

Division of Child and Family Services

DESCRIPTIVE SUMMARY OF DCFS CHILDREN'S MENTAL HEALTH SERVICES 2016

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Introduction

The following is the annual descriptive summary of DCFS Children's Mental Health Services for Fiscal Year (FY) 2016, from July 1, 2015 through June 30, 2016. The Descriptive Summary examines data related to the 3035 children served in DCFS behavioral health programs statewide during FY 2016.

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. DCFS Children's Mental Health Mobile Crisis Response Team (SNCAS/NNCAS) information is also included in this report.

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)	Children's Clinical Services (CCS)
Early Childhood Mental Health Services	Early Childhood Mental Health Services
Wraparound in Nevada (WIN)	Wraparound in Nevada (WIN) (includes rural)
Mobile Crisis Response Team (MCRT)	Mobile Crisis Response Team (MCRT)
<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

Total Number of Children Served

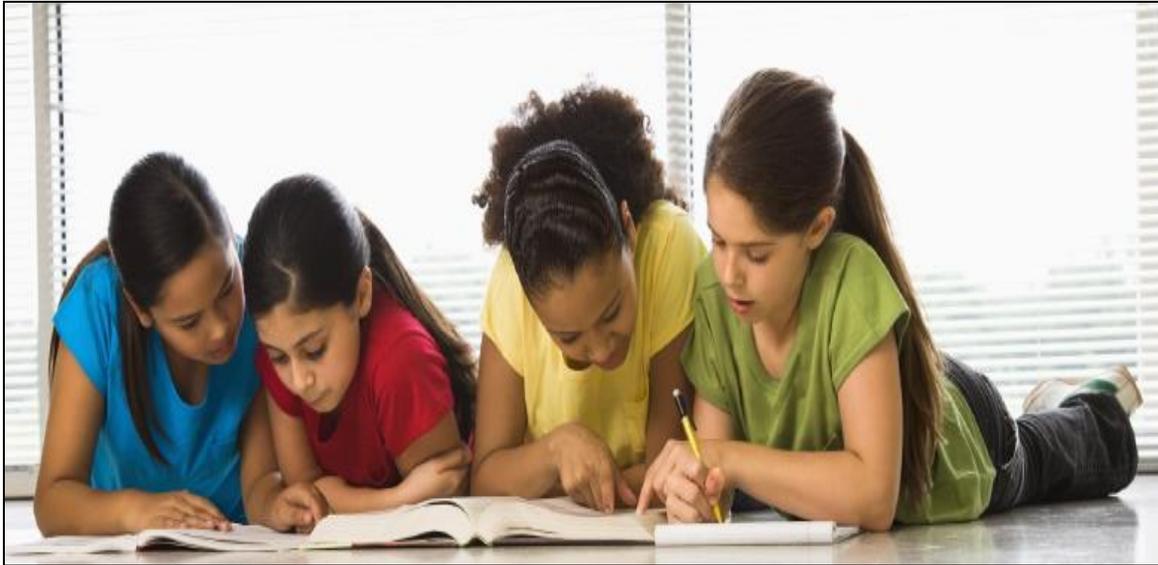
Statewide	NNCAS	SNCAS
3035	742	2293

Admissions

Statewide	NNCAS	SNCAS
2011	370	1641

Discharges

Statewide	NNCAS	SNCAS
2012	357	1655



CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

Statewide and by Region

Age

The average age of children served Statewide was 11.19 years, NNCAS was 10.08 years and SNCAS was 11.55 years.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	623	178	445
6–12 years old	1003	306	697
13 + years old	1405	258	1147

Gender

Gender	Statewide	NNCAS	SNCAS
Male	1514	383	1136
Female	1519	358	1156
Unknown	2	1	1

Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	34	15	19
Asian	60	3	57
Black/African American	630	71	559
Native Hawaiian/Other Pacific	36	8	28
White/Caucasian	2191	642	1549
Unknown	84	3	81
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	1044	167	877

Custody Status

Custody Status	Statewide	NNCAS	SNCAS
Parent/Family	1938	339	1599
Child Welfare Court Ordered	820	385	435
ICPC	15	6	9
Voluntary Custody	5	2	3
Protective Custody	194	3	191
DCFS Youth Parole	20	4	16
Parental Custody On	32	2	30
Unknown	11	1	10

Severe Emotional Disturbance Status

Statewide	NNCAS	SNCAS
2423	656	1767

Demographics by Program

Community Based Programs:

The following tables include the demographic information for the clients served in Children's Mental Health's community based programs. These programs are available in both Northern and Southern Nevada. Our community based programs consist of Children's Clinical Services, Early Childhood Mental Health Services, and Wraparound in Nevada. Information for our newest program, the Mobile Crisis Response Team, will be discussed in a later section of this summary.

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

Number of Children Served

Statewide	CCS-NNCAS	CCS-SNCAS
1098	356	742

Age

The average age of children served Statewide was 12.93, CCS-NNCAS was 12.27, and CCS-SNCAS was 13.25.

Age Group	Statewide	CCS- NNCAS	CCS-SNCAS
0–5 years old	17	7	10
6–12 years old	468	176	292
13 + years old	613	173	440

Gender

Gender	Statewide	CCS-NNCAS	CCS-SNCAS
Male	507	179	328
Female	591	177	414

Race and Ethnicity

Race	Statewide	CCS-NNCAS	CCS-SNCAS
American Indian/Alaskan Native	11	4	7
Asian	16	1	15
Black/African American	170	32	138
Native Hawaiian/Other Pacific	9	3	6
White/Caucasian	871	316	555
Unknown	21	0	21
Ethnicity	Statewide	CCS-NNCAS	CCS-SNCAS
Hispanic Origin	463	90	373

Custody Status

Custody Status	Statewide	CCS-NNCAS	CCS-SNCAS
Parent/Family	869	222	647
Child Welfare	179	122	57
ICPC	8	4	4
Protective Custody	27	2	25
DCFS Youth Parole	7	4	3
Parental Custody /	5	1	4
Voluntary Custody	1	1	0

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

Number of Children Served

Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
688	202	486

Age

The average age of children served by ECMHS Statewide was 4.01, ECMHS (NNCAS) was 4.41, and ECMHS (SNCAS) was 3.84.

Age Group	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	595	159	436
6–12 years old	93	43	50

Gender

Gender	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	393	99	294
Female	295	103	192

Race and Ethnicity

Race	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	7	4	3
Asian	5	0	5
Black/African American	192	23	169
Native Hawaiian/Other Pacific	6	3	3
White/Caucasian	470	172	298
Unknown	8	0	8
Ethnicity	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	159	38	121

Custody Status

Custody Status	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Parent/Family	159	60	99
Child Welfare	411	139	272
ICPC	6	2	4
Protective Custody	111	0	111
Voluntary Custody	1	1	0

Wraparound In Nevada (WIN) Statewide and by Region

Number of Children Served

Statewide	North	Rural	South
735	193	106	436

Age

The average age of children served Statewide was 12.18, North was 11.91, Rural was 10.70, and South was 12.67.

Age Group	Statewide	North	Rural	South
0–5 years old	32	13	14	5
6–12 years old	354	91	58	205
13 + years old	349	89	34	226

Gender

Gender	Statewide	North	Rural	South
Male	416	103	68	245
Female	318	89	38	191
Unknown	1	1	0	0

Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	9	2	6	1
Asian	8	1	1	6
Black/African American	157	19	2	136
Native Hawaiian/Other Pacific	7	2	1	4
White/Caucasian	544	168	94	282
Unknown	10	1	2	7
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	230	55	20	155

Custody Status

Custody Status	Statewide	North	Rural	South
Parent/Family	351	56	42	253
Child Welfare	324	133	63	128
ICPC	1	0	0	1
Protective Custody	43	2	0	41
Parental Custody /	6	1	1	4
Youth Parole	7	0	0	7
Voluntary Custody	1	1	0	0
Unknown	2	0	1	1

Treatment Homes

DCFS Children's Mental Health also serves clients who need more intensive and specialized treatment than that which can be provided within their family home or community placement. The following information describes the children treated at the Adolescent Treatment Center and Family Learning Homes in Northern Nevada, as well as the Oasis On-Campus Treatment Homes located in Las Vegas.

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

Number of Children Served

Statewide	ATC	FLH	OCTH
148	49	48	51

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 13.75, ATC was 15.47, FLH was 11.78, and OCTH was 13.94.

Age Group	Statewide	ATC	FLH	OCTH
0–5 years old	1	0	1	0
6–12 years old	44	0	28	16
13 + years old	103	49	19	35

Gender

Gender	Statewide	ATC	FLH	OCTH
Male	76	27	24	25
Female	72	22	24	26

Race and Ethnicity

Race	Statewide	ATC	FLH	OCTH
American Indian/Alaskan Native	3	2	1	0
Asian	0	0	0	0
Black/African American	29	8	7	14
Native Hawaiian/Other Pacific	2	0	0	2
White/Caucasian	114	39	40	35
Ethnicity	Statewide	ATC	FLH	OCTH
Hispanic Origin	38	13	12	12

Custody Status

Custody Status	Statewide	ATC	FLH	OCTH
Parent/Family	64	24	13	27
Child Welfare	62	21	32	9
Protective Custody	13	1	0	11
DCFS Youth Parole	7	2	2	3
Parental Custody /	3	1	1	1

Residential Facility and Psychiatric Hospital:

In Southern Nevada, DCFS Children's Mental Health Services provides both residential and acute care for youth who are in need of this level of care. Below are the demographics for Desert Willow Treatment Center.

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

Number of Children Served

Acute	RTC
124	69

Age

The average age of children served by Desert Willow Acute was 15.68, and it was for the Desert Willow Residential Treatment Center 15.00.

Age Group	Acute	RTC
6–12 years old	8	7
13 + years old	116	62

Gender

Gender	Acute	RTC
Male	57	33
Female	67	36

Race and Ethnicity

Race	Acute	RTC
American Indian/Alaskan Native	1	1
Asian	5	1
Black/African American	34	10
Native Hawaiian/Other Pacific	1	0
White/Caucasian	76	57
Unknown	7	0
Ethnicity	Acute	RTC
Hispanic Origin	39	16

Mobile Crisis

Number of Children Served

Statewide	North	South
810	213	597

Age

The average age of children served Statewide was 14.03, North was 14.01, and South was 14.04.

Age Group	Statewide	North	South
0 – 12 years old	5	0	5
6–12 years old	243	61	182
13 + years old	562	152	410

Gender

Gender	Statewi	North	South
Male	366	92	274
Female	443	120	323
Transgender	1	1	0

Race and Ethnicity

Race	Statewide	North	South
American Indian/Alaskan Native	9	6	3
Asian	32	6	26
Black/African American	174	15	159
Native Hawaiian/Other Pacific	17	5	12
White/Caucasian	531	178	353
Unknown	47	3	44
Ethnicity	Statewide	North	South
Hispanic Origin	320	65	255

Custody Status

Custody Status	Statewide	North	South
Parent/Family	738	186	552
Child Welfare	19	18	1
ICPC	1	1	0
Protective Custody	29	5	24
DCFS Youth Parole	2	1	1
Parental Custody /	12	0	12
Voluntary Custody	2	2	0
Unknown	7	0	7



CHILDREN'S CLINICAL CHARACTERISTICS AND OUTCOMES

Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their children have encountered. In FY2016 51 problems had been presented at least once at admission, the 10 identified below (and listed in order of prevalence) accounted for 63.0% of all primary presenting problems reported at admission. The top six presenting problems listed below are the same (in order of prevalence) as the previous year.

- Suicide Attempt-Threat (12.9%) up 2.9% from FY15
- Depression (10.3%) up 0.6% from FY15
- Child Neglect Victim (6.0%) down 0.5% from FY15
- Anxiety (6.0%) up 0.9% from FY15
- Physical Aggression (5.8%) up 0.6% from FY15
- Parent-Child Problems (5.4%) down 0.6% from FY15
- Oppositional (4.5%) down 0.6% from FY15
- School Problems (4.3%) down 0.4% from FY15
- Adjustment Problems (4.0%) down 0.3% from FY15
- Coping Problems (3.8%) down 0.3% from FY15

Diagnosis

The tables below show the most prevalent diagnoses of children by age category and gender.

Age Group 0-5.99

Overall- Both Male and Female (Top 54.1%)		
995.52	15.7%	Neglect
312.9	14.5%	Disruptive Behavior Disorder
225	6.9%	Anxiety Disorder (DC 0-3 Classification)
300.00	6.6%	Anxiety Disorder NOS
300	5.7%	Adjustment Disorder (DC 0-3 Classification)
309.81	4.7%	Post Traumatic Stress Disorder (PTSD)

Age Group 6-12.99

Female (Top 53.5%)		
309.81	13.5%	Post Traumatic Stress Disorder (PTSD)
314.01	8.7%	Attention-Deficit /Hyperactivity Disorder(ADHD)
313.81	6.5%	Oppositional Defiant Disorder
296.90	5.9%	Mood Disorder
300.00	5.1%	Anxiety Disorder
313.89	4.8%	Reactive Attachment Disorder
995.52	4.8%	Neglect
300.02	4.2%	Generalized Anxiety Disorder

Male (Top 56.6%)		
314.01	12.9%	Attention-Deficit /Hyperactivity Disorder (ADHD)
309.81	9.3%	Post Traumatic Stress Disorder (PTSD)
313.81	8.7%	Oppositional Defiant Disorder
312.90	6.4%	Disruptive Behavior Disorder
296.90	5.4%	Mood Disorder
309.40	5.1%	Adjustment Disorder Emotions and Conduct
300.00	4.5%	Anxiety Disorder
995.52	4.3%	Neglect

Age Group 13-17.99

Female (Top 50.6%)		
309.81	12.2%	Post Traumatic Stress Disorder (PTSD)
311.00	8.0%	Depressive Disorder
296.90	6.7%	Mood Disorder
296.23	6.0%	Major Depressive Disorder Single Episode, Severe Without Psychosis
296.33	5.2%	Major Depressive Disorder Recurrent, Severe Without Psychosis
296.32	3.2%	Major Depressive Disorder Recurrent, Moderate
300.02	3.2%	Generalized Anxiety Disorder
296.22	3.1%	Major Depressive Disorder Single Episode, Moderate
995.53	3.1%	Sexual Abuse of Child

Male (Top 48.4%)		
313.81	10.2%	Oppositional Defiant Disorder
296.90	9.6%	Mood Disorder
314.01	6.8%	Attention-Deficit /Hyperactivity Disorder (ADHD)
309.81	6.0%	Post Traumatic Stress Disorder (PTSD)
296.80	3.4%	Bipolar Disorder
300.00	3.2%	Anxiety Disorder
300.02	3.0%	Generalized Anxiety Disorder
311.00	3.0%	Depressive Disorder
314.00	3.0%	Attention-Deficit /Hyperactivity Disorder Inattentive Type



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

The Child and Adolescent Functional Assessment Scale (CAFAS)¹ 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. There are eight subscales reflecting the client's functioning in that area. Subscale scores can range from Minimal or No Impairment (0) to Severe Impairment (30). Total CAFAS scores can range from 0 to 240, with higher total scores reflecting increased impairment in functioning.

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

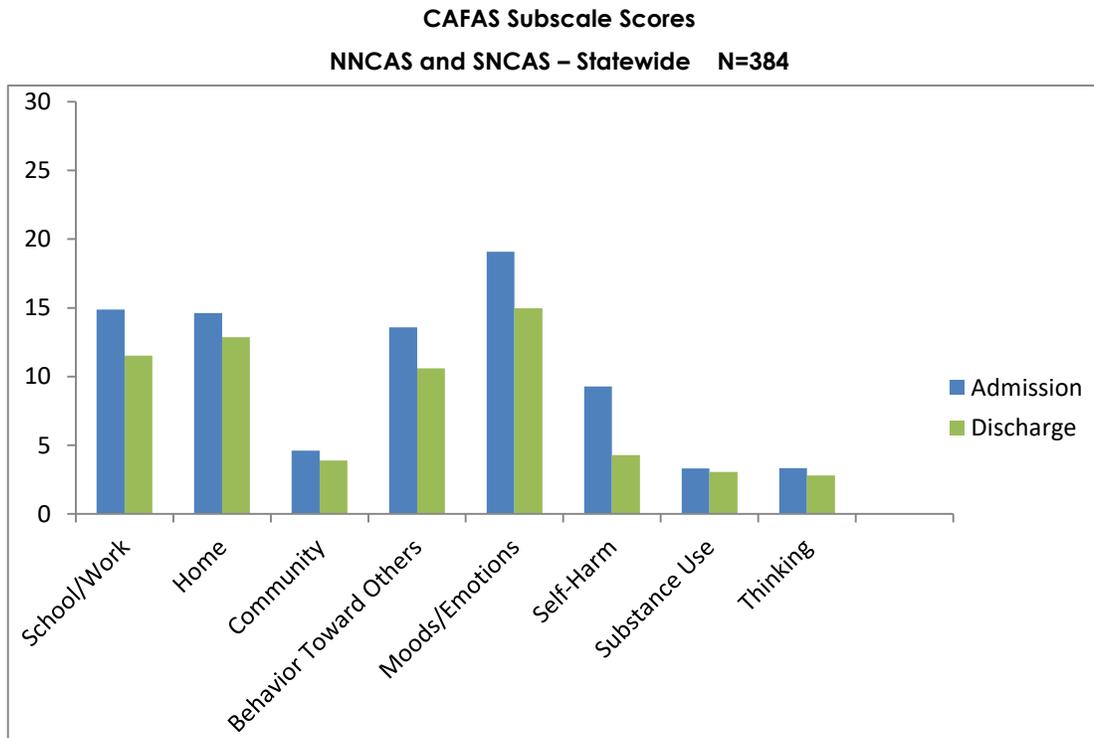
The CAFAS and the PECFAS are standardized instruments commonly used across child-serving agencies to guide treatment planning and as clinical outcome measures for individual clients and program evaluation (Hodges, 2005). The CAFAS and the PECFAS are used as outcome measures for DCFS Children's Mental Health. Only FY 2016 CAFAS and PECFAS scores were used in this Descriptive Summary.

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

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

Children’s Clinical Services (CCS)

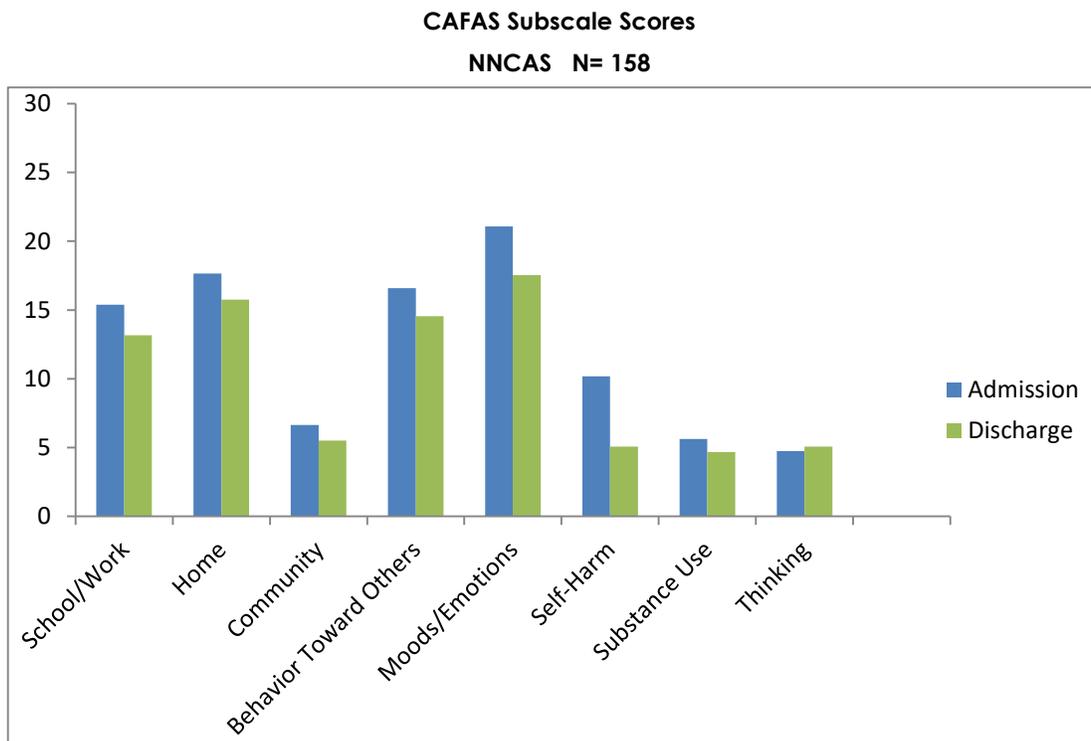
The graph below shows the admission and discharge CAFAS subscale scores for CCS-NNCAS (NNCAS) and Children’s Clinical Services (SNCAS) statewide.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 267 (51.0%) of 524 qualified DCFS CCS-NNCAS clients statewide. The mean total score for all clients at admission was 82.21 and the mean total score at discharge was 62.35. Clients were qualified if they had been discharged and if the CAFAS was rated at both admission and discharge.

Children's Clinical Services (NNCAS)

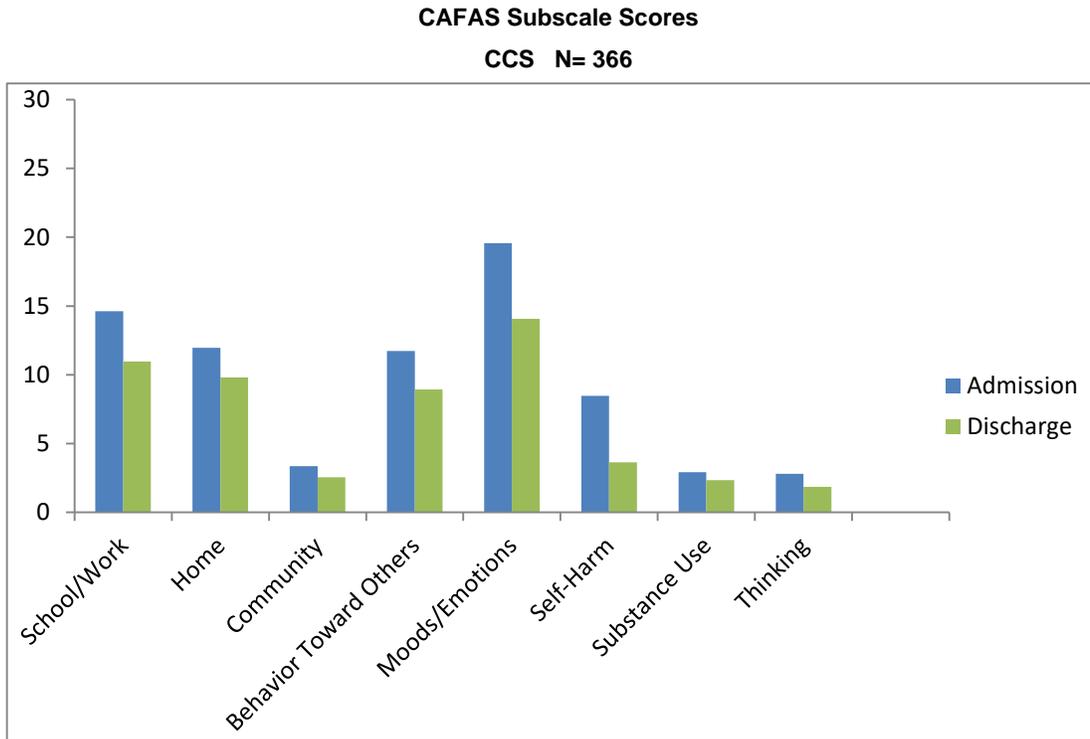
Admission and discharge CAFAS subscale scores for CCS-NNCAS Services are depicted in the following graph.



Of those served, 71 (44.9%) of 158 qualified DCFS North Region CCS-NNCAS Services clients showed clinically significant improvement. The mean total score for all clients at admission was 97.91 and the mean total score at discharge was 81.33. Clients were qualified if they had been discharged and if they received CAFAS testing at admission and discharge.

Children's Clinical Services (SNCAS)

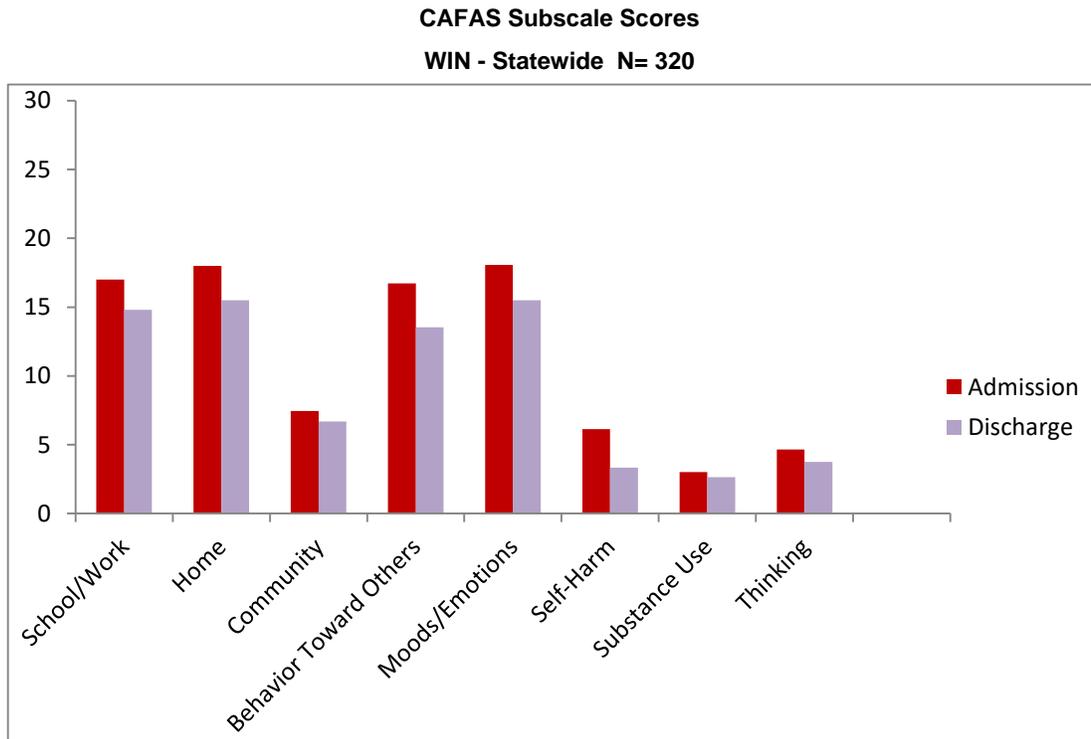
The following illustrates the admission and discharge CAFAS subscale scores for Children's Clinical Services (CCS- SNCAS).



Clinically significant improvement was observed for 196 (53.6%) of 366 qualified DCFS South Region Children's Clinical Services clients. The mean total score for all clients at admission was 75.44 and the mean total score at discharge was 54.15. Clients were qualified if they had been discharged and if they received CAFAS ratings at both admission and discharge.

Wraparound In Nevada (WIN)

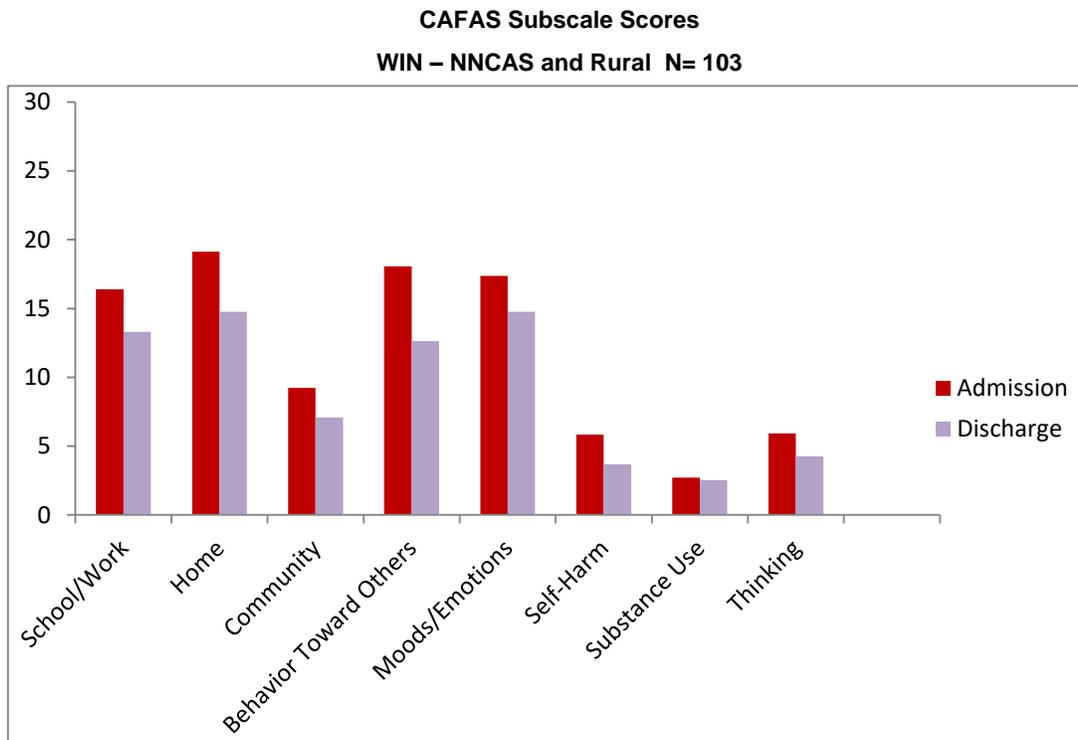
The graph below shows the admission and discharge CAFAS subscale scores for WIN statewide.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 168 (52.5%) of 320 qualified DCFS Wraparound In Nevada (WIN) clients statewide. The mean total score for all clients at admission was 91.00 and the mean total score at discharge was 75.78. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

WIN-NNCAS and Rural

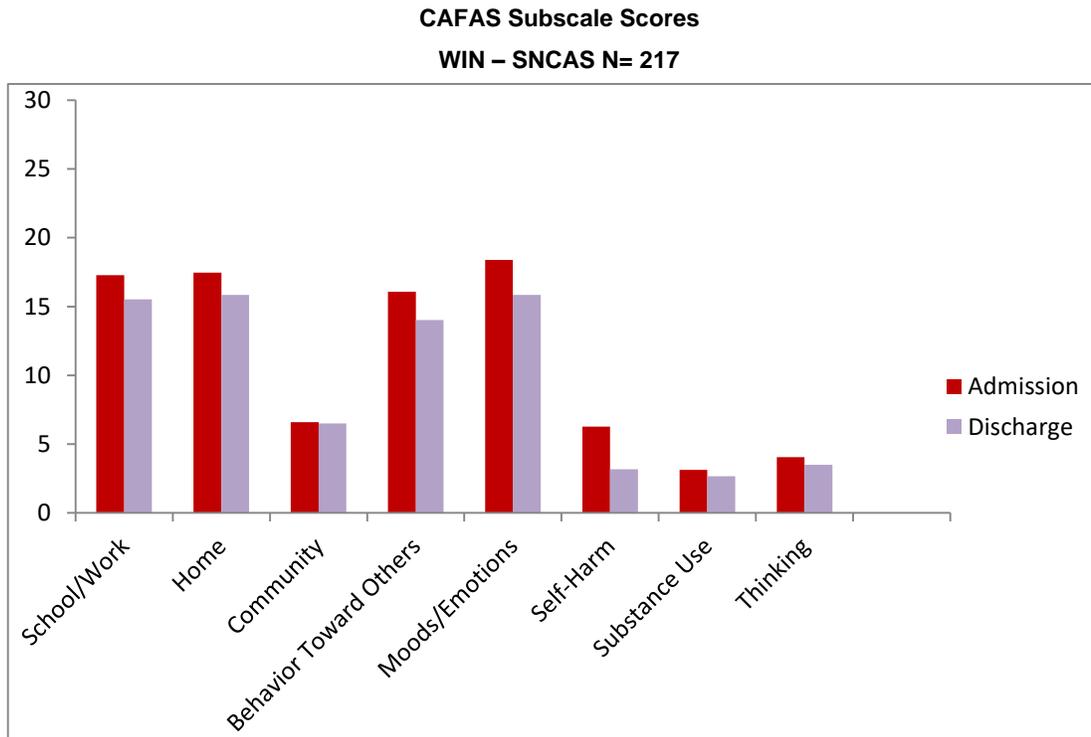
The following graph shows the admission and discharge CAFAS subscale scores for WIN at NNCAS and Rural.



As previously stated, clinically significant improvement on the CAFAS is indicated if the total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 61 (59.2%) of 103 qualified DCFS Northern and Rural Region WIN clients. The mean total score for all clients at admission was 94.66 and the mean total score at discharge was 73.01. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

WIN-SNCAS

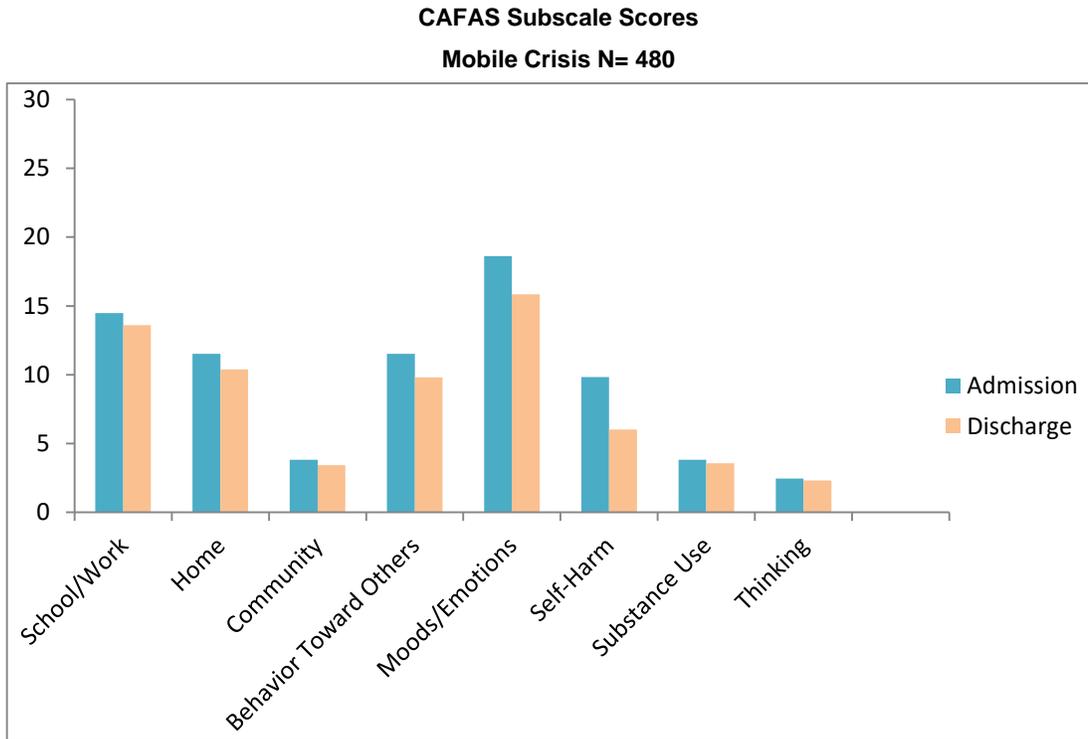
The admission and discharge CAFAS subscale scores for WIN at SNCAS are depicted below.



A child has improved by a clinically significant difference on the CAFAS if his/her score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 107 (49.3%) of 217 qualified DCFS Southern Region WIN clients. The mean score for all clients at admission was 89.26 and the mean score at discharge was 77.10. Clients were qualified if they had been discharged and if they were rated on the CAFAS at admission and discharge.

Mobile Crisis

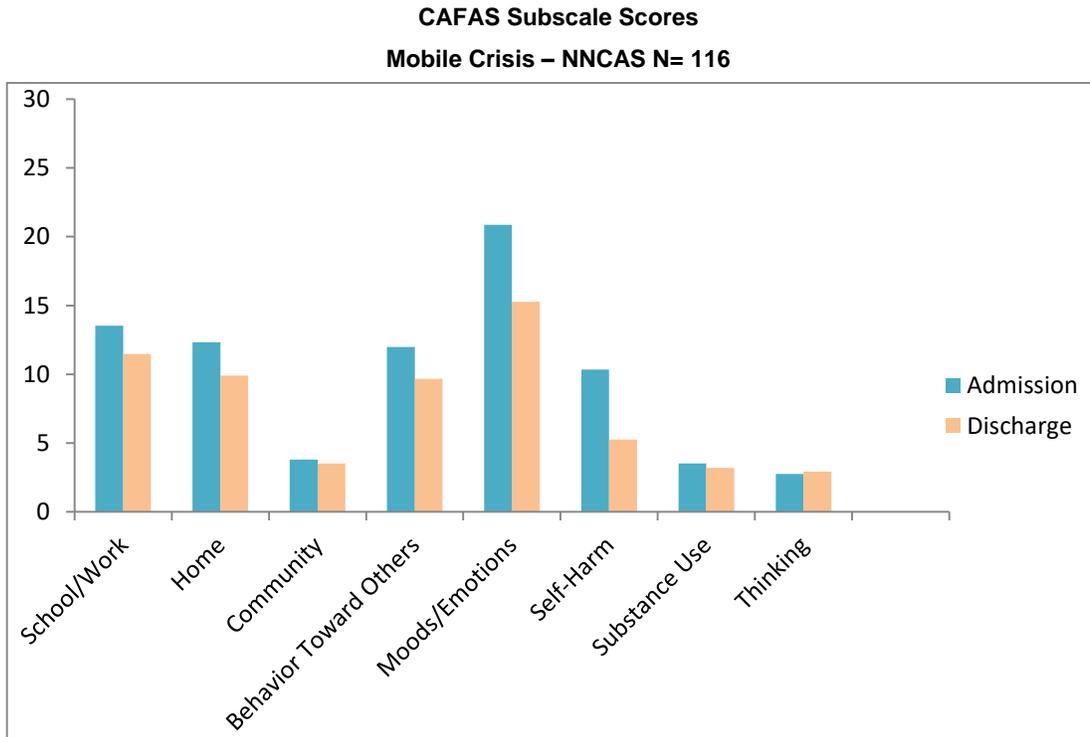
The graph below shows the admission and discharge CAFAS subscale scores for Mobile Crisis Statewide.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 174 (36.3%) of 306 qualified DCFS Mobile Crisis clients. The mean total score for all clients at admission was 76.08 and the mean total score at discharge was 64.96. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

Mobile Crisis - NNCAS

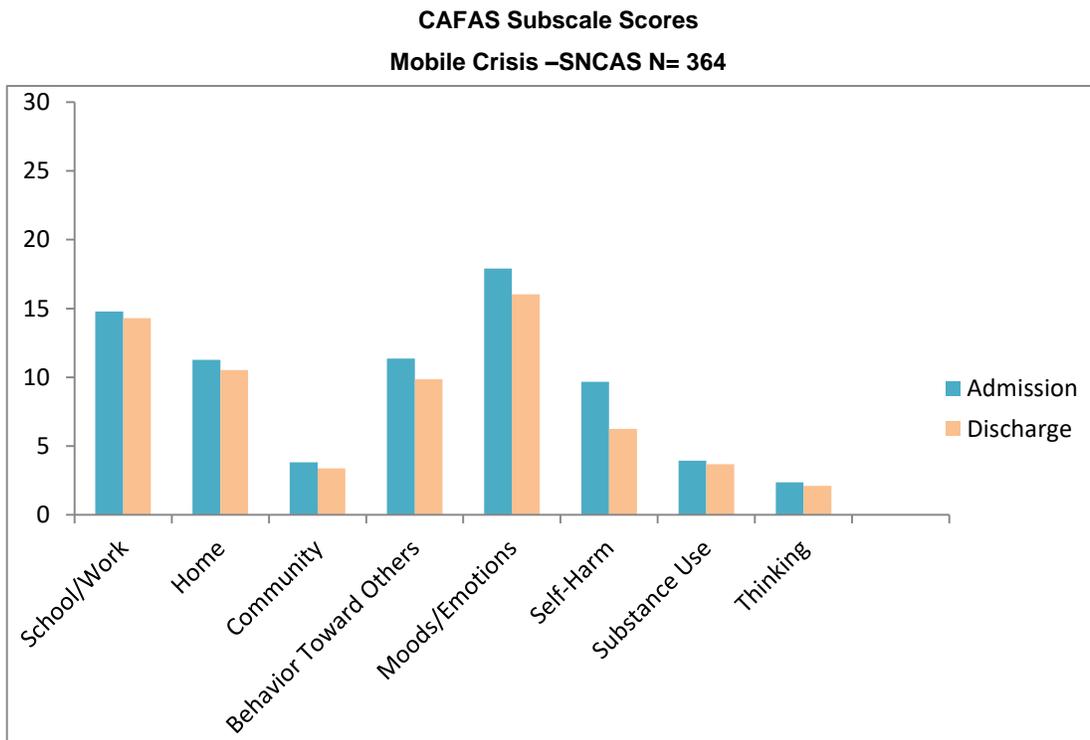
The graph below shows the admission and discharge CAFAS subscale scores for Mobile Crisis - NNCAS.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 60 (51.7%) of 116 qualified DCFS Mobile Crisis clients. The mean total score for all clients at admission was 79.14 and the mean total score at discharge was 61.21. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

Mobile Crisis - SNCAS

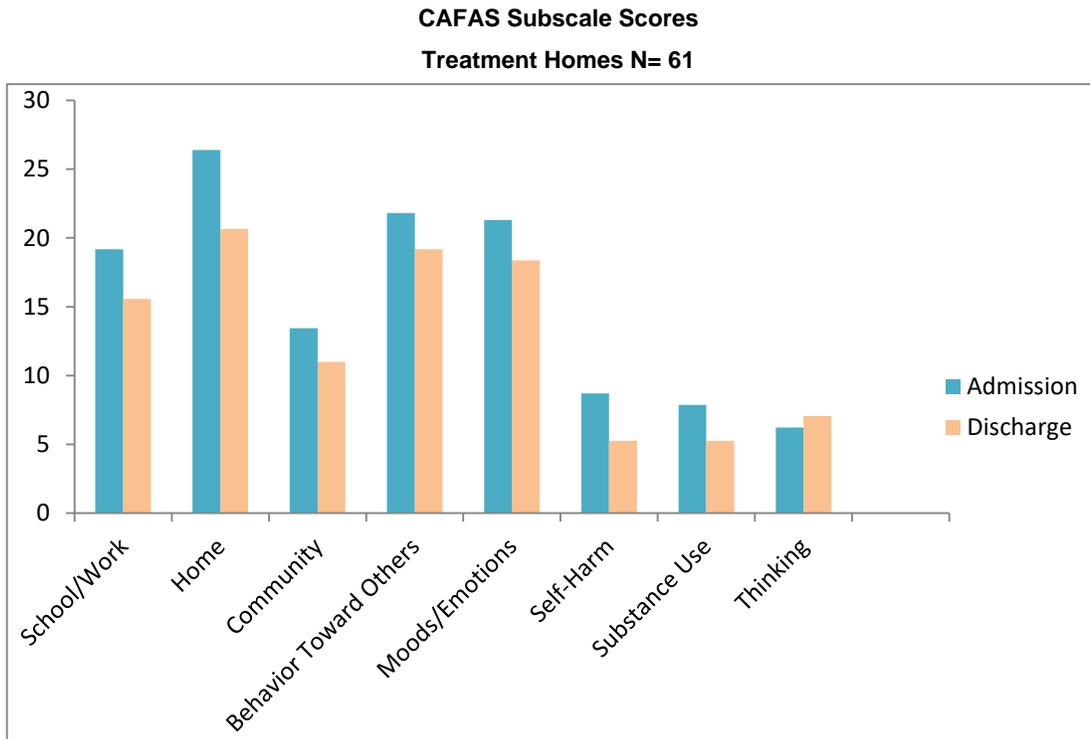
The graph below shows the admission and discharge CAFAS subscale scores for Mobile Crisis SNCAS.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 114 (31.3%) of 250 qualified DCFS Mobile Crisis clients. The mean total score for all clients at admission was 75.11 and the mean total score at discharge was 66.15. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

Treatment Homes

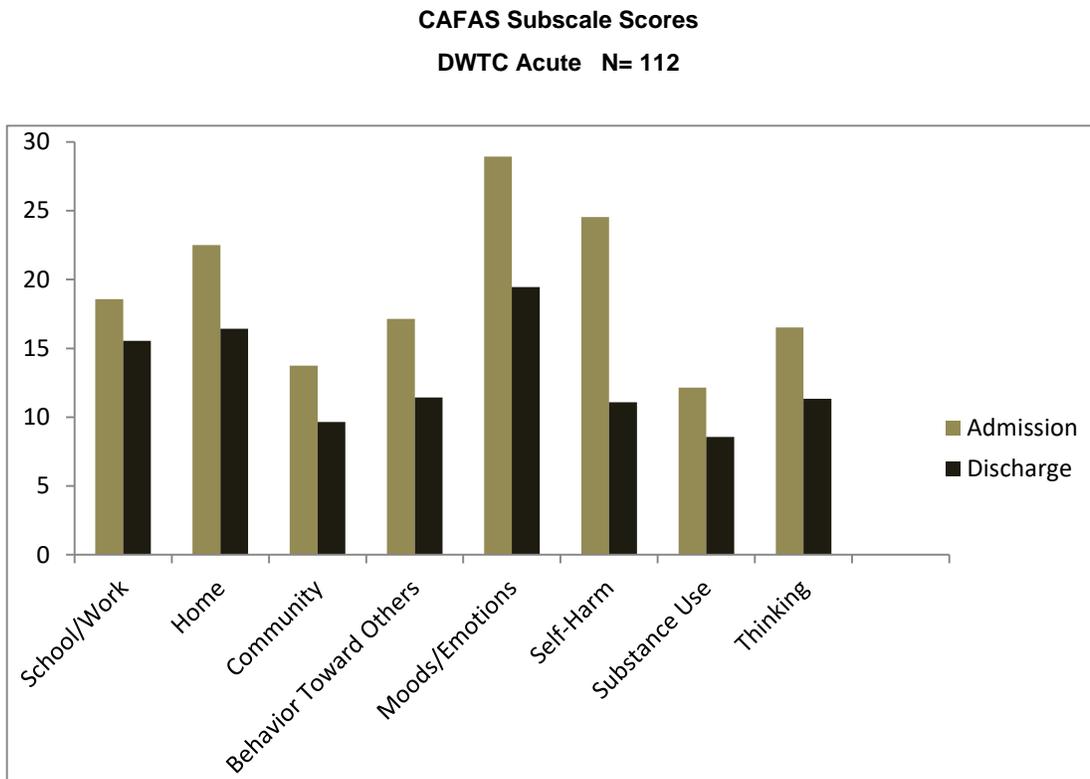
The graph below shows the admission and discharge CAFAS subscale scores for Treatment Homes Statewide.



Higher subscale scores indicate a greater level of impairment in functioning in that area. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than the initial testing at admission. Clinically significant improvement was observed for 37 (60.7%) of 61 qualified DCFS Residential Treatment Center clients. Facilities included in the analysis were Northern Region ATC, Northern Region Family Learning Homes, and Southern Region On-Campus Treatment Homes (OASIS). The mean total score for all clients at admission was 124.92 and the mean total score at discharge was 102.30. Clients were qualified if they had been discharged and if they received CAFAS ratings at admission and discharge.

Desert Willow Treatment Center Acute Hospital

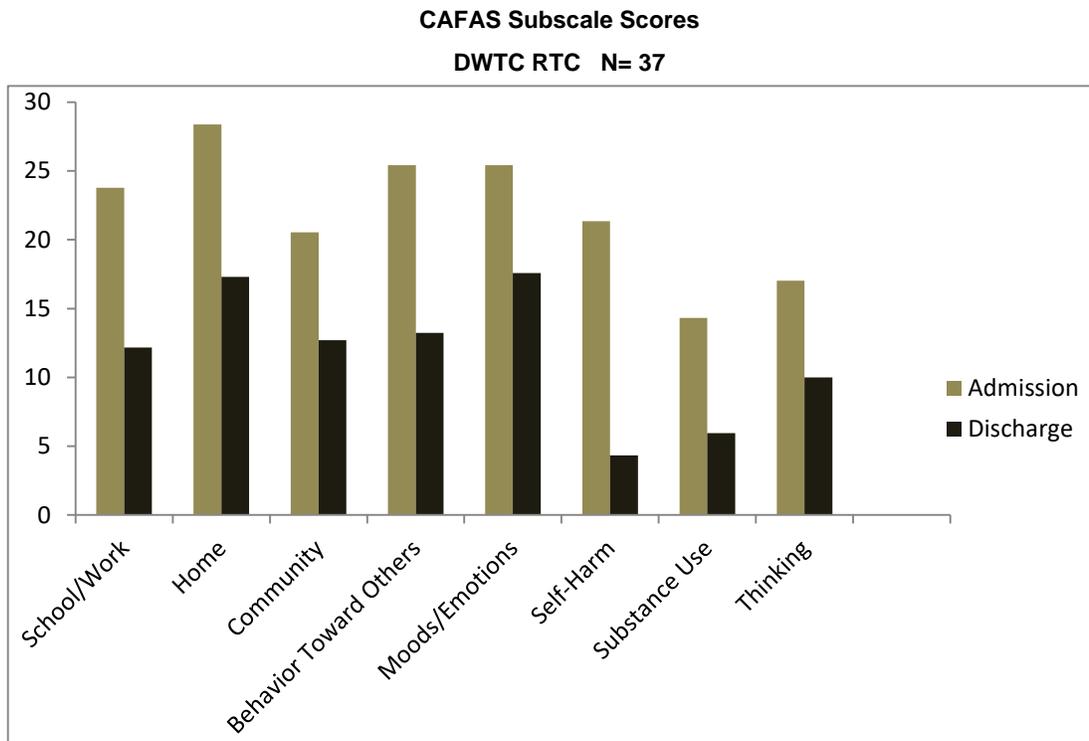
The admissions to discharge CAFAS subscale scores for Desert Willow Treatment Center Acute Hospital are depicted below.



In terms of improvement, 95 (84.8%) of 112 qualified DCFS Desert Willow Treatment Center Acute clients showed clinically significant improvement in their overall functioning as measured by the CAFAS. The mean total score for all clients at admission was 154.11 and the mean total score at discharge was 103.48. Clients were qualified if they had been discharged and if they were rated on the CAFAS at admission and discharge

Desert Willow Treatment Center RTC

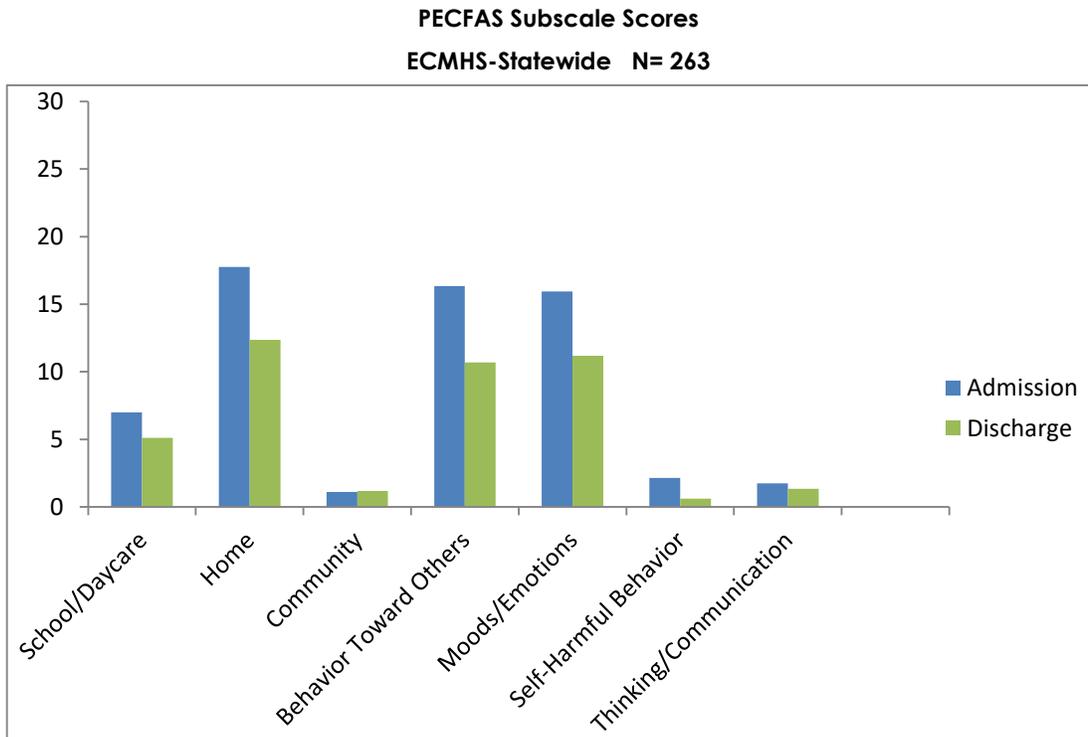
The graph below shows the admission to discharge CAFAS subscale scores for Desert Willow Residential Treatment Center.



Clinically significant improvement was observed for 34 (91.9%) of 37 qualified DCFS Desert Willow Residential Treatment Center (RTC) clients. The mean total score for all clients at admission was 176.22 and the mean total score at discharge was 93.24. Clients were qualified if they had been discharged and if they received CAFAS ratings at both admission and discharge.

Early Childhood Mental Health Services

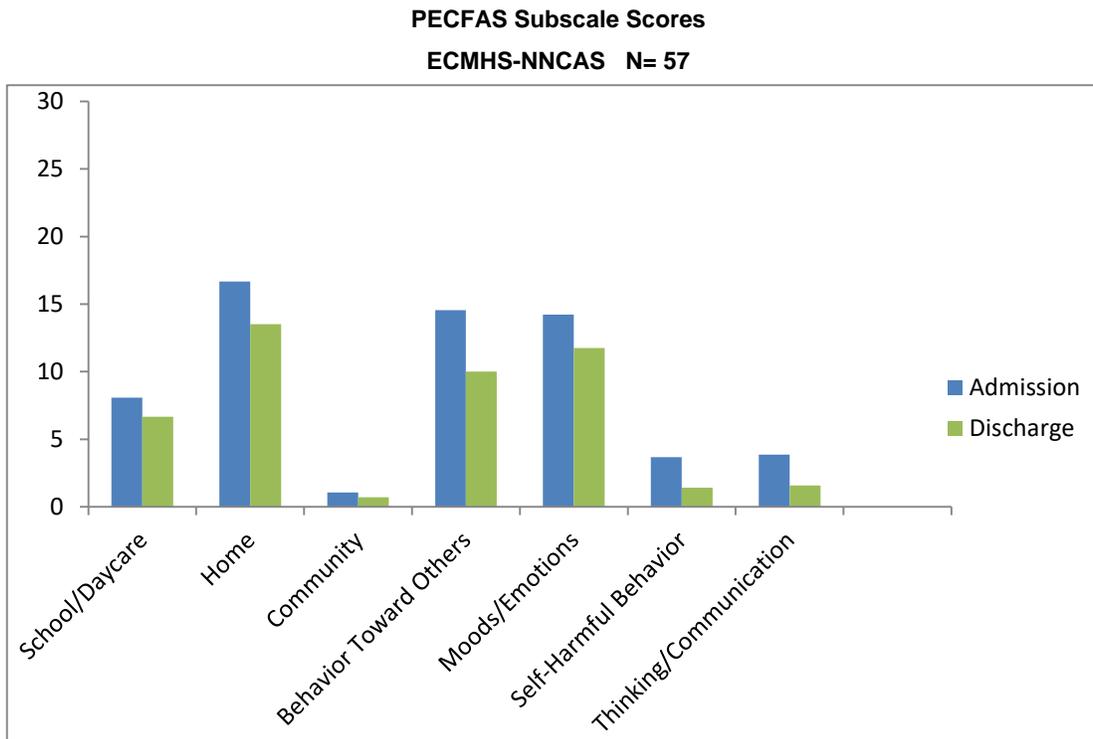
The graph below shows the admission to discharge PECFAS subscale scores for Early Childhood Mental Health Services statewide.



Similar to the CAFAS, although with one less subscale, a child has improved by a clinically significant difference on the PECFAS if his/her score at discharge is at least 17.5 points lower than the initial testing at admission. Clinically significant improvement was observed for 142 (54.0%) of 263 qualified DCFS Early Childhood clients statewide. The mean total score for all clients at admission was 62.02 and the mean total score at discharge was 42.43. Clients were qualified if they had been discharged and if they were rated on the PECFAS at admission and discharge.

Early Childhood Mental Health Services- NNCAS

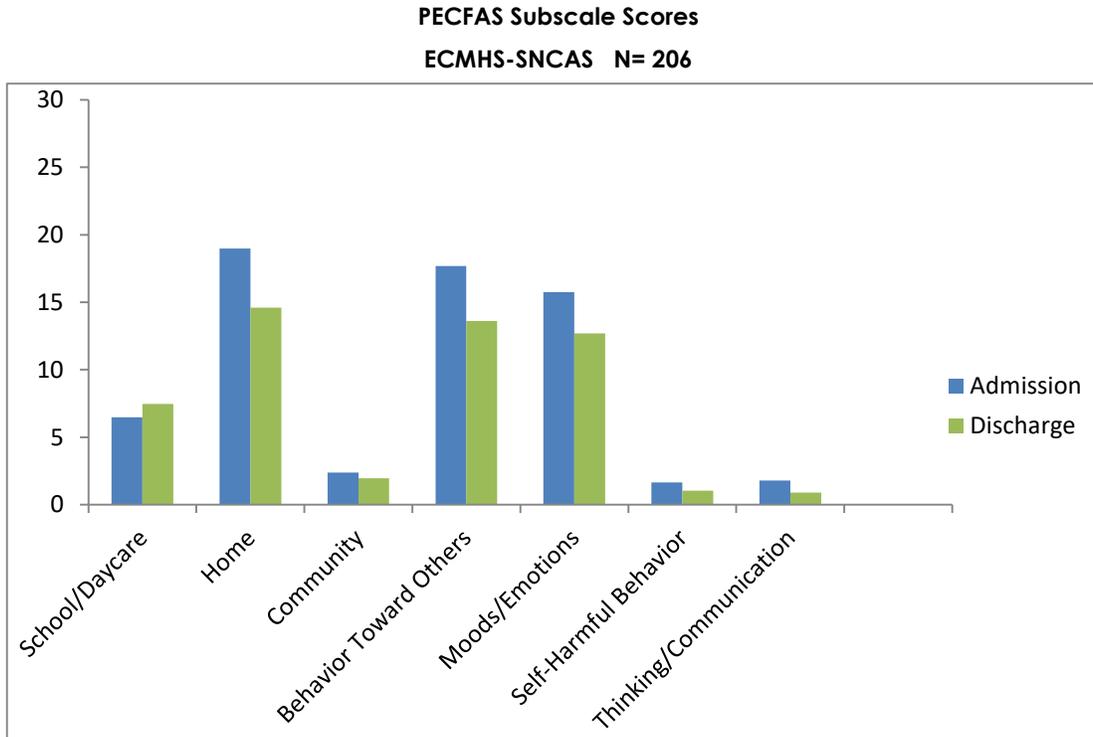
The graph below shows the admission to discharge for PECFAS subscale scores for Early Childhood Mental Health Services at NNCAS.



Regarding improvement, 27 (47.4%) of 57 qualified DCFS Early Childhood clients in NNCAS had clinically significant improvement in total scores. The mean total score for all clients at admission was 62.11 and the mean total score at discharge was 45.61. Clients were qualified if they had been discharged and if they were rated on the PECFAS at both admission and discharge.

Early Childhood Mental Health Services- SNCAS

The Admission to discharge PECFAS subscale scores for Early Childhood Mental Health Services at SNCAS are depicted below.



As previously noted, a child has improved by a clinically significant difference on the PECFAS if his/her score at discharge is at least 17.5 points lower than the initial testing at admission. For SNCAS ECMHS clients, clinically significant improvement was observed for 115 (55.8%) of 206 qualified discharged clients who had ratings at both admission and discharge. The mean total score at admission was 61.99 and the mean total score at discharge was 41.55.



Education and Juvenile Justice Outcomes

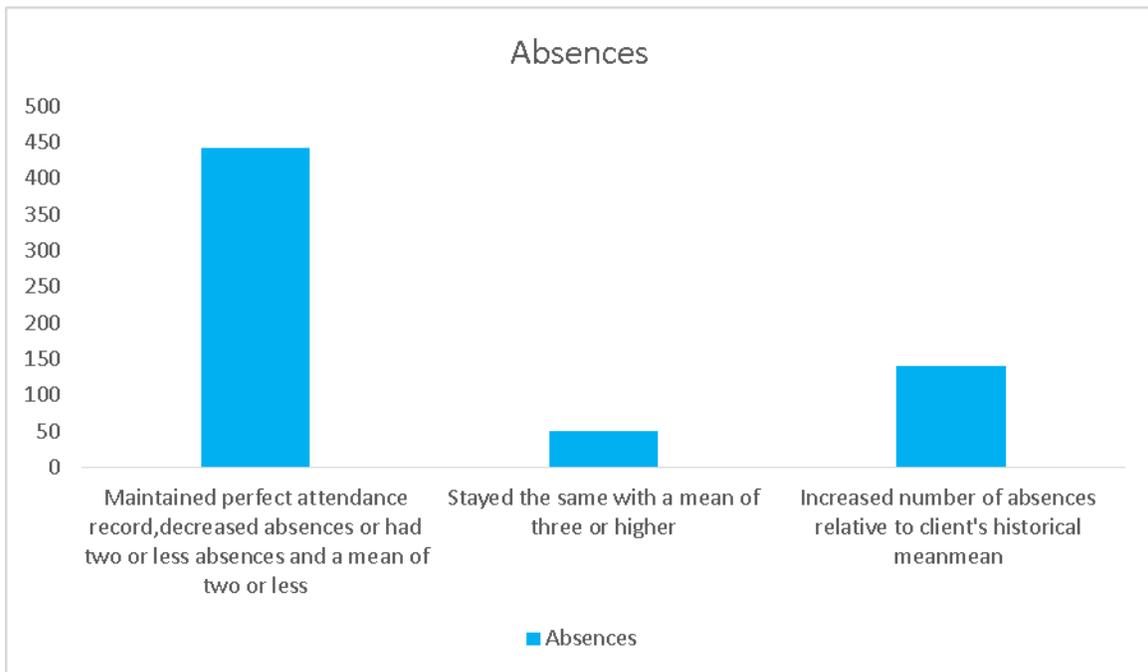
An analysis was conducted on client's absences, suspensions/expulsions, and arrests. Each client's absences, suspensions/expulsions, and arrests in the most recent period were compared to his or her average over at least two periods to see if these measures increased, decreased, or stayed the same. If 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).

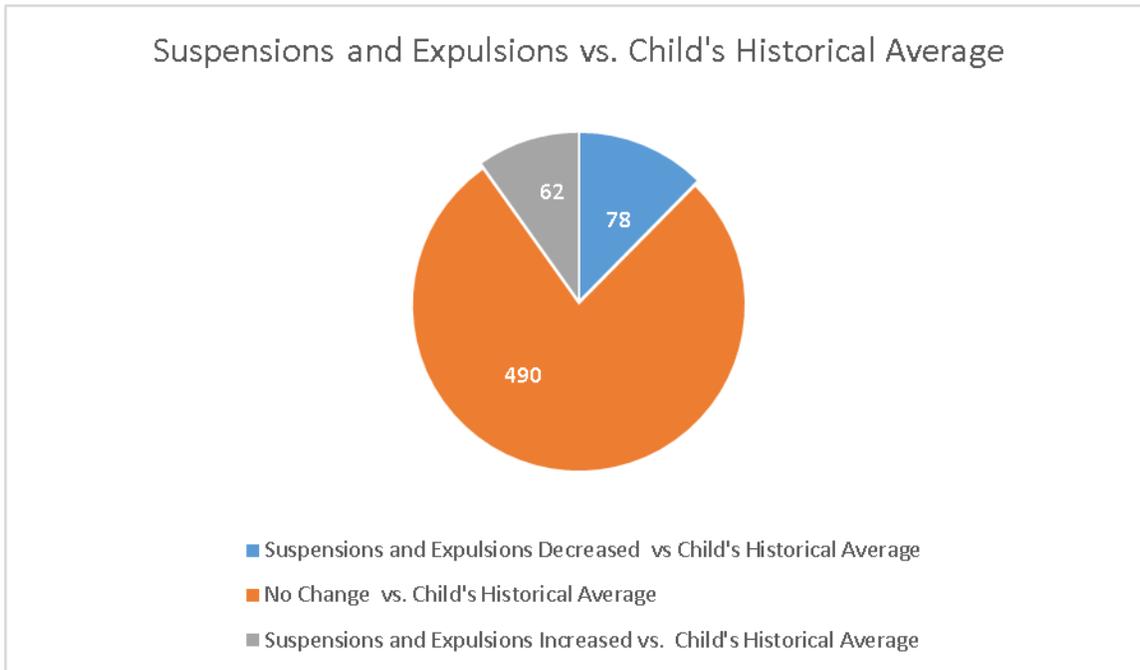
Absences: Statewide/All Programs



In FY2016, 634 clients had attendance 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 personal absences of two or fewer for 443

(69.9%) of the clients. Absences remained the same at three or more compared with a mean of three or more for 50 (7.9%) clients. Absences increased to three or more and the client self-average was greater than two days for 141 (22.2%) of the clients.

Suspensions and Expulsions: Statewide/All Programs

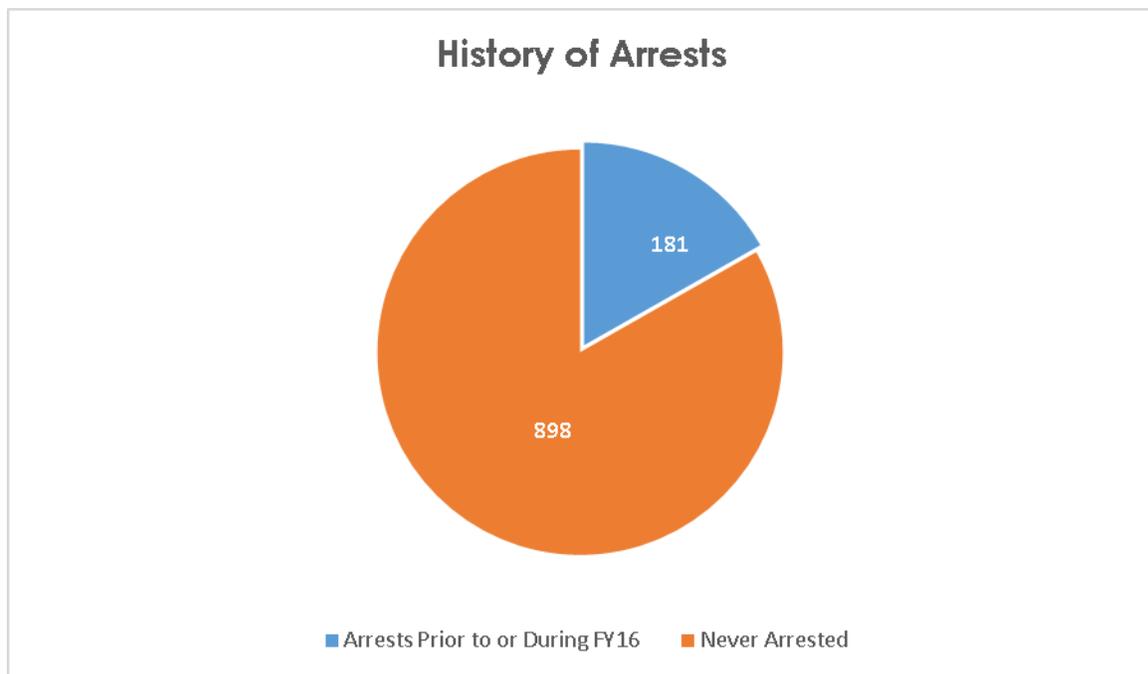


In FY2016, 630 clients had suspensions and expulsions data for at least two grade periods from which an average could be constructed. Suspensions and expulsions decreased versus the client's own average for 78 (12.4%) of the clients. For 490 (77.8%) of the clients, there was no change in suspensions and expulsions versus his or her own average. Suspensions and expulsions increased versus the client's own average for 62 (9.8%) of the clients.

Arrests: Statewide/All Programs

In FY2016, 1079 clients had arrest data to compare to current period arrests. Of the 1079 clients with arrest data, 898 clients (83.2%) had no arrests prior or current and 181 clients (16.8%) had at least one arrest in a prior and/or the current (most recent) period.

Arrests Prior to or During FY2016



Of the 181 youth with prior and/or current arrests, arrests decreased for 121 (66.9%), 33 (18.2%) had the same number of arrests as in prior periods, and arrests increased versus prior periods for 27 youth (14.9%).



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 are provided an opportunity to give feedback and information regarding the services they receive. 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 voluntarily participate in completing surveys. Children's residential programs collect surveys at discharge.

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 as compared to national benchmarks.

Community Based Services Survey – Spring 2015	Youth % positive	Parent % positive	National Benchmark for Parent Response¹
Services are seen as accessible and convenient regarding location and scheduling	88	91	82.8%
Services are seen as satisfactory and helpful	87	92	87.2%
Clients get along better with family and friends and are functioning better in their daily life	82	76	67.3%
Clients feel they have a role in directing the course of their treatment	71	93	87%
Staff are respectful of client religion, culture and ethnicity	92	95	93%
Clients feel supported in their program and in their community	91	94	83.9%
Clients are better able to cope and are doing better in work or school	81	77	69.5%

Residential Discharge Services Survey	Youth % positive	Parent % positive
Services are seen as accessible and convenient regarding location and scheduling	84	92
Services are seen as satisfactory and helpful	87	90
Clients get along better with family and friends and are functioning better in their daily life	89	75
Clients feel they have a role in directing the course of their treatment	83	83
Staff are respectful of client religion, culture and ethnicity	95	93
Clients are better able to cope /doing better in work or school	90	70

¹ 2014 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at www.samhsa.gov/dataoutcomes/urs/2014/nevada.pdf