
Child Welfare	552 (59.4%)	134 (56.1%)	418 (60.5%)
Unknown	5 (0.5%)	0 (0.0%)	5 (0.7%)

#### SURVEY COMMENT FROM A SATISFIED YOUTH

*I'm able to talk to mom better—better handle situations.  
I receive help to handle things when I'm struggling.*

## WIN Statewide and by Region

### Number of Children Served

Statewide	North	Rural	South
652	195 (29.9%)	117 (17.9%)	340 (52.2%)

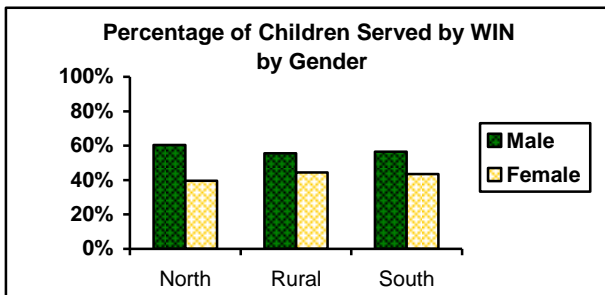
### Age

The average age of children served Statewide was 13.2, North was 14.3, Rural was 11.7, and South was 13.1.

Age Group	Statewide	North	Rural	South
0–5 years old	18 (2.8%)	3 (1.5%)	14 (12.0%)	1 (0.3%)
6–12 years old	280 (42.9%)	56 (28.7%)	55 (47.0%)	169 (49.7%)
13–17 years old	317 (48.6%)	118 (60.5%)	39 (33.3%)	160 (47.1%)
18+ years old	37 (5.7%)	18 (9.2%)	9 (7.7%)	10 (2.9%)

### Gender

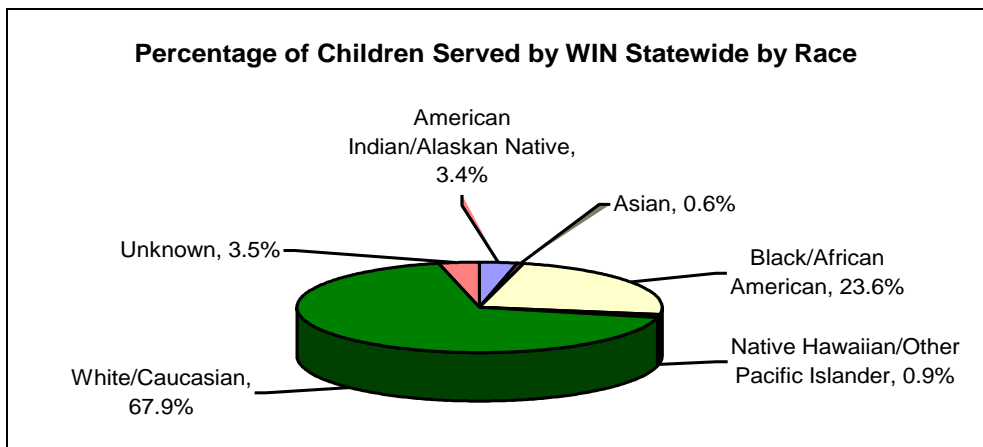
	Statewide	North	Rural	South
Male	375 (57.5%)	118 (60.5%)	65 (55.6%)	192 (56.5%)
Female	277 (42.5%)	77 (39.5%)	52 (44.4%)	148 (43.5%)



### Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	22 (3.4%)	6 (3.1%)	8 (6.8%)	8 (2.4%)
Asian	4 (0.6%)	0 (0.0%)	0 (0.0%)	4 (1.2%)
Black/African American	154 (23.6%)	24 (12.3%)	5 (4.3%)	125 (36.8%)
Native Hawaiian/Other Pacific Islander	6 (0.9%)	2 (1.0%)	0 (0.0%)	4 (1.2%)
White/Caucasian	443 (67.9%)	158 (81.0%)	100 (85.5%)	185 (54.4%)
Unknown	23 (3.5%)	5 (2.6%)	4 (3.4%)	14 (4.1%)
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	132 (20.2%)	47 (24.1%)	11 (9.4%)	74 (21.8%)





## Custody Status

	Statewide	North	Rural	South
Parent/Family	155 (23.8%)	74 (37.9%)	43 (36.8%)	38 (11.2%)
Child Welfare	494 (75.8%)	119 (61.0%)	74 (63.2%)	301 (88.5%)
Parental Custody on Probation	3 (0.5%)	2 (1.0%)	0 (0.0%)	1 (0.3%)

## Treatment Homes

**Adolescent Treatment Center (ATC) – NNCAS, Family Learning Homes (FLH) – NNCAS, On-Campus Treatment Homes (OCTH) – SNCAS**

## Number of Children Served

Statewide	ATC	FLH	OCTH
144	54 (37.5%)	58 (40.3%)	32 (22.2%)

The total count statewide is unduplicated, but the count by program may include clients also admitted to the other treatment homes.

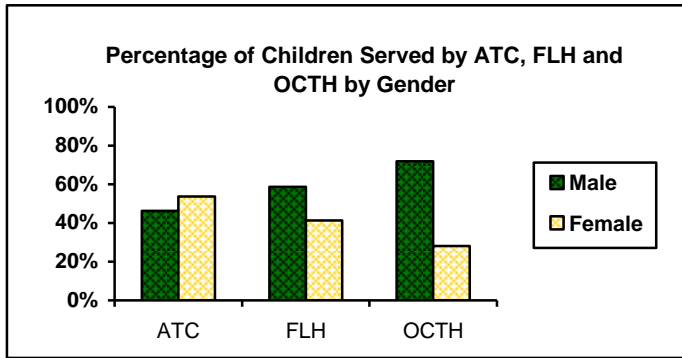
## Age

The average age of children served Statewide was 14.3, ATC was 16.1, FLH was 13.1, and OCTH was 13.7.

Age Group	Statewide	ATC	FLH	OCTH
0–5 years old	1 (0.7%)	0 (0.0%)	1 (1.7%)	0 (0.0%)
6–12 years old	40 (27.8%)	0 (0.0%)	26 (44.8%)	14 (43.8%)
13–17 years old	94 (65.3%)	48 (88.9%)	30 (51.7%)	16 (50.0%)
18+ years old	9 (6.3%)	6 (11.1%)	1 (1.7%)	2 (6.3%)

## Gender

	Statewide	ATC	FLH	OCTH
Male	82 (56.9%)	25 (46.3%)	34 (58.6%)	23 (71.9%)
Female	62 (43.1%)	29 (53.7%)	24 (41.4%)	9 (28.1%)



## Race and Ethnicity

Race	Statewide	ATC	FLH	OCTH
American Indian/Alaskan Native	2 (1.4%)	0 (0.0%)	1 (1.7%)	1 (3.1%)
Asian	1 (0.7%)	0 (0.0%)	0 (0.0%)	1 (3.1%)
Black/African American	18 (12.5%)	3 (5.6%)	7 (12.1%)	8 (25.0%)
Native Hawaiian/Other Pacific Islander	1 (0.7%)	0 (0.0%)	1 (1.7%)	0 (0.0%)
White/Caucasian	121 (84.0%)	51 (94.4%)	49 (84.5%)	21 (65.6%)
Unknown	1 (0.7%)	0 (0.0%)	0 (0.0%)	1 (3.1%)
Ethnicity	Statewide	ATC	FLH	OCTH
Hispanic Origin	40 (27.8%)	16 (29.6%)	20 (34.5%)	4 (12.5%)

## Custody Status

	Statewide	ATC	FLH	OCTH
Parent/Family	78 (54.2%)	36 (66.7%)	29 (50.0%)	13 (40.6%)
Child Welfare	63 (43.8%)	17 (31.5%)	29 (50.0%)	17 (53.1%)
DCFS Youth Parole	1 (0.7%)	1 (1.9%)	0 (0.0%)	0 (0.0%)
Unknown	2 (1.4%)	0 (0.0%)	0 (0.0%)	2 (6.3%)

### SURVEY COMMENT FROM A SATISFIED PARENT

*My WIN worker is the glue that keeps us together  
and is good at getting our needs done.*

## Residential Facility and Psychiatric Hospital

### Desert Willow Treatment Center Acute Hospital (Acute) and Residential Treatment Center (RTC) – SNCAS

#### Number of Children Served

Acute	RTC
187	110

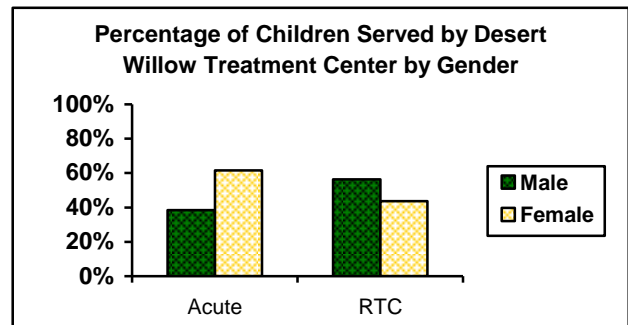
#### Age

The average age of children served by Desert Willow Acute was 15.8, and it was 16.2 for the Desert Willow Residential Treatment Center.

Age Group	Acute	RTC
6–12 years old	11 (5.9%)	4 (3.6%)
13–17 years old	162 (86.6%)	92 (83.6%)
18+ years old	14 (7.5%)	14 (12.7%)

#### Gender

	Acute	RTC
Male	72 (38.5%)	62 (56.4%)
Female	115 (61.5%)	48 (43.6%)



#### Race and Ethnicity

Race	Acute	RTC
American Indian/Alaskan Native	1 (0.5%)	0 (0.0%)
Asian	2 (1.1%)	2 (1.8%)
Black/African American	35 (18.7%)	28 (25.5%)
Native Hawaiian/Other Pacific Islander	1 (0.5%)	1 (0.9%)
White/Caucasian	146 (78.1%)	78 (70.9%)
Unknown	2 (1.1%)	1 (0.9%)
Ethnicity	Acute	RTC
Hispanic Origin	72 (38.5%)	23 (20.9%)

#### Custody Status

	Acute	RTC
Parent/Family	177 (94.7%)	84 (76.4%)
Child Welfare	6 (3.2%)	5 (4.5%)
DCFS Youth Parole	2 (1.1%)	3 (2.7%)
Parental Custody on Probation	2 (1.1%)	18 (16.4%)



## CHILDREN'S CLINICAL CHARACTERISTICS AND OUTCOMES

### Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their children have encountered. Of the 51 presenting problems listed, the 6 identified below (and listed in order of prevalence) accounted for 41% of all primary presenting problems reported for admissions in FY2013.

- Child Neglect Victim (16.1%)
- Suicide Attempt-Threat (11.9%)
- Depression (4.2%)
- Attention Deficit Problems (3.3%)
- Adjustment Problems (2.8%)
- Anxiety (2.7%)

Child neglect was the most prevalent presenting problem for the third consecutive year. The top six presenting problems are the same as in FY 2012.

## Diagnosis

In FY 2013, 37.6 percent of children served met criteria for more than one diagnostic category. The tables below show the most prevalent Axis I diagnoses of children by age category and gender.

### Age Group 0-5.99

Overall	Female	Male
Neglect of Child	Neglect of Child	Neglect of Child
Disruptive Behavior Disorder NOS	Adjustment Disorder	Disruptive Behavior Disorder NOS
Adjustment Disorder	Disruptive Behavior Disorder NOS	Anxiety Disorder NOS
Anxiety Disorder NOS	Anxiety Disorder NOS	Adjustment Disorder

### Age Group 6-12.99

Overall	Female	Male
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder
Attention-Deficit/Hyperactivity Disorder	Neglect of Child	Attention-Deficit/Hyperactivity Disorder
Disruptive Behavior Disorder NOS	Disruptive Behavior Disorder NOS	Disruptive Behavior Disorder NOS
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Posttraumatic Stress Disorder
Neglect of Child	Attention-Deficit/Hyperactivity Disorder	Neglect of Child

### Age Group 13-17.99

Overall	Female	Male
Major Depressive Disorder	Major Depressive Disorder	Major Depressive Disorder
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Attention-Deficit/Hyperactivity Disorder
Mood Disorder NOS	Depressive Disorder NOS	Mood Disorder NOS
Attention-Deficit/Hyperactivity Disorder	Mood Disorder NOS	Oppositional Defiant Disorder
Oppositional Defiant Disorder	Oppositional Defiant Disorder	Posttraumatic Stress Disorder

### Age Group 18+

Overall	Female	Male
Major Depressive Disorder	Major Depressive Disorder	Major Depressive Disorder
Depressive Disorder NOS	Posttraumatic Stress Disorder	Depressive Disorder NOS
Posttraumatic Stress Disorder	Depressive Disorder NOS	Attention-Deficit/Hyperactivity Disorder
Mood Disorder NOS	Mood Disorder NOS	Oppositional Defiant Disorder

## Child and Adolescent Functional Assessment and the Preschool and Early Childhood Functional Assessment

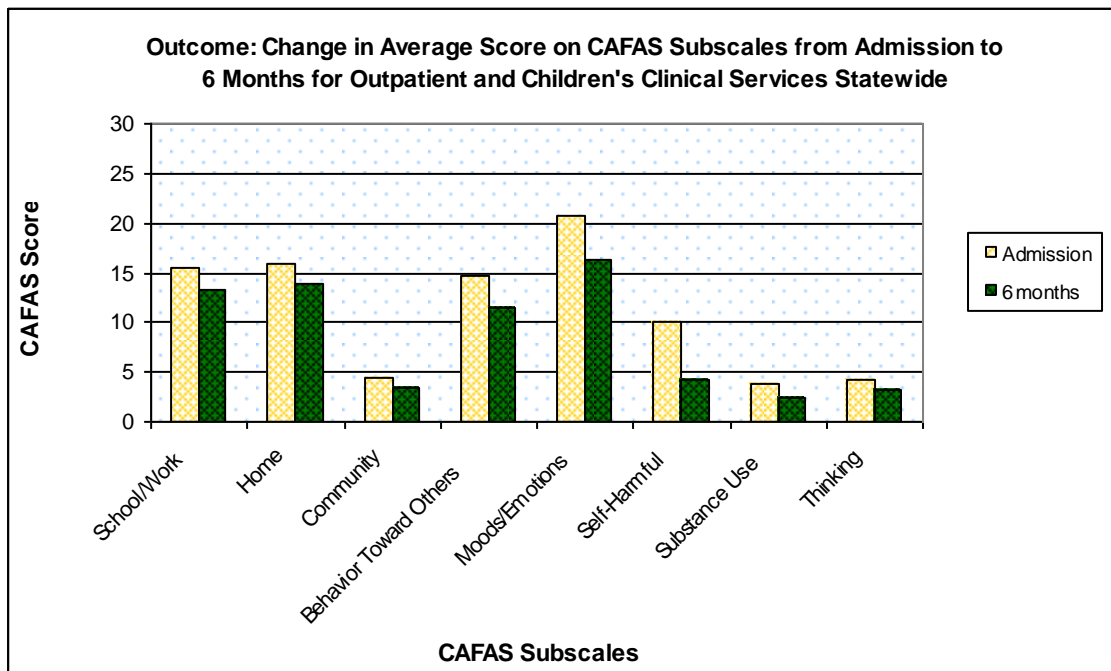
The Child and Adolescent Functional Assessment Scale (CAFAS)<sup>1</sup> is designed to assess in children ages 6 to 18 years the degree of functional impairment regarding emotional, behavioral, psychiatric, psychological and substance-use problems. CAFAS scores can range from 0 to 240, with higher scores reflecting increased impairment in functioning.

The Preschool and Early Childhood Functional Assessment Scale (PECFAS)<sup>2</sup> was also designed to assess degree of impairment in functioning of children ages 3 to 7 years with behavioral, emotional, psychological or psychiatric problems. PECFAS scores range from 0 to 210, with a higher score indicating greater impairment.

The CAFAS and the PECFAS are standardized instruments commonly used across child-serving agencies to guide treatment planning and as clinical outcome measures for individual clients and program evaluation (Hodges, 2005). The CAFAS and the PECFAS are used as outcome measures for DCFS Children’s Mental Health. Only FY 2013 CAFAS and PECFAS scores were used in this Descriptive Summary.

### Outpatient and Children’s Clinical Services

The graph below shows the admission and 6 months CAFAS subscale scores for Outpatient and Children’s Clinical Services statewide.



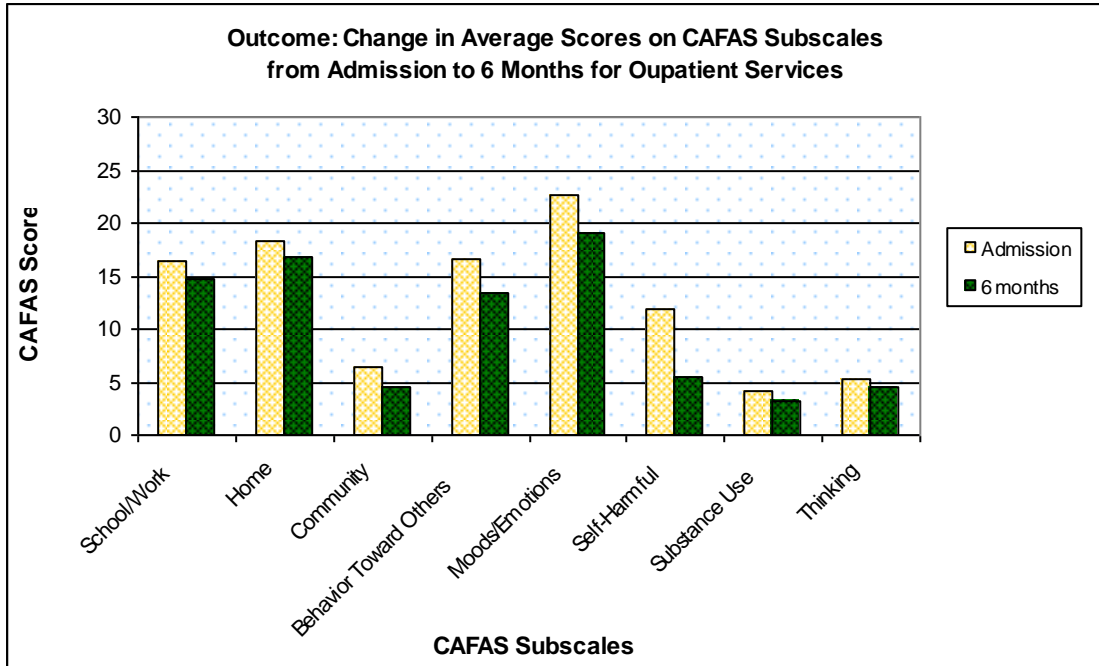
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Outpatient and Children’s Clinical Services statewide. The mean CAFAS score was 89.09 (SD= 38.74) at admission. At 6 months into services, the mean CAFAS score decreased to 68.17 (SD= 40.89);  $t(251)$

<sup>1</sup> Hodges, K. (2005). *Manual for Training Coordinators, Clinical Administrators, and Data Managers*. Ann Arbor, MI: Author.

<sup>2</sup> Hodges, K. (2005). *Manual for Training Coordinators, Clinical Administrators, and Data Managers*. Ann Arbor, MI: Author.

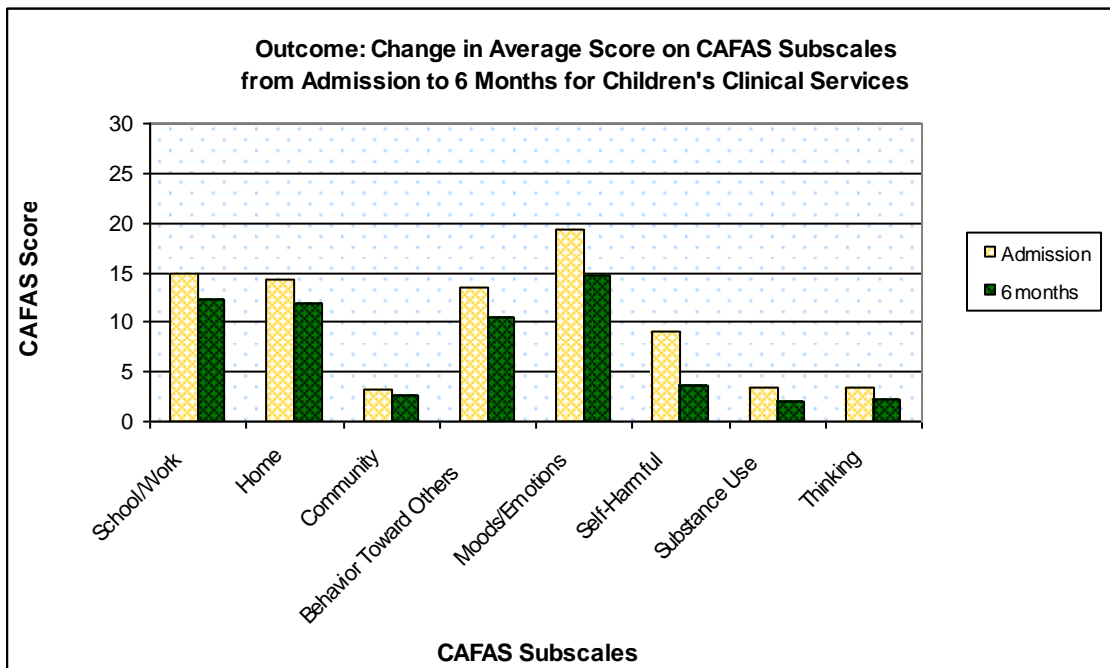
= 9.63,  $p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

The graph below shows the admission and 6 months CAFAS subscale scores for Outpatient Services.



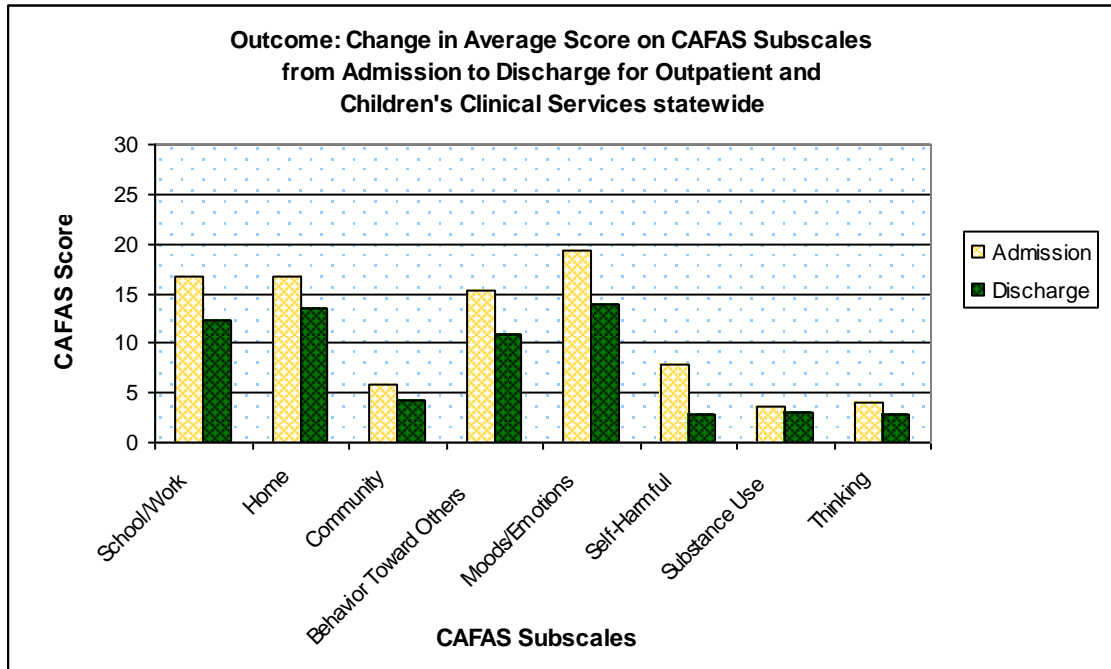
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Outpatient Services. The mean CAFAS score was 101.82 (SD= 46.28) at admission. At 6 months into services, the mean CAFAS score decreased to 81.21 (SD= 44.73);  $t(98) = 5.82, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

The graph below shows the admission and 6 months CAFAS subscale scores for Children’s Clinical Services.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for Children’s Clinical Services. The mean CAFAS score was 80.85 (SD= 30.39) at admission. At 6 months into services, the mean CAFAS score decreased to 59.74 (SD= 35.89);  $t(152) = 7.66, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

The graph below shows the admission and discharge CAFAS subscale scores for Outpatient and Children’s Clinical Services statewide.



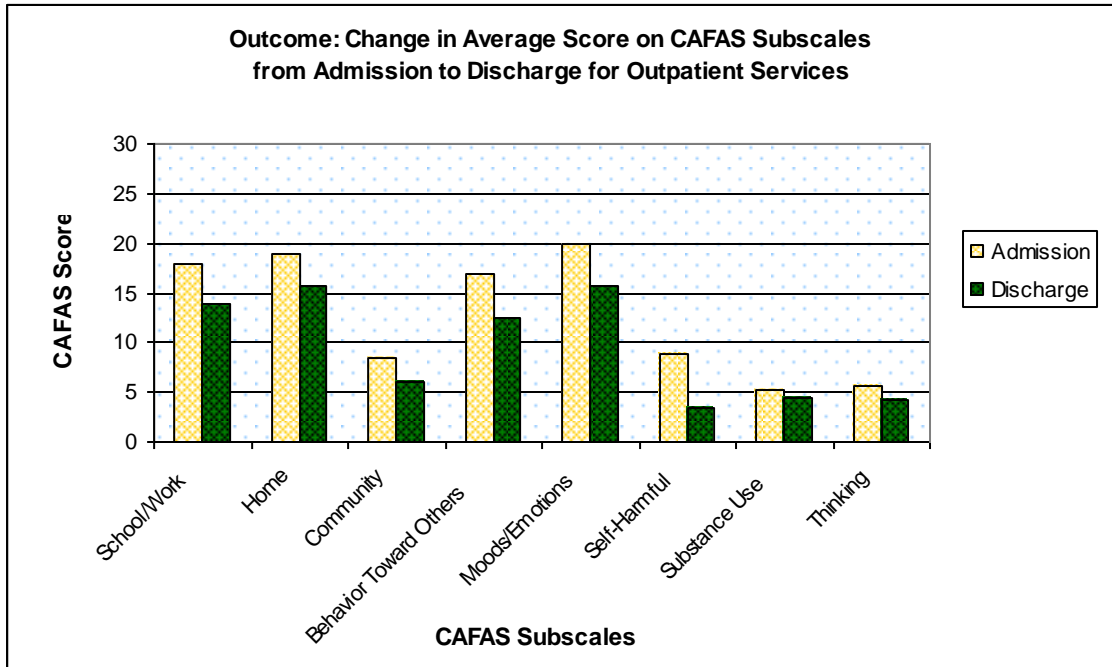
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Outpatient and Children’s Clinical Services statewide. The mean CAFAS score was 89.52 (SD= 39.15) at admission. At discharge, the mean CAFAS score decreased to 63.27 (SD= 43.82);  $t(394) = 13.335, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

**SURVEY COMMENT FROM A SATISFIED YOUTH**

*I have someone to talk to, meds that are helping, and my mom and I have a good relationship now.*

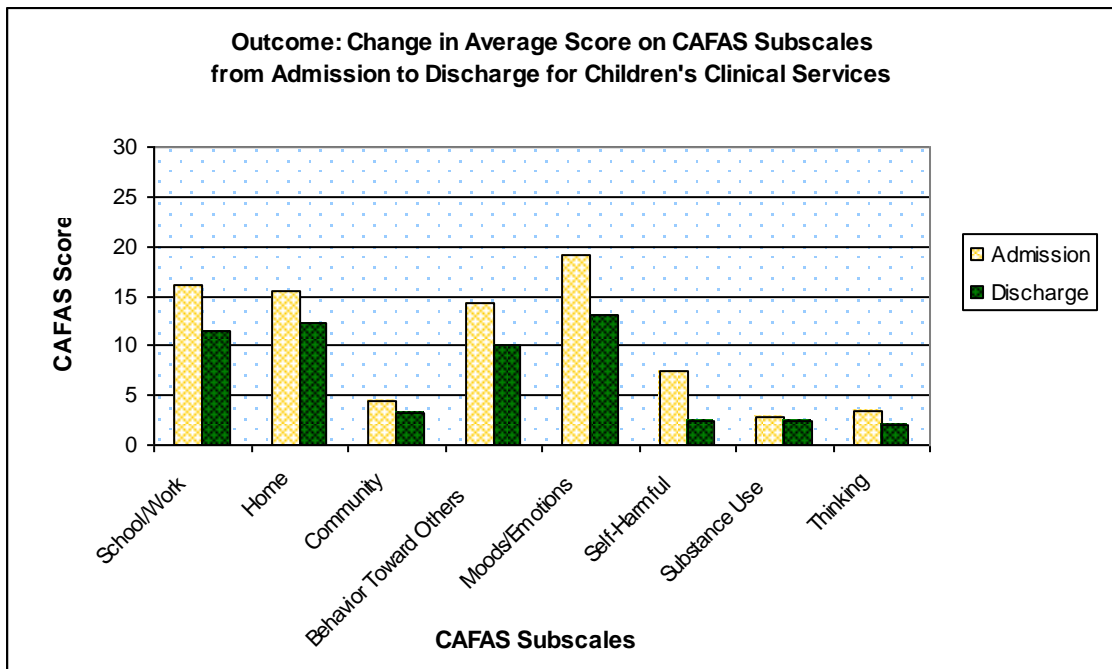


The graph below shows the admission and discharge CAFAS subscale scores for Outpatient Services.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Outpatient Services. The mean CAFAS score was 102.79 (SD= 43.57) at admission. At discharge, the mean CAFAS score decreased to 76.12 (SD= 44.73);  $t(128) = 7.473, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

The graph below shows the admission and discharge CAFAS subscale scores for Children’s Clinical Services.

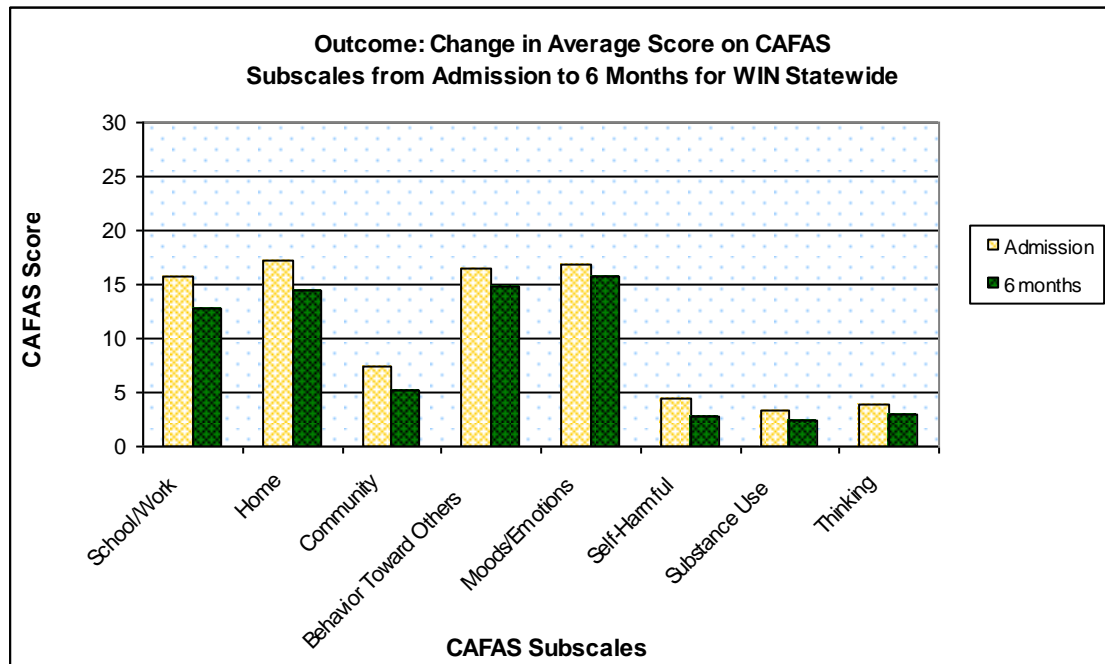


A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Children’s Clinical Services. The mean CAFAS score was 83.08 (SD= 35.13) at admission. At

discharge, the mean CAFAS score decreased to 57.03 (SD= 42.07);  $t(265) = 11.034, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

## WIN

The graph below shows the admission and 6 months CAFAS subscale scores for WIN statewide.

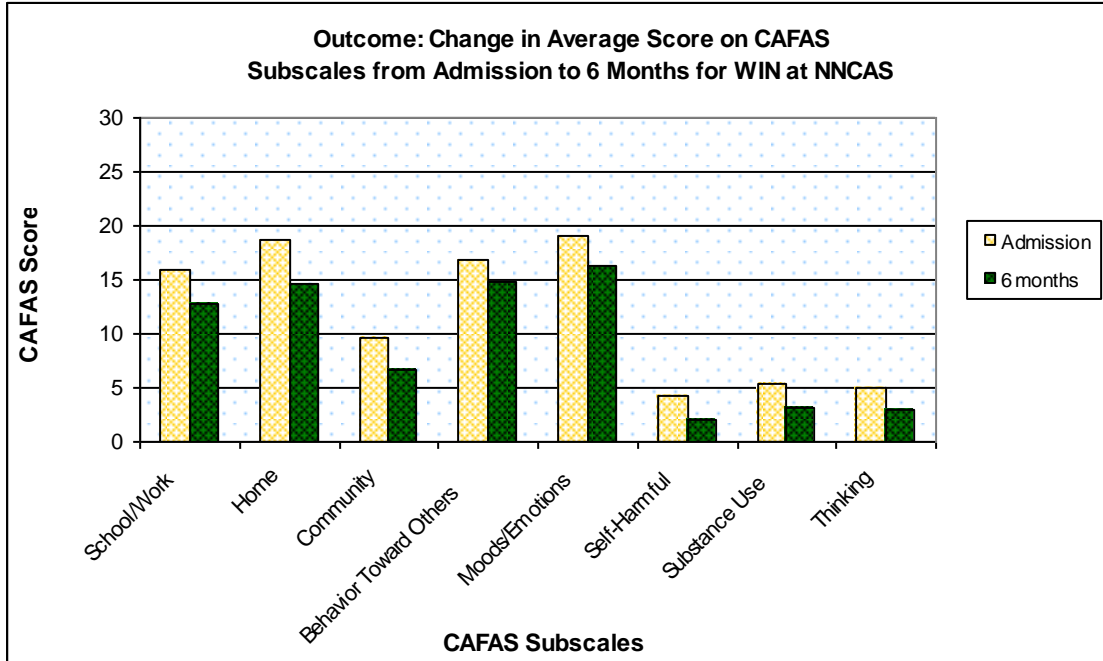


A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for WIN statewide. The mean CAFAS score was 85.45 (SD= 37.42) at admission. At 6 months into services, the mean CAFAS score decreased to 71.03 (SD= 36.56);  $t(241) = 6.831, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

### SURVEY COMMENT FROM A SATISFIED YOUTH

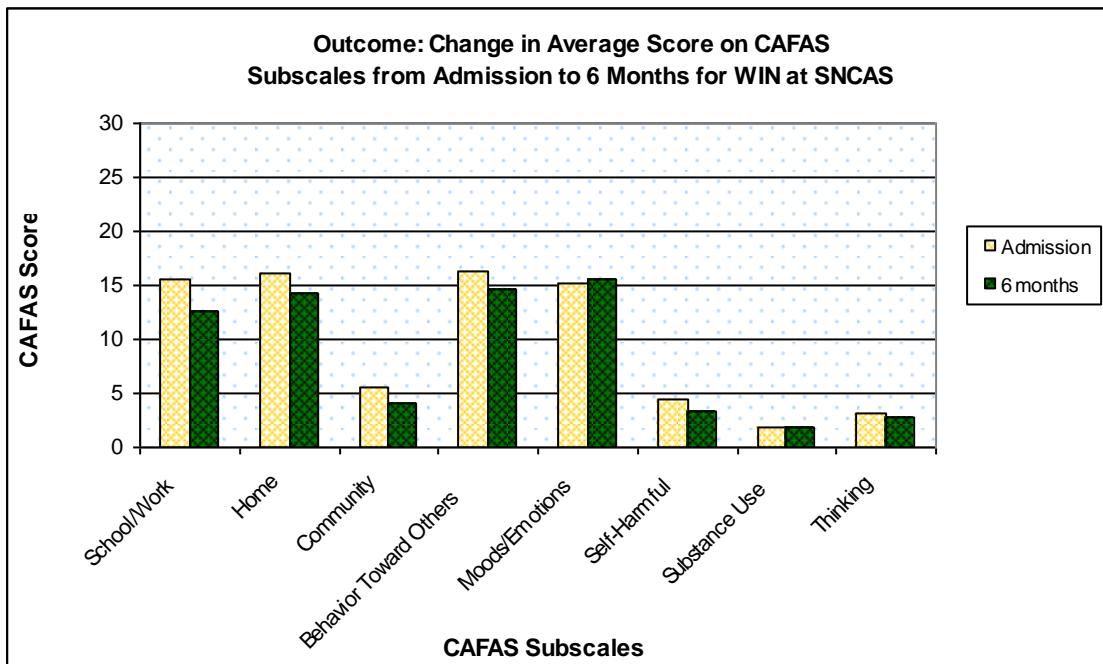
*The most helpful thing is the respect they give me  
and how they show they want to help me in my life—the way I act!*

The graph below shows the admission and 6 months CAFAS subscale scores for WIN at NNCAS.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for WIN at NNCAS. The mean CAFAS score was 94.72 (SD= 40.24) at admission. At 6 months into services, the mean CAFAS score decreased to 73.49 (SD= 36.67);  $t(105) = 5.944$   $p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 6 months.

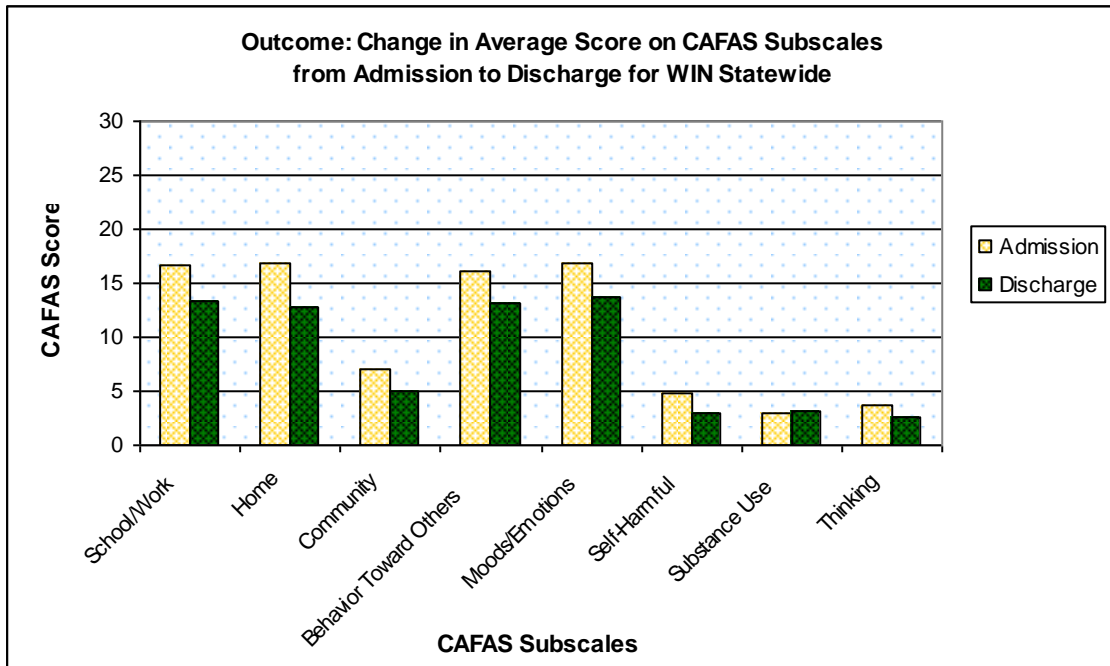
The graph below shows the admission and 6 months CAFAS subscale scores for WIN at SNCAS.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6 months for WIN at SNCAS. The mean CAFAS score was 78.24 (SD= 33.46) at admission. At 6 months into services, the mean CAFAS score decreased to 69.12 (SD= 36.48);  $t(135) = 000$ ,  $p = .xxx$ . Although

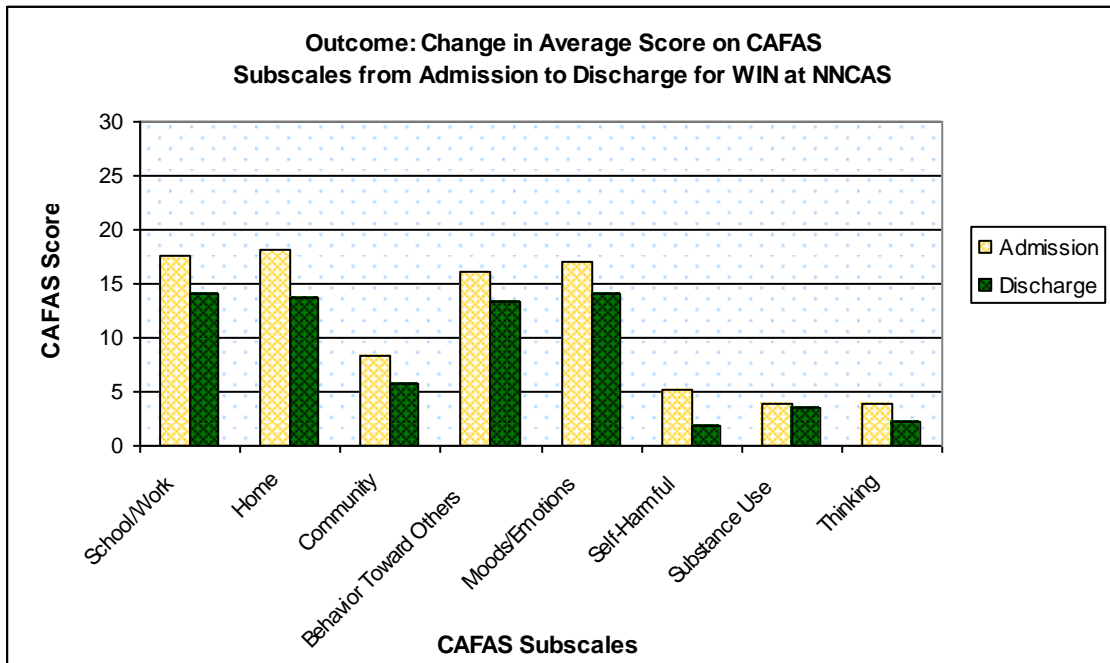
these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and discharge CAFAS subscale scores for WIN statewide.



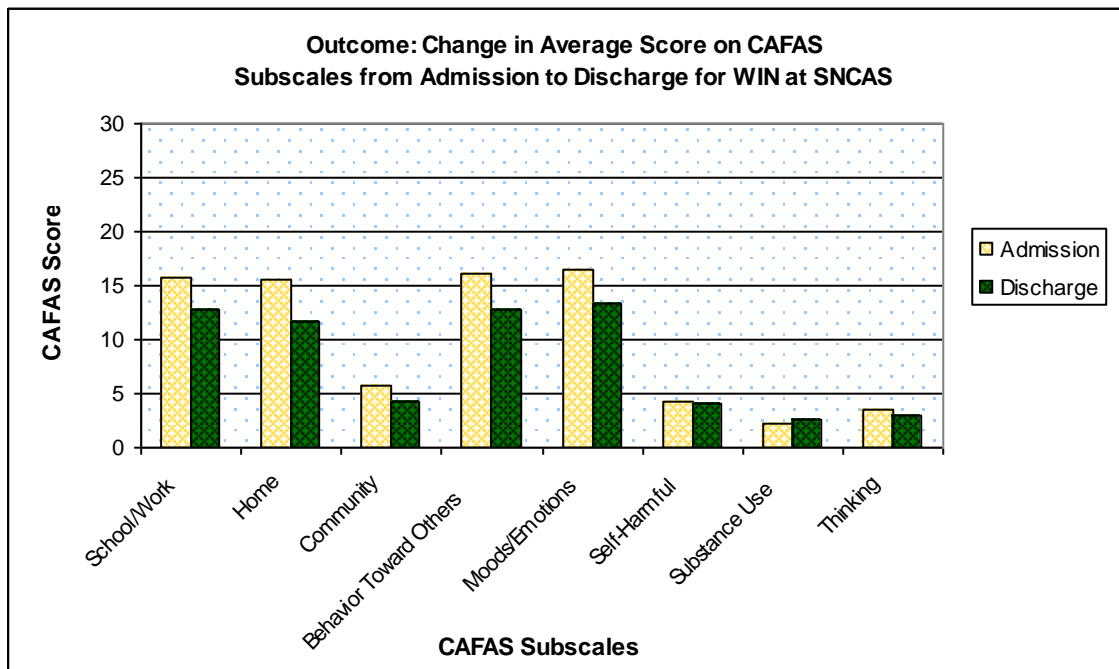
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN statewide. The mean CAFAS score was 84.96 (SD= 37.06) at admission. At discharge, the mean CAFAS score decreased to 66.55 (SD= 45.72);  $t(225) = 6.576, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and discharge CAFAS subscale scores for WIN at NNCAS.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at NNCAS. The mean CAFAS score was 90.45 (SD= 37.21) at admission. At discharge, the mean CAFAS score decreased to 68.65 (SD= 42.84);  $t(110) = 4.995, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

The graph below shows the admission and discharge CAFAS subscale scores for WIN at SNCAS.



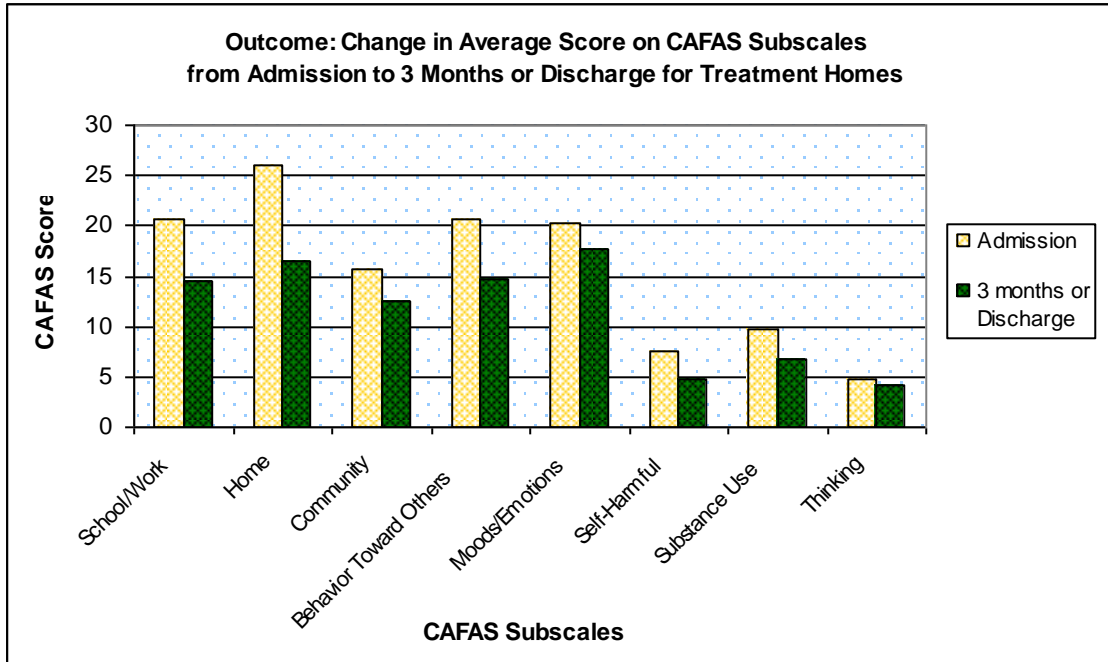
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at SNCAS. The mean CAFAS score was 79.65 (SD= 36.30) at admission. At discharge, the mean CAFAS score decreased to 64.52 (SD= 48.47);  $t(114) = 4.287, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

**SURVEY COMMENT FROM A SATISFIED PARENT**

*These services have prevented my child from escalating and assisted him in “shaping” a more productive/positive foundation.*

## Treatment Homes

The graph below shows the admission and 3 months or discharge CAFAS subscale scores for Treatment Homes.



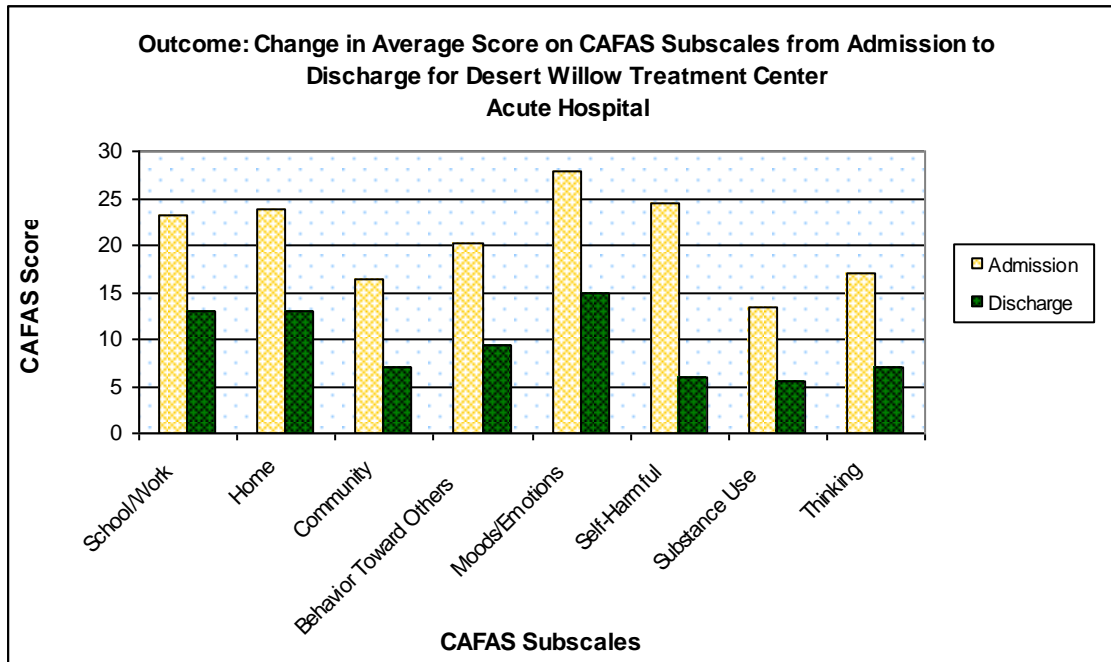
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 3 months or at discharge for Treatment Homes. The mean CAFAS score was 125.21 (SD= 22.88) at admission. At 3 months into services or discharge, the mean CAFAS score decreased to 91.67 (SD= 33.48);  $t(47) = 8.78, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to 3 months or discharge.

### SURVEY COMMENT FROM A SATISFIED YOUTH

*Being able to learn coping skills for my anger.*

## Desert Willow Treatment Center Acute Hospital

The graph below shows the admission to discharge CAFAS subscale scores for Desert Willow Treatment Center Acute Hospital.



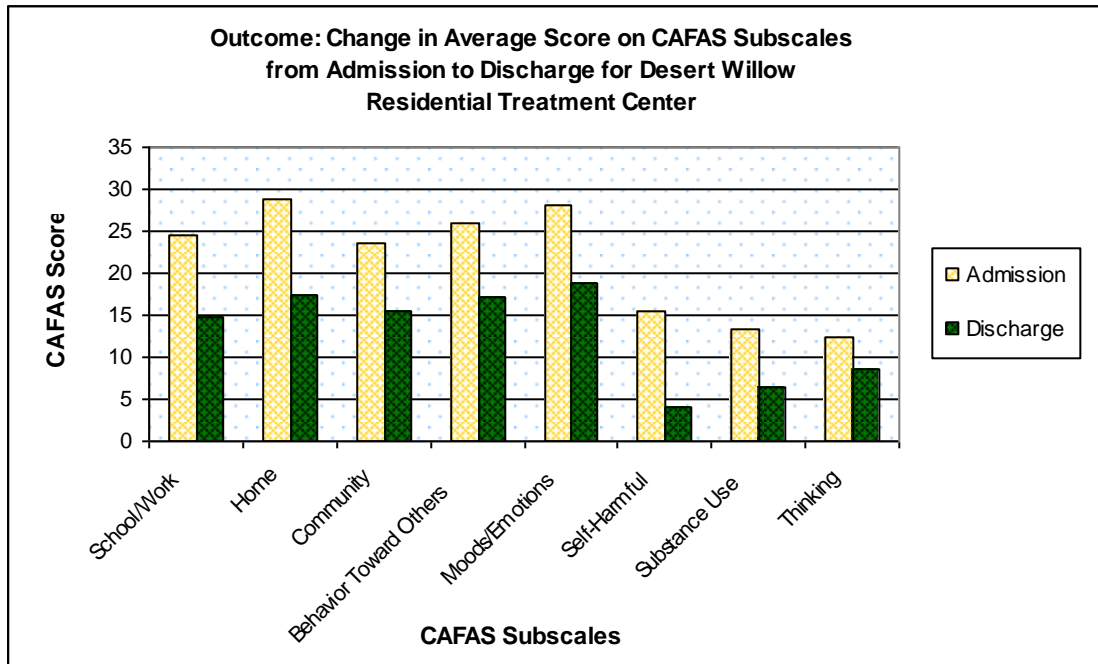
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Acute Hospital. The mean CAFAS score was 166.23 (SD= 37.55) at admission. At discharge from services, the mean CAFAS score decreased to 75.77 (SD= 32.30);  $t(129) = 25.06, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

### SURVEY COMMENT FROM A SATISFIED YOUTH

*Being able to understand and be comfortable with my emotions.*

## Desert Willow Treatment Center RTC

The graph below shows the admission to discharge CAFAS subscale scores for Desert Willow Residential Treatment Center.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Residential Treatment Center. The mean CAFAS score was 172.15 (SD= 19.65) at admission. At discharge, the mean CAFAS score decreased to 102.77 (SD= 27.53);  $t(64) = 17.45, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

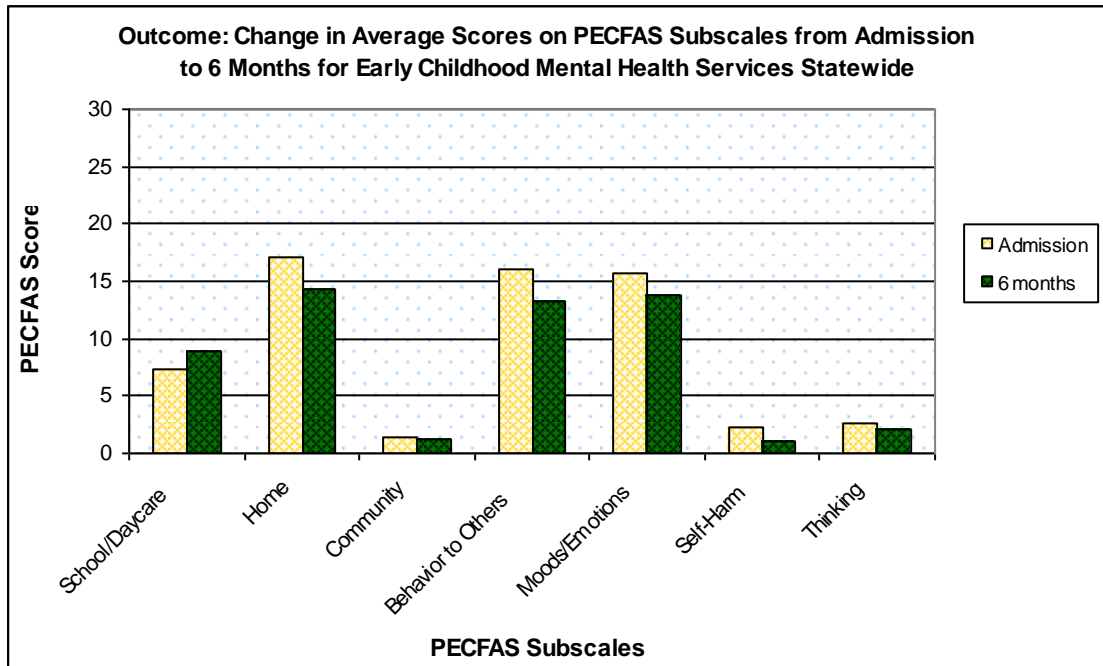
### SURVEY COMMENT FROM A SATISFIED CAREGIVER

*Learning about resources I didn't know about and the ongoing support system.*



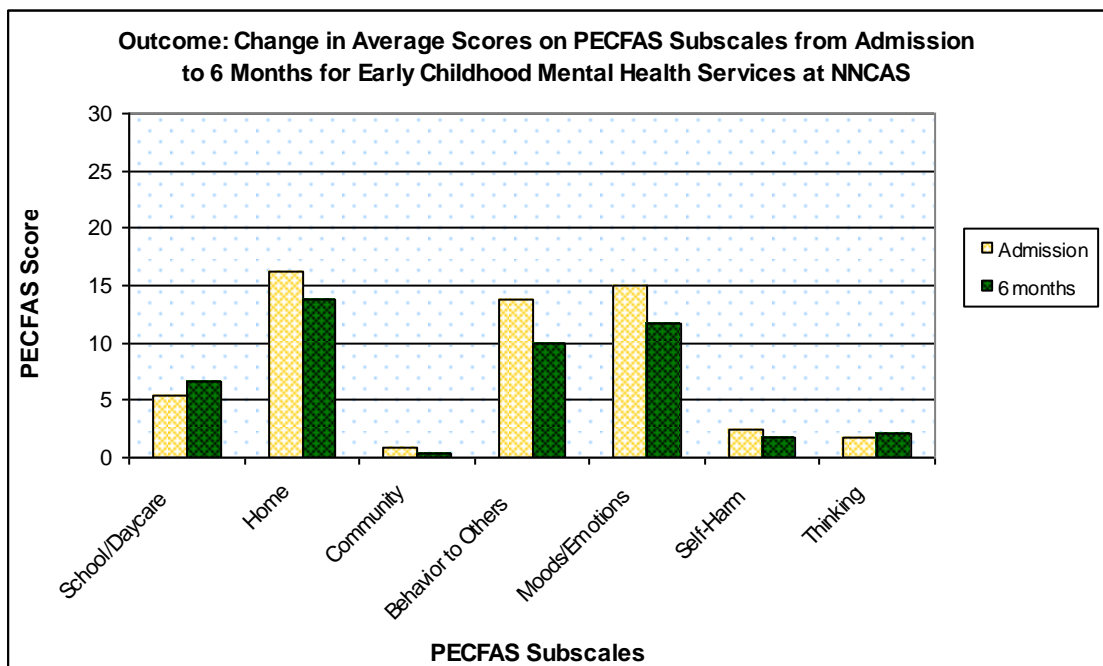
## Early Childhood Mental Health Services

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services statewide.



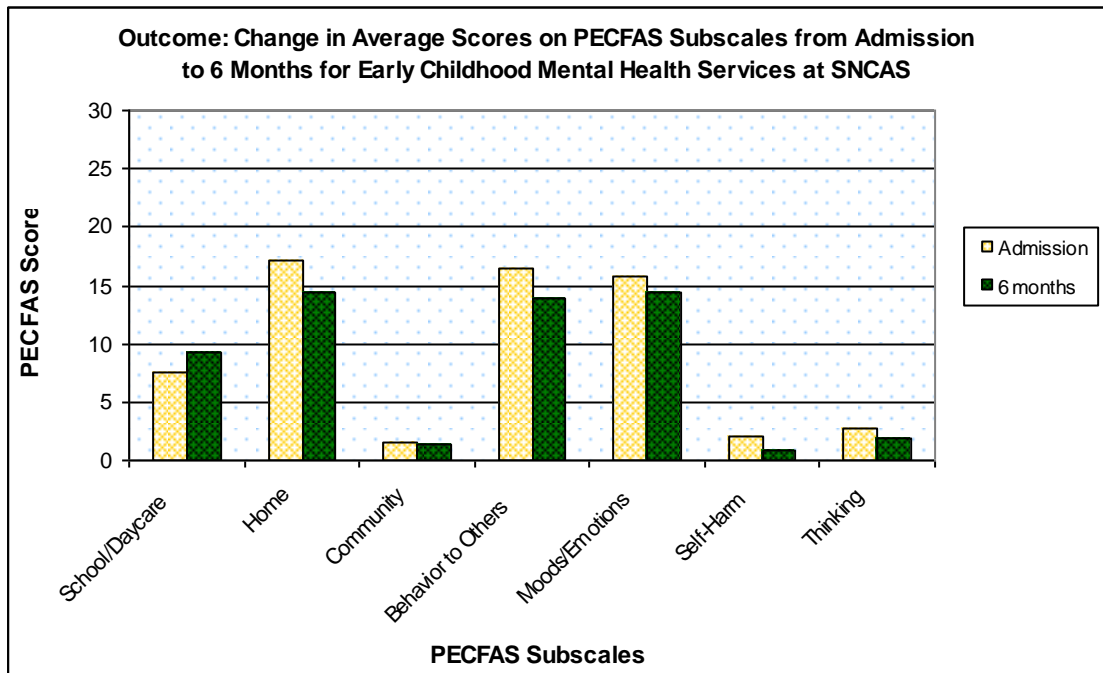
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services statewide. The mean PECFAS score was 62.39 (SD= 28.27) at admission. At 6 months into services, the mean PECFAS score decreased to 54.40 (SD= 32.87);  $t(158) = 3.044, p = .003$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services as NNCAS.



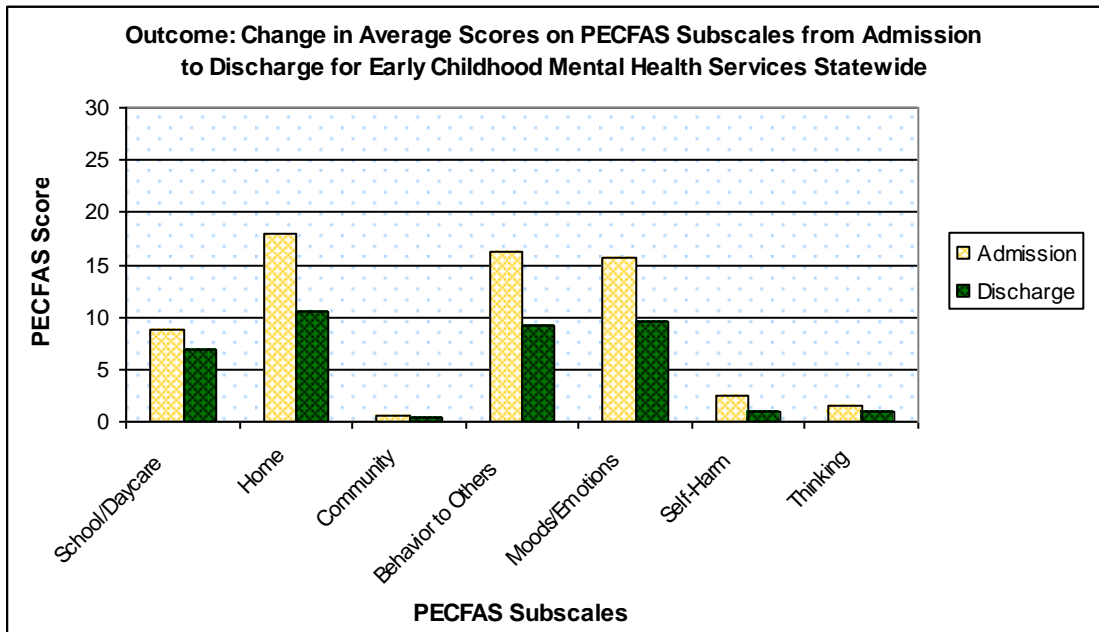
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services at NNCAS. The mean PECFAS score was 55.42 (SD= 25.53) at admission. At 6 months into services, the mean PECFAS score decreased to 46.25 (SD= 30.48);  $t(23) = 2.074, p = .049$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services as SNCAS.



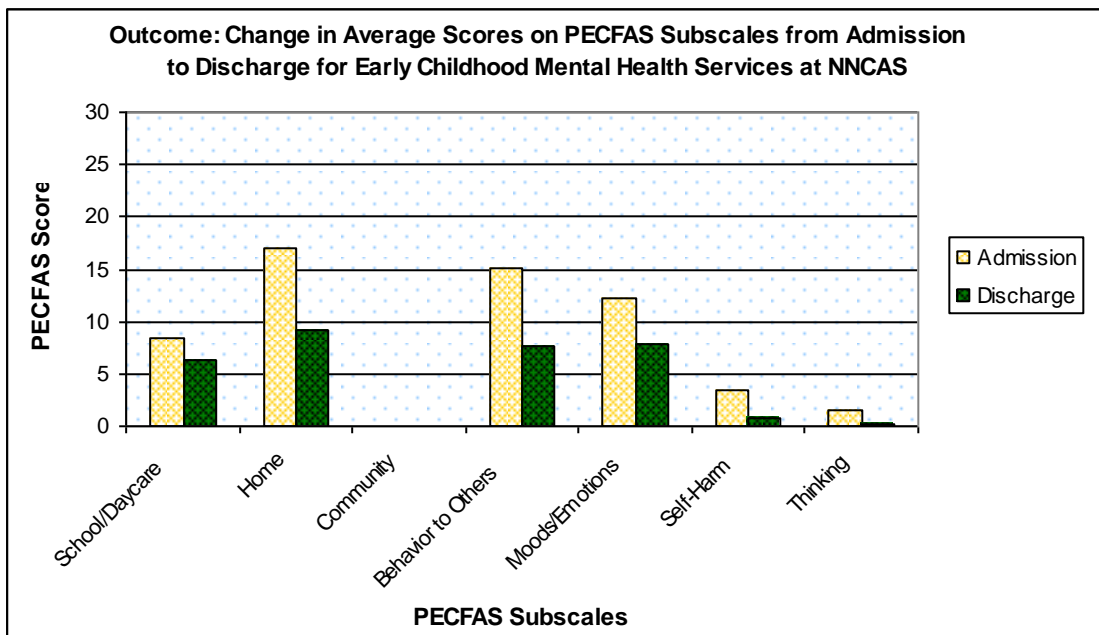
A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6 months for Early Childhood Mental Health Services at SNCAS. The mean PECFAS score was 63.33 (SD= 28.78) at admission. At 6 months into services, the mean PECFAS score decreased to 55.98 (SD= 33.47);  $t(131) = 2.427, p = .017$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.

The graph below shows the admission to discharge for PECFAS subscale scores for Early Childhood Mental Health Services statewide.



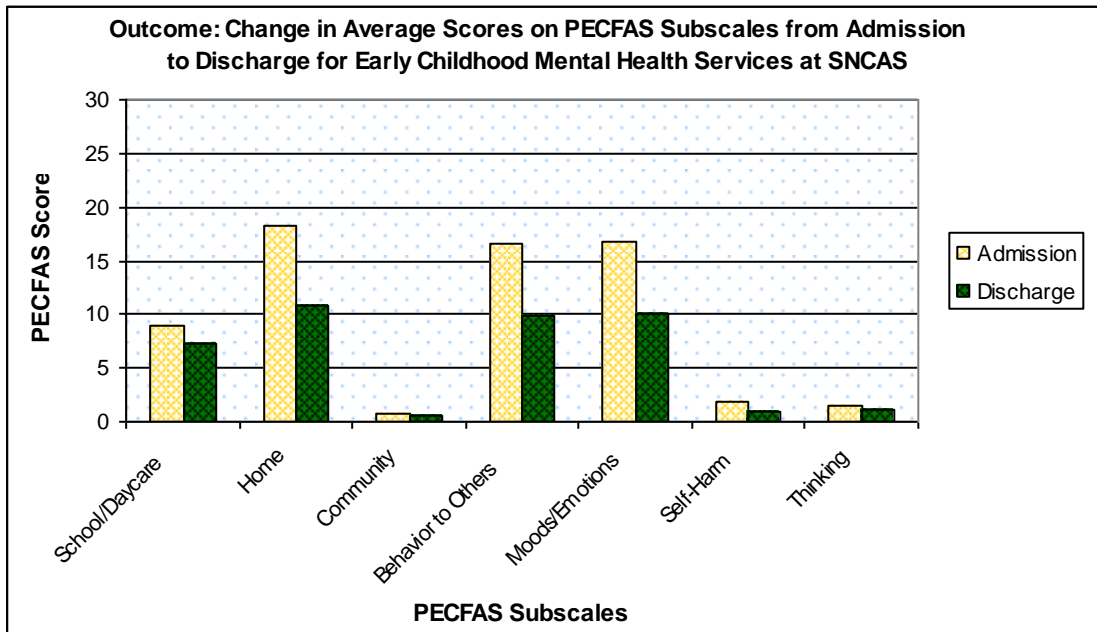
A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge for Early Childhood Mental Health Services statewide. The mean PECFAS score was 63.16 (SD= 27.04) at admission. At discharge, the mean PECFAS score decreased to 38.23 (SD= 28.14);  $t(157) = 10.660, p = .000$ . These results show a clinically and statistically significant reduction in overall impairment.

The graph below shows the admission to discharge for PECFAS subscale scores for Early Childhood Mental Health Services at NNCAS.



A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge for Early Childhood Mental Health Services at NNCAS. The mean PECFAS score was 57.84 (SD= 32.84) at admission. At discharge, the mean PECFAS score decreased to 31.89 (SD= 24.48);  $t(36) = 6.026, p = .000$ . These results show a clinically and statistically significant reduction in overall impairment.

The graph below shows the admission to discharge score for PECFAS subscale scores for Early Childhood Mental Health Services at SNCAS.



A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge for Early Childhood Mental Health Services at SNCAS. The mean PECFAS score was 64.70 (SD= 25.04) at admission. At discharge, the mean PECFAS score decreased to 40.43 (SD= 29.17);  $t(116) = 8.683$ ,  $p = .000$ . These results show a clinically and statistically significant reduction in overall impairment.

## Education and Juvenile Justice Outcomes

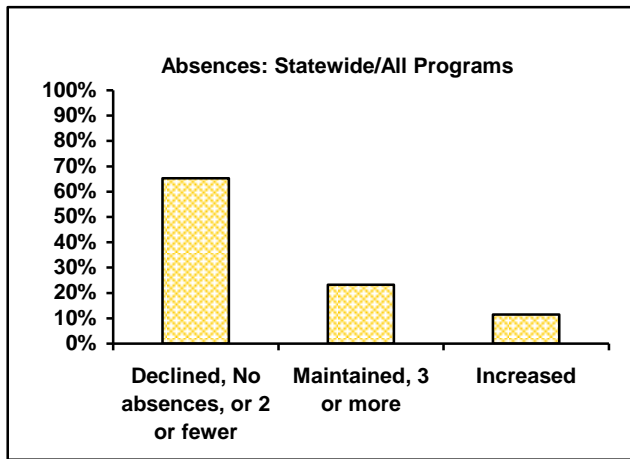
An analysis was conducted on client’s absences, suspensions/expulsions, and arrests. Each client’s absences, suspensions/expulsions, and arrests in the most recent period were compared to his or her average over at least two periods to see if these measures increased, decreased, or stayed the same. If a client was, despite some fluctuation from period to period, reducing or maintaining acceptable levels in these areas, then his or her most recent numbers will be less than his or her average (thereby pulling the average down toward zero) or held steady near zero.

Performance was classified into three categories:

1. A client was considered to be maintaining an excellent performance or showing improvement if he or she met any one of three criteria:
  - The client had a perfect record historically and in the most recent period;
  - The client had a history of averaging no more than two absences per grade period and had two or less in the most recent grade period (absences only); or
  - The client had a historic average of three or more per grade period and showed a reduction from the average in the most recent grade period.
2. A client was considered to have stayed the same at a level that could be improved if he or she had:

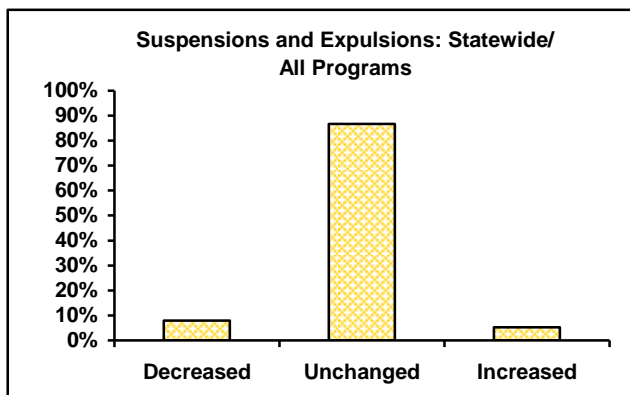
- Three or more absences per period historically and had the same number as his or her average in the most recent period (absences only), or
  - One or more per period and the same number as his or her average in the most recent period (suspensions/expulsions and arrests only).
3. A client was considered to have decreased in performance if he or she had:
- A historical average of three or more per period and more than his or her historical average in the most recent period, or an average from zero to two and absences in the most recent period of three or more (absences only), or
  - A historical average of one or more per period and more than his or her average in the most recent period, or a perfect record historically and one or more in the most recent period (suspensions/expulsions and arrests only).

### Absences: Statewide/All Programs



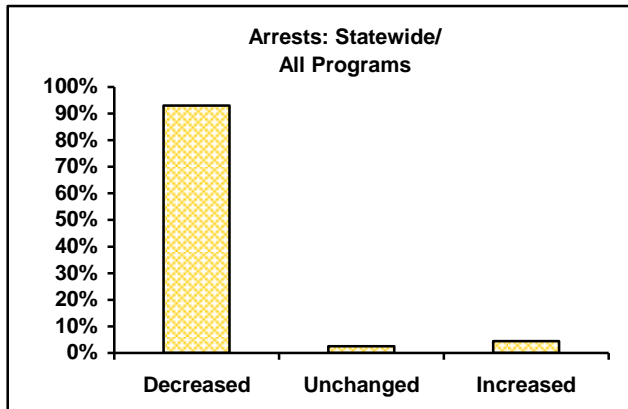
In FY2013, 1297 clients had absences data for at least two grade periods from which an average could be constructed. Absences declined, a perfect attendance record was maintained (no absences), or the client had two or fewer absences in the most recent period compared with a mean school absence of two or fewer for 847 (65.3%) of the clients. There were 443 (34.3%) clients who had a zero average and zero absences in the most recent period. Absences remained the same at three or more compared with a mean of three or more for 301 (23.2%) clients. Absences increased to three or more and the client average was greater than two days for 149 (11.5%) of the clients.

### Suspensions and Expulsions: Statewide/All Programs



In FY2013, 1290 clients had suspensions and expulsions data for at least two grade periods from which an average could be constructed. Suspensions and expulsions decreased versus the client's own average for 102 (7.9%) of the clients. For 1119 (86.7%) of the clients, there was no change in suspensions and expulsions versus his or her own average, and 1012 (90.4%) of them had a zero average and zero suspensions or expulsions. Suspensions and expulsions increased versus the client's own average for 69 (5.3%) of the clients.

### Arrests: Statewide/All Programs



In FY2013, 647 clients had arrest data entered for at least two periods from which an average could be constructed. Of the 647 clients with arrest data, 499 (77.1%) had no arrests. Arrests decreased or remained zero versus the client's own average for 602 (93.0%) of the clients and 33 (5.1%) of the clients had fewer arrests than the client's historical average. For 16 (2.5%) of the clients there was no change in the number of arrests versus his or her own average. Arrests increased versus the client's own average for 29 (4.5%) for the clients.

#### SURVEY COMMENT FROM A SATISFIED CAREGIVER

*My child is able to use his active listening skills and can control his emotions through expressing his thoughts, feelings and needs.*



## CONSUMER SURVEY RESULTS

It is both system of care best practice and a policy of DCFS that all children and their families/caregivers receiving mental health services through the Division are provided an opportunity to give feedback and information regarding the services they receive. One of the ways DCFS fulfills this policy is through annual consumer satisfaction surveys. In the spring of every year, DCFS conducts a statewide survey for NNCAS and SNCAS children's community-based mental health programs. Parent/caregivers with children in treatment and the children themselves (age 11 or older) are solicited to voluntarily participate in completing their respective survey instruments.

Children's residential programs offered through NNCAS and SNCAS also collect surveys at discharge from services. Like the community-based programs, parent/caregivers with children in residential and the children themselves (age 12 or older) are solicited to voluntarily participate in completing a survey.

Survey participants are asked to disagree or agree with a series of statements relating to seven areas or "domains" that the federal Mental Health Statistical Improvement Program prescribes whenever evaluating mental health programming effectiveness.

The following tables present respective annual survey positive response percentages for both parent/caregivers and for age-appropriate children. Where available, National Benchmark positive response percentages are included for parents surveyed under community-based services nationwide.

## Percent of Positive Response for Each Survey Domain

<b>Community Based Services Survey – Spring 2013</b>	<b>Youth % positive</b>	<b>Parent % positive</b>	<b>National Benchmark for Parent Response<sup>1</sup></b>
Services are seen as accessible and convenient regarding location and scheduling	85%	94%	85.7%
Services are seen as satisfactory and helpful	85%	96%	86.1%
Clients get along better with family and friends and are functioning better in their daily life	79%	78%	66.3%
Clients feel they have a role in directing the course of their treatment	83%	95%	87.6%
Staff are respectful of client religion, culture and ethnicity	92%	98%	92.8%
Clients feel supported in their program and in their community	81%	94%	86.9%
Clients are better able to cope and are doing better in work or school	90%	81%	66.3%

<b>Residential Discharge Services Survey</b>	<b>Youth % positive</b>	<b>Parent % positive</b>
Services are seen as accessible and convenient regarding location and scheduling	NA	NA
Services are seen as satisfactory and helpful	91.2%	88.9%
Clients get along better with family and friends and are functioning better in their daily life	96.9%	84.6%
Clients feel they have a role in directing the course of their treatment	85.3%	88.0%
Staff are respectful of client religion, culture and ethnicity	84.8%	100.0%
Clients feel supported in their program and in their community	No Data	84.6%
Clients are better able to cope and are doing better in work or school	96.9%	84.6%

<sup>1</sup> 2012 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at [www.samhsa.gov/dataoutcomes/urs/2012/nevada.pdf](http://www.samhsa.gov/dataoutcomes/urs/2012/nevada.pdf)