Fiscal Year 2017

DIVISION OF CHILD AND FAMILY SERVICES-CHILDREN'S MENTAL HEALTH PROGRAMS-DESCRIPTIVE SUMMARY

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Our Behavioral Health Programs-

The following is the annual descriptive summary of DCFS Children's Mental Health Services for Fiscal Year (FY) 2017, from July 1, 2016 through June 30, 2017. The Descriptive Summary examines data related to children served in DCFS behavioral health programs at sites in Southern Nevada (SNCAS) and Northern Nevada (NNCAS) during FY 2017.

Community Based Services in Both Southern and Northern Nevada

Children's Clinical Services (CCS)- serves children ages 6-18 and their families and provides psychiatric services, mental health evaluation, individual, family, and group therapy as well as case management services. Therapists are trained in several evidence-based treatment models.

Early Childhood Mental Health Services (ECMHS)- provides psychiatric services, day treatment, parent training, consultation to other child serving providers, case management and family, individual, group therapy as well as in-home crisis intervention. ECMHS staff are provided training in evidence based models that are appropriate for young children (ages birth-6).

Wraparound In Nevada (WIN)- a targeted case management program that uses an evidence based model to provide intensive care coordination to children and their families. Staff are trained in high fidelity wraparound.

Mobile Crisis Response Team (MCRT)- provides information, crisis response at any location, and stabilization services to children and adolescents in the community. Post-response or post-stabilization services, families are linked to their current provider or connected to new long-term services and supports.

Treatment Homes

Highly structured community treatment homes providing around the clock care, mental health assessment and psychiatric assessment and evaluation, psycho-education and mental health rehabilitation services to children as well as parent training. Youth attend community schools.

- **Oasis On-Campus Treatment Homes (Southern Nevada)**-ages 7-17
- **Family Learning Homes (Northern Nevada)**-ages 7-17

Adolescent Treatment Center (Northern Nevada)-ages 13-17, staff secure, also provides on-site education services through Washoe County School District, nursing care and emergency evaluation and stabilization.

Residential Facility and Psychiatric Hospital

Desert Willow Treatment Center (Southern Nevada)- accredited by the Joint Commission, 8 acute beds and 12 residential beds serving adolescents ages 12-17. Provides mental health and psychiatric evaluation, medication management, nursing care, clinical case management, psychological evaluation, individual, family and group therapies, and on-site education through the Clark County School District.

Reasons for Seeking Services

At admission, parents and caregivers are asked to identify problems their children are experiencing. The 11 identified below (and listed in order of prevalence) accounted for 68.4% of all primary presenting problems reported at admission. The top four presenting problems listed below are the same (in order of prevalence) as the previous year.

- Suicide Attempt-Threat (17.0%)
- Depression (11.0%)
- Child Neglect Victim (6.5%)
- Anxiety (5.1%)
- Parent-Child Problems (4.9%)
- Physical Aggression (4.8%)
- Coping Problems (4.2%)
- Adjustment Problems (4.1%)
- School Problems (3.8%)
- ADHD (3.5%)
- Oppositional (3.5%)

Diagnoses-

Most Prevalent Diagnoses Children Under the Age of 6 - Males and Females

27.90%

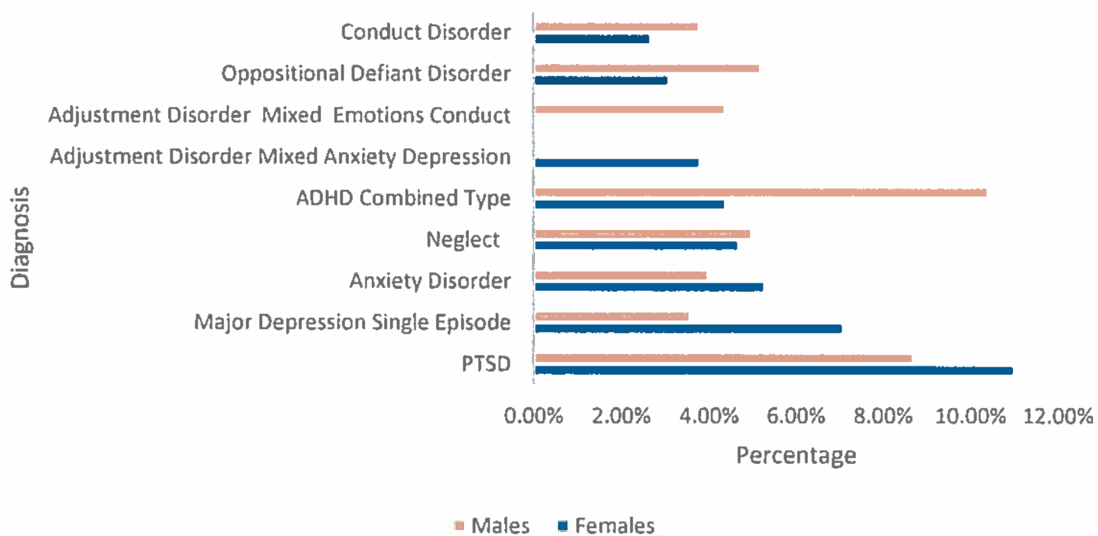
Neglect/Abuse

19.60%

Anxiety Disorders

4.90%

Adjustment Disorders



Who We Served-

Total Number of Children Served Statewide

Statewide	NNCAS	SNCAS
3354	703	2651

Admissions Statewide

Statewide	NNCAS	SNCAS
2302	336	1966

Discharges Statewide

Statewide	NNCAS	SNCAS
2349	385	1964

Age Statewide

The average age of children served Statewide was 12.55 years, NNCAS was 11.55 years and SNCAS was 12.82 years.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	445	108	337
6–12 years old	1035	293	742
13 + years old	1874	302	1572

Gender Statewide

We served slightly more males than females.

Gender	Statewide	NNCAS	SNCAS
Male	1695	362	1333
Female	1659	341	1318
Unknown	0	0	0

Race and Ethnicity

The majority of those served were Caucasian and more persons who identify as Hispanic were treated in the South.

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	43	21	22
Asian	63	1	62
Black/African American	705	69	636
Native Hawaiian/Other Pacific	52	9	43
White/Caucasian	2282	600	1682
Unknown	209	3	206
Ethnicity	**Statewide**	**NNCAS**	**SNCAS**
Hispanic Origin	1157	146	1011

Custody Status

Southern Nevada served more youth who are in their parent's custody while Northern Nevada served more youth involved with the child welfare system. The custody status was not identified in 57 of the client records in Southern Nevada.

Custody Status	Statewide	NNCAS	SNCAS
Parent/Family	2026	269	1757
Child Welfare Court Ordered	857	350	507
Protective Custody	178	3	175
Adoption Finalized	152	63	89
Voluntary Custody	12	2	10
ICPC	10	4	6
Probation	36	10	26
Parole	20	2	18
Tribal	3	0	3
Unknown	57	0	57

Severe Emotional Disturbance Status

Ninety percent of the youth served overall in Northern Nevada were determined to be SED as compared to 74% of the youth in Southern Nevada. This could be due to the number of youth who come into contact with the crisis team who are not SED.

Statewide	NNCAS	SNCAS
2600	634	1966

Demographics by Program

Category	Region	CCS	ECMHS	WIN	ATC	FLH	OASIS	DWTC-ACUTE	DWTC-RTC	MOBILE CRISIS
Number Served	NNCAS	283	177	204	57	62				300
	SNCAS	695	488	388			56	132	44	856
	Rural			104						
Average Age	NNCAS	13.67	5.77	13.04	16.14	13.04				13.98
	SNCAS	14.40	5.13	13.53			14.81	15.68	15.00	14.84
	Rural			12.08						
Gender	NNCAS									
	Male	144	82	112	33	29				139
	Female	139	95	92	24	33				161
	Other	0	0	0						0
	SNCAS									
	Male	322	282	223			31	51	25	347
	Female	373	206	165			25	81	19	510
	Other	0								0
	Rural									
	Male			56						
	Female			48						

Race	Region	CCS	ECMHS	WIN	ATC	FLH	OASIS	DWTC-ACUTE	DWTC-RTC	MOBILE CRISIS
American Indian/ Alaskan Native	NNCAS	4	6	6	2	0				7
	SNCAS	7	0	2			0	1	0	0
	Rural			6						
Asian	NNCAS	1	0	0	0	0				9
	SNCAS	13	0	7			2	2	4	36
	Rural			0						
Black/African American	NNCAS	27	28	14	7	8				22
	SNCAS	134	140	129			17	29	13	235
	Rural			1						
Native Hawaiian/ Other Pacific Islander	NNCAS	3	4	1	0	0				6
	SNCAS	8	3	5			0	3	1	21
	Rural			1						
White/ Caucasian	NNCAS	248	139	182	48	54				441
	SNCAS	489	320	236			37	90	25	124
	Rural			94						
Ethnicity										
Hispanic Origin	NNCAS	65	32	49	15	11				102
	SNCAS	351	149	137			11	50	10	321
	Rural			16						

Custody Status	Region	CCS	ECMHS	WIN	ATC	FLH	OASIS	DWTC-ACUTE	DWTC-RTC	MOBILE CRISIS
Parent/Family	NNCAS	181	48	66	28	29				267
	SNCAS	598	144	254			23	115	28	724
	Rural			56						
Child Welfare	NNCAS	91	126	134	20	32				26
	SNCAS	55	236	91			25	6	4	46
	Rural			48						
Protective Custody	NNCAS	0	1	2	0	0				2
	SNCAS	28	106	34			1	3	2	20
	Rural			0						
DCFS Youth Parole	NNCAS	2	0	0	0	1				0
	SNCAS	1	0	3			6	3	5	3
	Rural			0						
Interstate Compact	NNCAS	3	1	0	0	0				1
	SNCAS	3	1	0			0	0	0	0
	Rural			0						
Parent Custody Probation	NNCAS	1	0	1	9	1				0
	SNCAS	3	0	4			1	1	4	15
	Rural			0						
Voluntary Custody	NNCAS	1	1	1	0	0				3
	SNCAS	0	0	0			0	0	1	6
	Rural			0						
Tribal	NNCAS	0	0	0	0	0	0	0	0	1

Measuring Outcomes: Transitioning from the CAFAS and PECFAS to the Nevada CANS-

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 2017 CAFAS and PECFAS scores were used in this Descriptive Summary.

In the Spring of 2017 DCFS children's mental health programs implemented the Child and Adolescent Needs and Strengths Tool (CANS)[3] to measure functioning and outcomes instead of the CAFAS. The Child and Adolescent Needs and Strengths is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS assists in identifying a child/youth's and parents/caregiver's needs and strengths. The CANS is completed following a thorough assessment and through a collaborative process with the family, identifies which needs are the most important to address in a treatment plan, and what strengths are present that can be built upon to support the family. The CANS measures progress over time across several domains and can highlight training and supervision needs as well as reflect caseload intensity. The Nevada CANS was developed by Dr. John Lyons and consultants from Chapin Hall in conjunction with stakeholders from across the state and is being considered for use in determining eligibility and service intensity in Nevada. It is widely used for these purposes across the United States and other countries. DCFS has provided access to training and certification to hundreds of providers across Nevada.

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[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.

[3] Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human services settings.* New York: Springer.

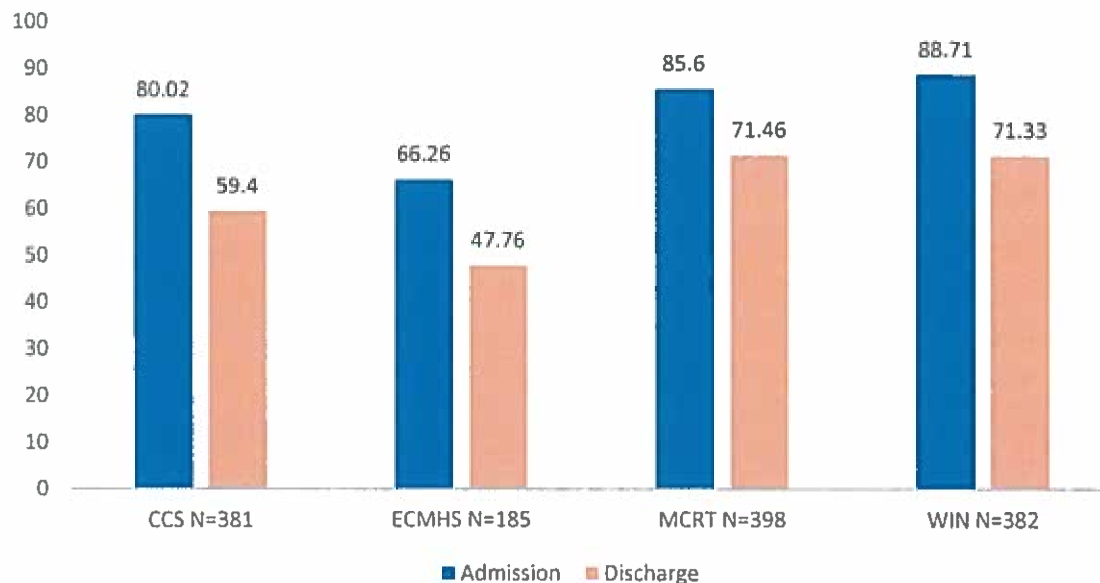
In order to accurately report functioning with data from two different assessment tools, a conversion formula was developed with consultants from Chapin Hall. CANS scores were converted to CAFAS scores using the formula and are reported below. For FY 2018 all scores will be CANS scores as the CAFAS is no longer in use at DCFS.

FY 2017-CAFAS and PECFAS Results-

Community Based Programs -Statewide

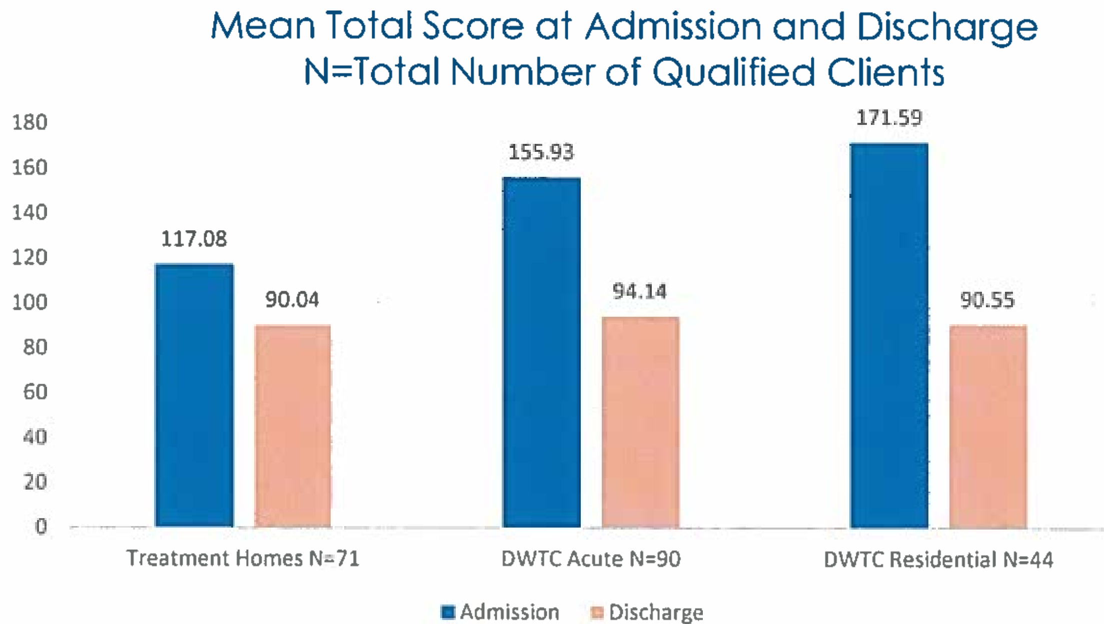
Higher total scores indicate a greater level of impairment in functioning the areas measured by the CAFAS or PECFAS. A child has improved by a clinically significant difference on the CAFAS if his/her total score at discharge is at least twenty (20) points lower than at admission. Like the CAFAS, although 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 intake.

The chart below shows the admission and discharge CAFAS or PECFAS mean total scores for Children's Clinical Services, Early Childhood Mental Health Services, Mobile Crisis Response Teams, and Wraparound in Nevada. Clients are qualified if they had been discharged and if the CAFAS or PECFAS were rated at both admission and discharge.



Residential Programs Statewide and Desert Willow Treatment Center

The graph below shows the admission and discharge CAFAS mean total scores for DCFS Treatment Homes, Desert Willow Acute and Desert Willow Residential Treatment Center. Clients are qualified if they had been discharged and if the CAFAS was rated at both admission and discharge.



Educational and Juvenile Justice Outcomes- Statewide

The number of absences, suspensions/expulsions, and arrests were evaluated to determine if there was any change in these factors while the client was in treatment. 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.

Absences: Statewide/All Programs

In FY2017, 524 clients had attendance data for at least two grade periods from which an average could be constructed. Indicators considered included whether absences declined, increased, or stayed the same:

- 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 mean personal absences of two or fewer for 365 (69.7%) of the clients.
- Absences remained the same at three or more compared with a mean of three or more for 37 (7.1%) clients.
- Absences increased to three or more and the client self-average was greater than two days for 112 (21.4%) of the clients.
- Absences improved but were still high (10 or more) for 10 clients (1.9%).

Suspensions and Expulsions: Statewide/All Programs

In FY2017, 520 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 68 (13.1%) of the clients.
- For 413 clients (79.4%), 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 39 (7.5%) of the clients.

Arrests: Statewide/All Programs

In FY2017, 999 clients had arrest data available to compare to current period arrests.

- 860 clients (86.1%) had no arrests prior or current
- 139 clients (13.9%) had at least one arrest in a prior and/or the current (most recent) period.
- 100 (71.9%) had fewer arrests than in prior periods,
- 14 (10.1%) had the same number of arrests as in prior periods
- 25 clients (14.9%) had more arrests than in prior periods.

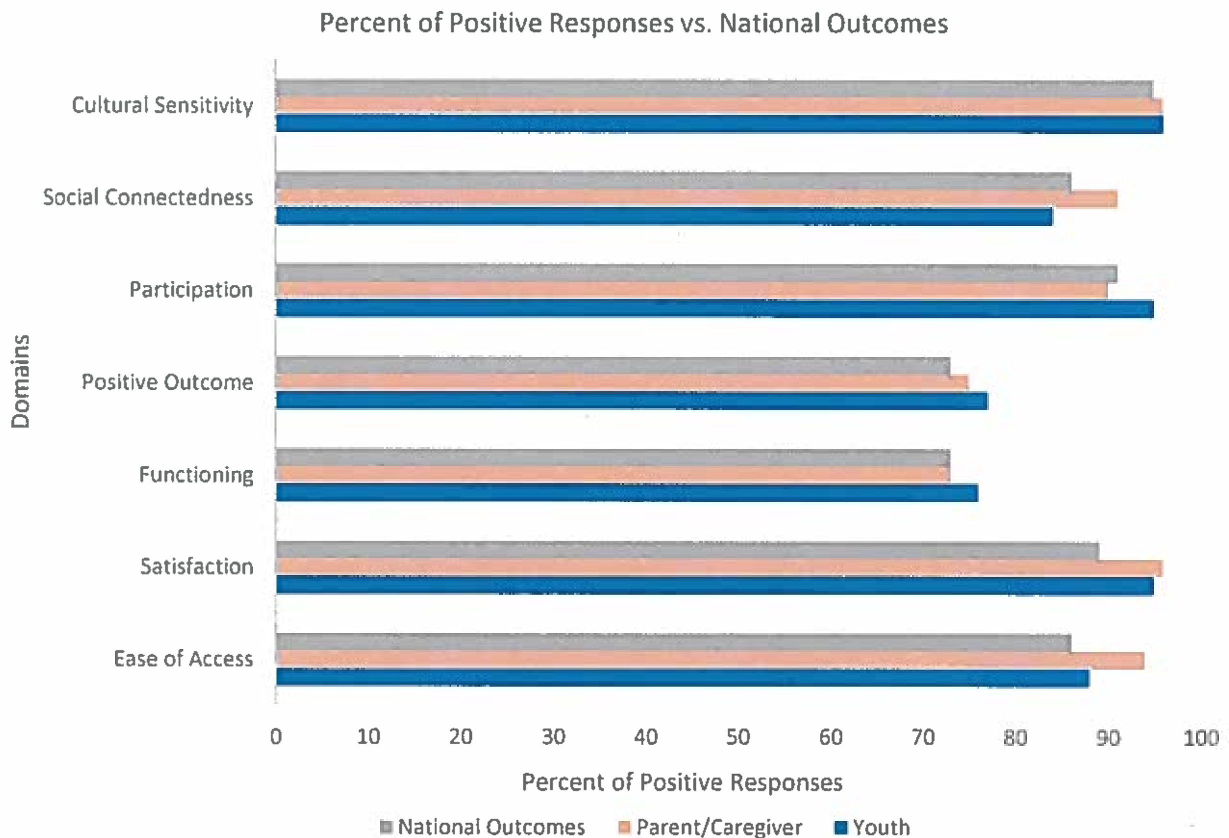
Consumer Survey Results

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 and Desert Willow collect surveys at discharge.

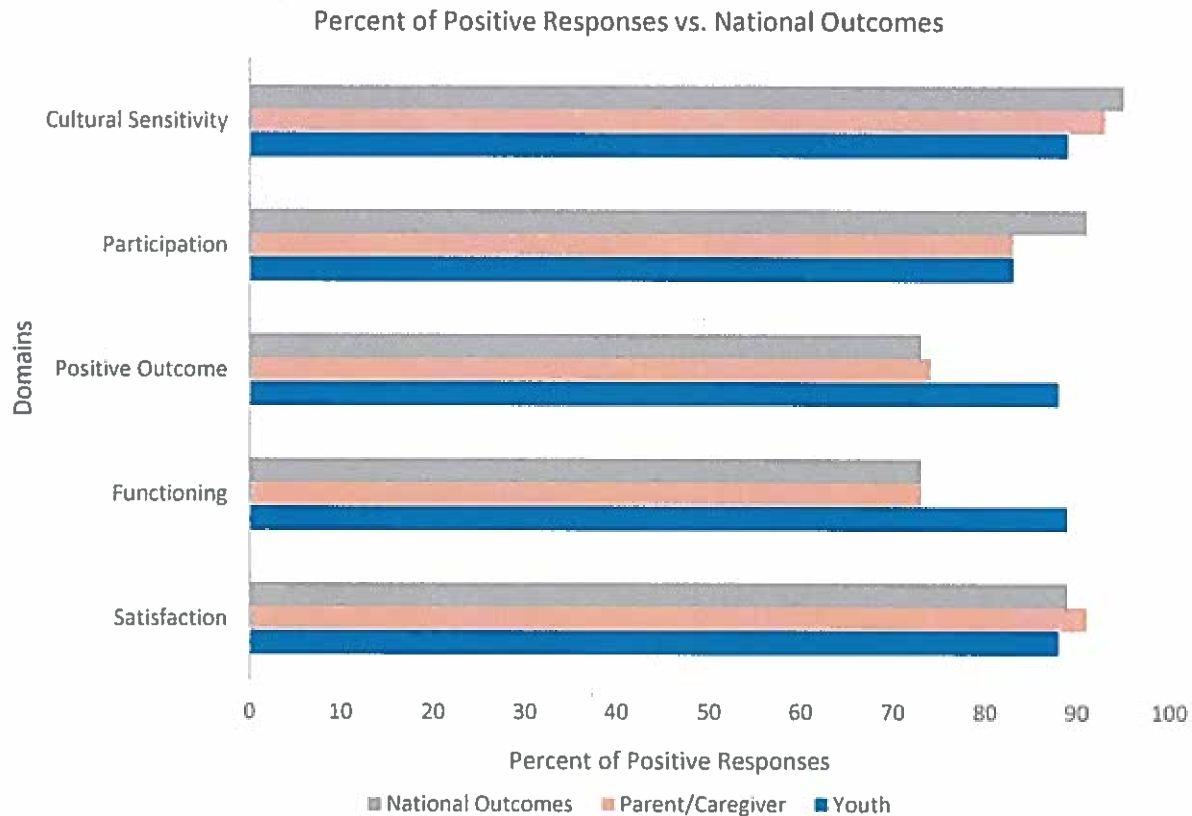
Survey participants are asked to disagree or agree with a series of statements relating to seven areas or "domains" that the Federal Mental Health Statistical Improvement Program prescribes whenever evaluating mental health programming effectiveness.

The following graph presents the FY2017 survey's positive response percentages for both parent/caregivers and for age-appropriate children as compared to national benchmarks. National benchmarks are not available for youth participants. [4]

Positive Responses Community Based Programs



Positive Responses Residential Programs



Parents and youth who completed the community based program surveys responded more positively than the rest of the nation in all domains except for social connectedness for youth and participation in treatment for parents.

The parent/caregiver respondents to the residential program surveys responded more positively about outcomes and functioning and less positive concerning participation in treatment and cultural sensitivity. Youth were less satisfied overall which is not surprising given that they would be in a more structured, restrictive environment in our residential programs.

Positive responses should increase as more consumers in residential programs are enrolled in wraparound which emphasizes family and youth involvement in collaborative decision making. In addition, the System of Care grant has been providing training in cultural competence which should increase awareness among staff.

[4] 2016 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at www.samhsa.gov/data/sites/default/files/Nevada-2016.pdf