

DESCRIPTIVE SUMMARY OF CHILDREN'S MENTAL HEALTH SERVICES Fiscal Year 2009



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INTRODUCTION

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

The following is the descriptive summary of the children who were served by DCFS Children’s Mental Health Services in Fiscal Year (FY) 2009, from July 1, 2008 through June 30, 2009. The FY 2009 Descriptive Study provides an expanded analysis of DCFS programs. This FY 2009 report examines served data statewide and by programs. Children served are those who received a service sometime during the fiscal year. This report provides descriptive information on each DCFS Children’s Mental Health Services’ program.

The Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS)¹ are used as clinical tools that assess individuals’ progress and as pre-post outcome measures for program evaluation. The CAFAS and the PECFAS subscale scores were examined at admission and at three or six months for residential program areas and at admission and at six months for community-based program areas.

SURVEY COMMENT FROM A SATISFIED PARENT

I am just grateful that you and this service are here and available to us.

This descriptive report summarizes demographic and clinical information on the 3109 children served for mental health services across the State of Nevada in DCFS Children’s Mental Health programs. DCFS Children’s Mental Health programs 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.

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

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
3109	913 (29.4%)	2196 (70.6%)

Admissions

Statewide	NNCAS	SNCAS
1722	491 (28.5%)	1231 (71.5%)

SURVEY COMMENT FROM A SATISFIED YOUTH

*I think all the help they give me is the best help I have ever gotten.
It’s really changed my life.*



CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

Statewide and by Region

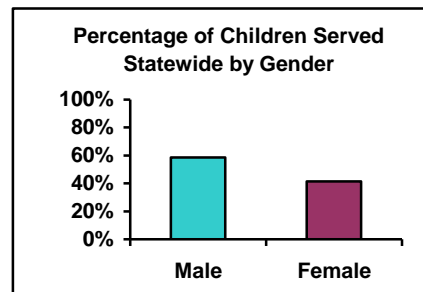
Age

The average age of children served Statewide was 10.9, NNCAS was 11.5, and SNCAS was 10.6.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	754 (24.3%)	142 (15.6%)	612 (27.9%)
6–12 years old	1054 (33.9%)	369 (40.4%)	685 (31.2%)
13–18 years old	1256 (40.4%)	390 (42.7%)	866 (39.4%)
19+ years old	44 (1.4%)	12 (1.3%)	32 (1.5%)

Gender

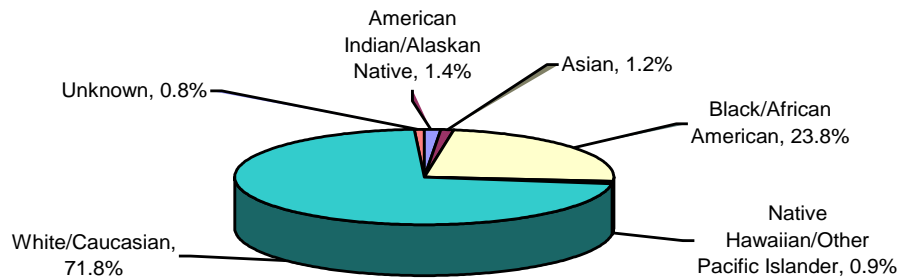
	Statewide	NNCAS	SNCAS
Male	1818 (58.5%)	520 (57%)	1298 (59.1%)
Female	1291 (41.5%)	393 (43%)	898 (40.9%)



Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	44 (1.4%)	23 (2.5%)	21 (1%)
Asian	38 (1.2%)	5 (.5%)	33 (1.5%)
Black/African American	741 (23.8%)	77 (8.4%)	664 (30.2%)
Native Hawaiian/Other Pacific Islander	29 (.9%)	11 (1.2%)	18 (.8%)
White/Caucasian	2232 (71.8%)	786 (86.1%)	1446 (65.8%)
Unknown	25 (.8%)	11 (1.2%)	14 (.6%)
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	748 (24.1%)	198 (21.7%)	550 (25%)

Percentage of Children Served Statewide by Race



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

Race	NNCAS	Washoe County ¹	SNCAS	Clark County ¹
American Indian/Alaskan Native	2.5%	1.9%	1%	.7%
Asian	.5%	4.9%	1.5%	7.1%
Black/African American	8.4%	2.3%	30.2%	9.6%
Native Hawaiian/Other Pacific Islander	1.2%	.5%	.8%	.6%
White/Caucasian	86.1%	79.2%	65.8%	71.8%
Unknown	1.2%	-	.6%	-
Ethnicity	NNCAS		SNCAS	
Hispanic Origin	21.7%	20.7%	25%	27.7%

Custody Status at Admission

	Statewide	NNCAS	SNCAS
Parent/Family	1801 (57.9%)	647 (70.9%)	1154 (52.6%)
Child Welfare	996 (32%)	126 (13.8%)	870 (39.6%)
DCFS Youth Parole	17 (.5%)	4 (.4%)	13 (.6%)
Other	76 (2.4%)	18 (2%)	58 (2.6%)
Missing	219 (7%)	118 (12.9%)	101 (4.6%)

Severe Emotional Disturbance Status at Admission

Statewide	NNCAS	SNCAS
2793 (89.8%)	841 (92.1%)	1952 (88.9%)

¹ U.S. Census Bureau, 2006-2008 American Community Survey. Retrieved on April 2, 2010 from http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=05000US32031&geoContext=01000US%7C04000US32%7C05000US32031

Demographics by Program

Community-Based Services

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

Number of Children Served

OPS	CCS
386	972

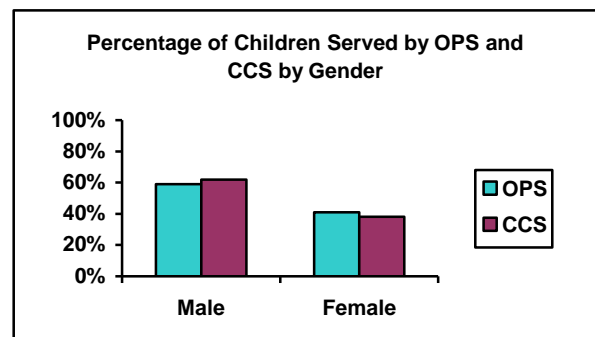
Age

The average age of children served by OPS was 13.8 and CCS was 13.3.

Age Group	OPS	CCS
0–5 years old	1 (.3%)	0 (0%)
6–12 years old	142 (36.8%)	426 (43.8%)
13–18 years old	240 (62.2%)	539 (55.5%)
19+ years old	3 (.8%)	7 (.7%)

Gender

	OPS	CCS
Male	228 (59.1%)	602 (61.9%)
Female	158 (40.9%)	370 (38.1%)



Race and Ethnicity

Race	OPS	CCS
American Indian/Alaskan Native	5 (1.3%)	10 (1.0%)
Asian	4 (1.0%)	12 (1.2%)
Black/African American	32 (8.3%)	266 (27.4%)
Native Hawaiian/Other Pacific Islander	7 (1.8%)	14 (1.4%)
White/Caucasian	338 (87.6%)	665 (68.4%)
Unknown	0 (0%)	5 (.5%)
Ethnicity	OPS	CCS
Hispanic Origin	96 (24.9%)	250 (25.7%)

Custody Status at Admission

	OPS	CCS
Parent/Family	338 (87.6%)	636 (65.4%)
Child Welfare	35 (9.1%)	292 (30.0%)
DCFS Youth Parole	3 (0.8%)	2 (0.2%)
Other	10 (2.6%)	35 (3.6%)
Missing	0 (0%)	7 (0.7%)

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

Number of Children Served

ECMHS (NNCAS)	ECMHS (SNCAS)
290	692

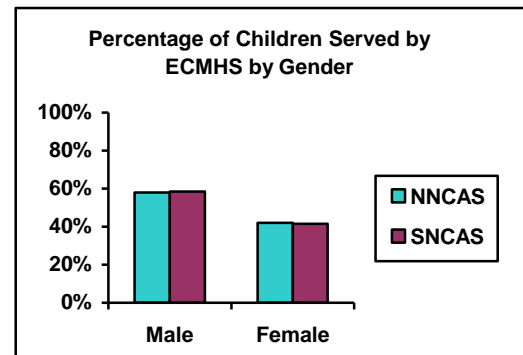
Age

The average age of children served by ECMHS (NNCAS) was 6.2 and ECMHS (SNCAS) was 4.3.

Age Group	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	132 (45.5%)	573 (82.8%)
6–12 years old	158 (54.5%)	119 (17.2%)

Gender

	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	168 (57.9%)	405 (58.5%)
Female	122 (42.1%)	287 (41.5%)



Race and Ethnicity

Race	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	7 (2.4%)	3 (0.4%)
Asian	1 (0.3%)	13 (1.9%)
Black/African American	29 (10.0%)	227 (32.8%)
Native Hawaiian/Other Pacific Islander	3 (1.0%)	2 (0.3%)
White/Caucasian	250 (86.2%)	444 (64.2%)
Unknown	0 (0%)	3 (.4%)
Ethnicity	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	67 (23.1%)	192 (27.7%)

Custody Status at Admission

	ECMHS (NNCAS)	ECMHS (SNCAS)
Parent/Family	266 (91.7%)	305 (44.1%)
Child Welfare	19 (6.6%)	379 (54.8%)
Other	5 (1.7%)	6 (0.9%)
Missing	0 (0%)	2 (0.3%)

SURVEY COMMENT FROM A SATISFIED YOUTH

I have a better relationship with my mom.

WIN Statewide and by Region

Number of Children Served

Statewide	North	Rural	South
807	162 (20.0%)	149 (18.5%)	496 (61.5%)

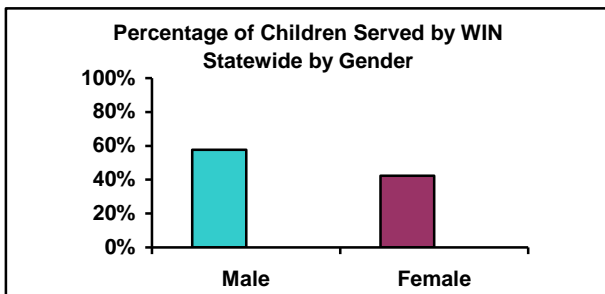
Age

The average age of children served Statewide was 13.7, North was 14.3; Rural was 12.9, and South was 13.8.

Age Group	Statewide	North	Rural	South
0–5 years old	18 (2.2%)	4 (2.5%)	13 (8.7%)	1 (.2%)
6–12 years old	303 (37.5%)	49 (30.2%)	56 (37.6%)	198 (39.9%)
13–18 years old	448 (55.5%)	103 (63.6%)	75 (50.3%)	270 (54.4%)
19+ years old	38 (4.7%)	6 (3.7%)	5 (3.4%)	27 (5.4%)

Gender

	Statewide	North	Rural	South
Male	466 (57.7%)	109 (67.3%)	69 (46.3%)	288 (58.1%)
Female	341 (42.3%)	53 (32.7%)	80 (53.7%)	208 (41.9%)



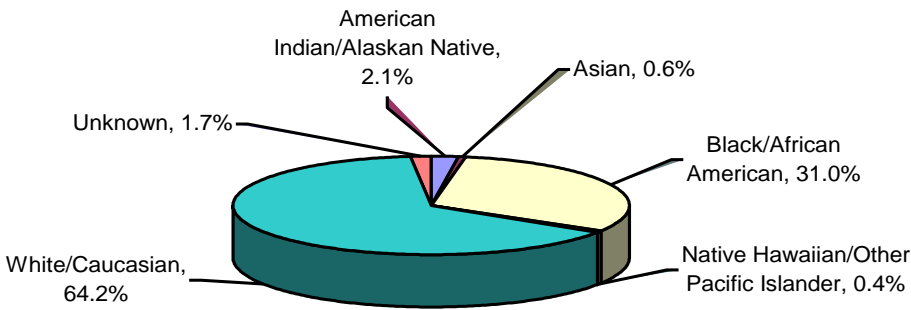
Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	17 (2.1%)	3 (1.9%)	9 (6.0%)	5 (1.0%)
Asian	5 (0.6%)	0 (0%)	0 (0%)	5 (1.0%)
Black/African American	250 (31.0%)	12 (7.4%)	11 (7.4%)	227 (45.8%)
Native Hawaiian/Other Pacific Islander	3 (0.4%)	1 (0.6%)	1 (0.7%)	1 (0.2%)
White/Caucasian	518 (64.2%)	144 (88.9%)	119 (79.9%)	255 (51.4%)
Unknown	14 (1.7%)	2 (1.2%)	9 (6.0%)	3 (.6%)
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	121 (15.0%)	30 (18.5%)	18 (12.1%)	73 (14.7%)

SURVEY COMMENT FROM A SATISFIED PARENT

The most helpful thing is that our child is safe and not hurting herself or others....

Percentage of Children Served by WIN Statewide by Race



Custody Status at Admission

	Statewide	North	Rural	South
Parent/Family	187 (23.2%)	78 (48.1%)	26 (17.4%)	83 (16.7%)
Child Welfare	386 (47.8%)	80 (49.4%)	5 (3.4%)	301 (60.7%)
DCFS Youth Parole	4 (0.5%)	2 (1.2%)	1 (0.7%)	1 (0.2%)
Other	25 (3.1%)	1 (.6%)	1 (0.7%)	23 (4.6%)
Missing*	205 (25.4%)	1 (.6%)	116 (77.9%)	88 (17.7%)

Treatment Homes

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

Number of Children Served

	ATC	FLH	OCTH
	44	51	77

Age

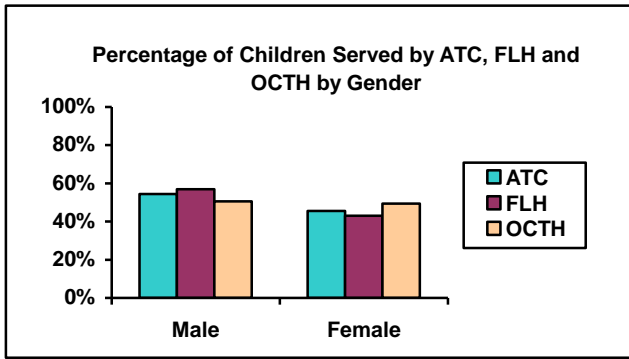
The average age of children served by ATC was 15.9, FLH was 13.0, and OCTH was 13.8.

Age Group	ATC	FLH	OCTH
6–12 years old	2 (4.5%)	25 (49.0%)	30 (39.0%)
13–18 years old	42 (95.5%)	26 (51.0%)	47 (61.0%)

Gender

	ATC	FLH	OCTH
Male	24 (54.5%)	29 (56.9%)	39 (50.6%)
Female	20 (45.5%)	22 (43.1%)	38 (49.4%)

* WIN began entering data into Avatar in FY09; they did not have a full year of data in the Avatar database.



Race and Ethnicity

Race	ATC	FLH	OCH
American Indian/Alaskan Native	1 (2.3%)	1 (2.0%)	0 (0%)
Asian	0 (0%)	0 (0%)	0 (0%)
Black/African American	3 (6.8%)	3 (5.9%)	26 (33.8%)
Native Hawaiian/Other Pacific Islander	1 (2.3%)	0 (0%)	1 (1.3%)
White/Caucasian	39 (88.6%)	47 (92.2%)	49 (63.6%)
Unknown	0 (0%)	0 (0%)	1 (1.3%)
Ethnicity	ATC	FLH	OCH
Hispanic Origin	9 (20.5%)	6 (11.8%)	8 (10.4%)

Custody Status at Admission

	ATC	FLH	OCH
Parent/Family	36 (81.8%)	45 (88.2%)	36 (46.8%)
Child Welfare	7 (15.9%)	5 (9.8%)	23 (29.9%)
DCFS Youth Parole	0 (0%)	1 (2.0%)	2 (2.6%)
Other	1 (2.3%)	0 (0.0%)	8 (10.4%)
Missing	0 (0.0%)	0 (0.0%)	8 (10.4%)

Residential Facility and Psychiatric Hospital

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

Number of Children Served

Acute	RTC
157	121

SURVEY COMMENT FROM A SATISFIED YOUTH

People are always there to help me.

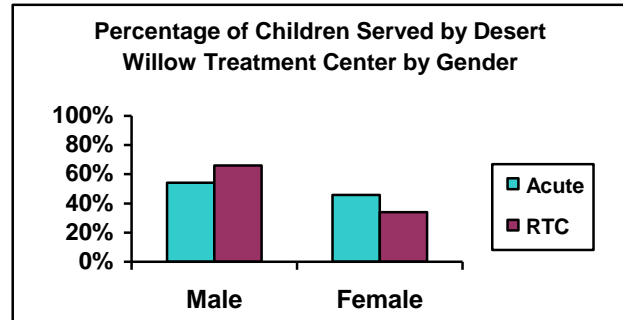
Age

The average age of children served by Desert Willow was 15.2.

Age Group	Acute	RTC
0–5 years old	1 (0.6%)	0 (0%)
6–12 years old	45 (28.7%)	5 (4.1%)
13–18 years old	111 (70.7%)	115 (95.0%)
19+ years old	0 (0%)	1 (0.8%)

Gender

	Acute	RTC
Male	85 (54.1%)	80 (66.1%)
Female	72 (45.9%)	41 (33.9%)



Race and Ethnicity

Race	Acute	RTC
American Indian/Alaskan Native	2 (1.3%)	3 (2.5%)
Asian	5 (3.2%)	0 (0%)
Black/African American	31 (19.7%)	17 (14.0%)
Native Hawaiian/Other Pacific Islander	3 (1.9%)	0 (0%)
White/Caucasian	115 (73.2%)	100 (82.6%)
Unknown	1 (0.6%)	1 (0.8%)
Ethnicity	Acute	RTC
Hispanic Origin	61 (38.9%)	23 (19.0%)

Custody Status at Admission

	Acute	RTC
Parent/Family	143 (91.1%)	101 (83.5%)
Child Welfare	13 (8.3%)	7 (5.8%)
DCFS Youth Parole	0 (0%)	10 (8.3%)
Other	1 (0.6%)	2 (1.7%)
Missing	0 (0%)	1 (0.8%)



CHILDREN'S CLINICAL CHARACTERISTICS AND OUTCOMES

Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their child has encountered. Of the 51 problems listed, the six problems identified below accounted for forty-five percent (45%) of all problems reported.

- Adjustment Problems
- Depression
- Child Neglect Victim
- Parent-Child Problems
- Physical Aggression
- Suicide Attempt - Threat

Adjustment Problems and Depression are also the two most frequent admitting problems for NNCAS and SNCAS. Depression was not in the top five in FY 2008. Parent-Child Problems and Physical Aggression were tied for the fourth most frequent problem.

When analyzed by region, the most frequent admitting problem in both regions was Adjustment Problems. The second most frequent admitting problem in both regions was Depression. Parent-Child Problems was the third most frequently reported problem at NNCAS while Child Neglect Victim was the third most frequently reported problem at SNCAS.

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

The Child and Adolescent Functional Assessment Scale (CAFAS)¹ was designed to assess in children ages 6 to 18 years the degree of functional impairment regarding emotional, behavioral, psychiatric,

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

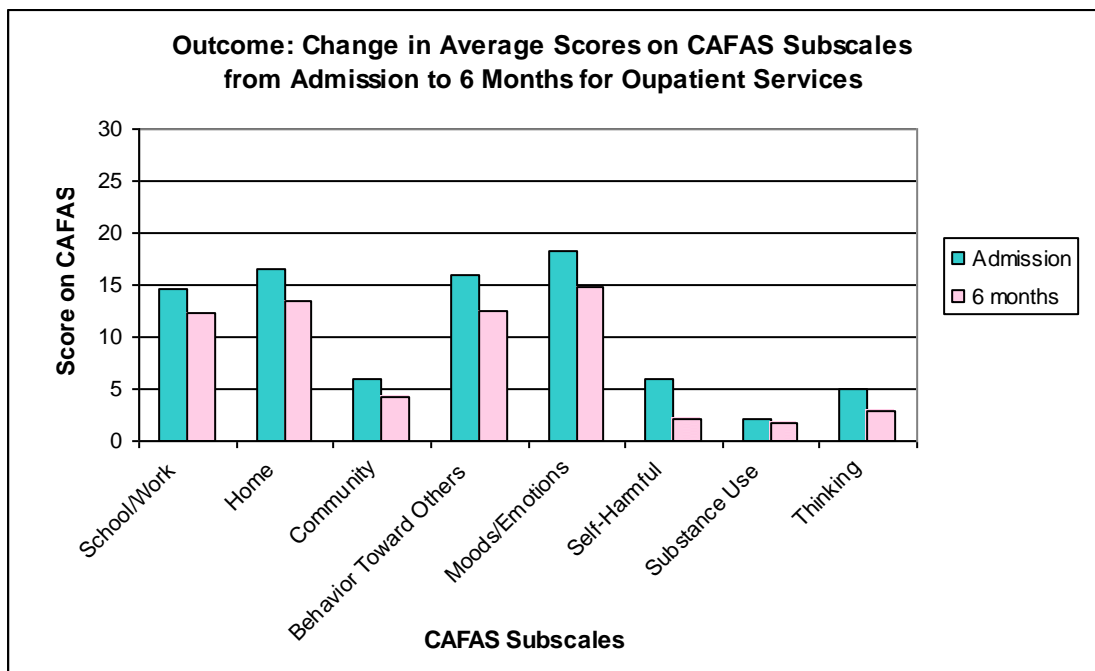
psychological and substance-use problems. CAFAS scores can range from 0 to 240 with higher scores reflecting increased impairment in functioning.

The Preschool and Early Childhood Functional Assessment Scale (PECFAS),¹ was also designed to assess degree of impairment in functioning of children ages 3-7 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 a clinical outcome measures for individual clients and program evaluation (Hodges, 2005). The CAFAS and the PECFAS are the primary outcome measures for DCFS Children’s Mental Health.

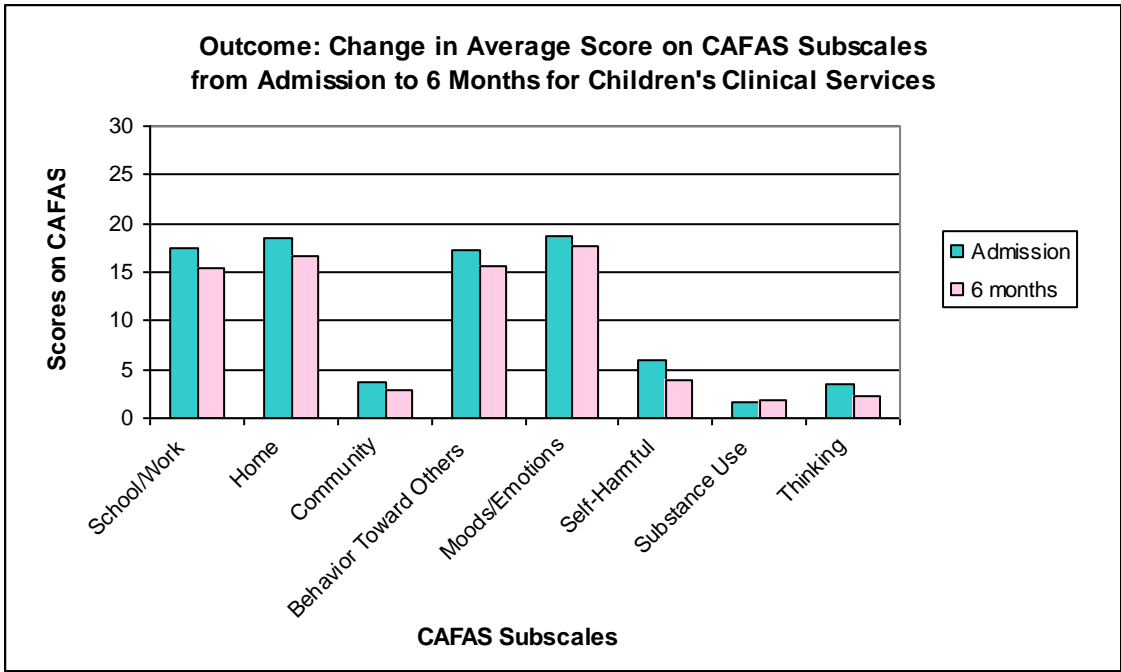
The following graphs show pre and post CAFAS or PECFAS average subscale scores by program area.

Outpatient and Children’s Clinical Services



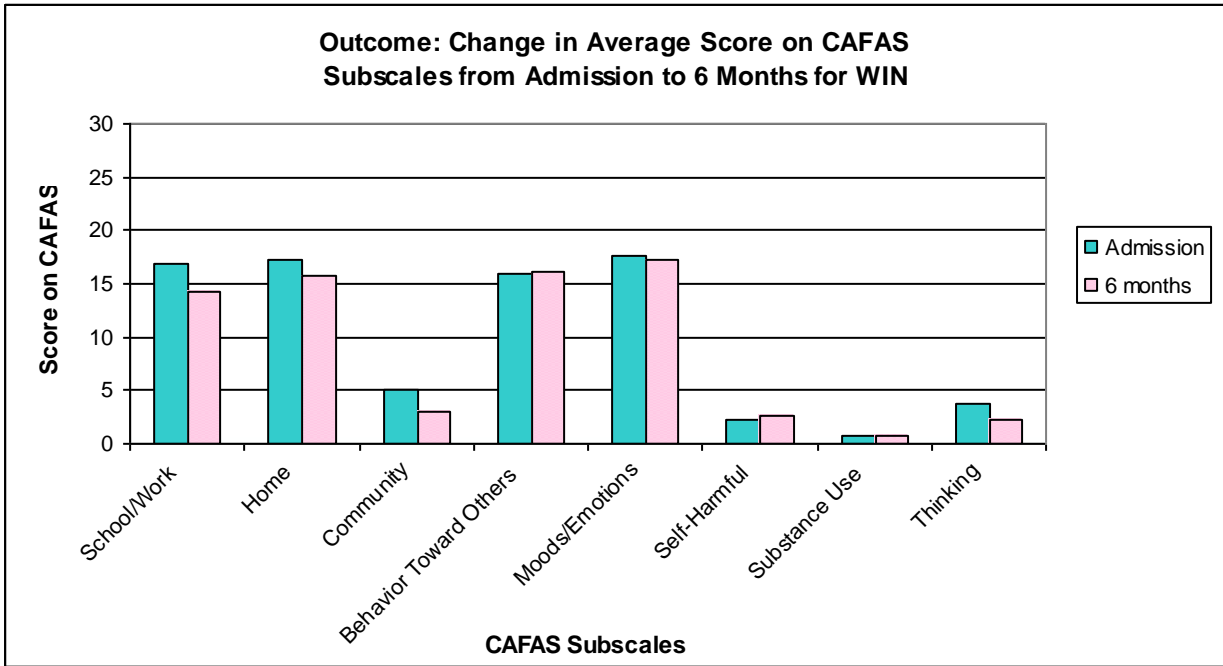
Based on 138 pairs, the average CAFAS score was 84.35 at admission. At 6 months into services, the average CAFAS score decreased to 64.13, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

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



Based on 250 pairs, the average CAFAS score was 86.84 at admission. At 6 months into services, the average CAFAS score decreased to 76.44, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

WIN

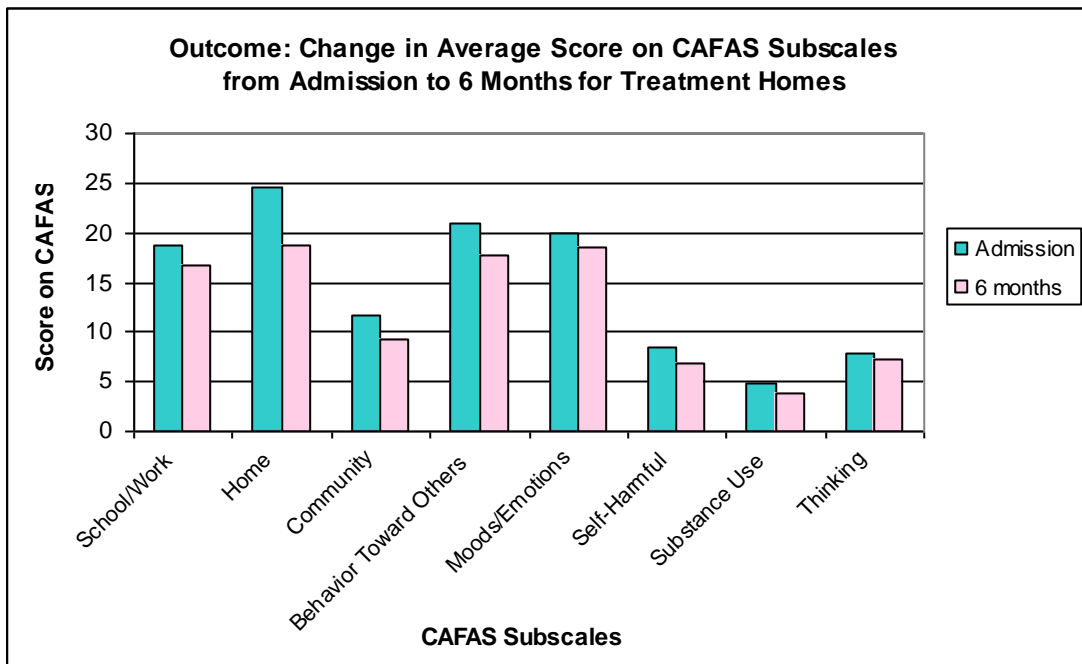


Based on 74 pairs,* the average CAFAS score was 79.46 at admission. At 6 months into services, the average CAFAS score decreased to 72.03, which indicates a statistically significant improvement in

* WIN began entering data into Avatar in FY09; they did not have a full year of data in the Avatar database.

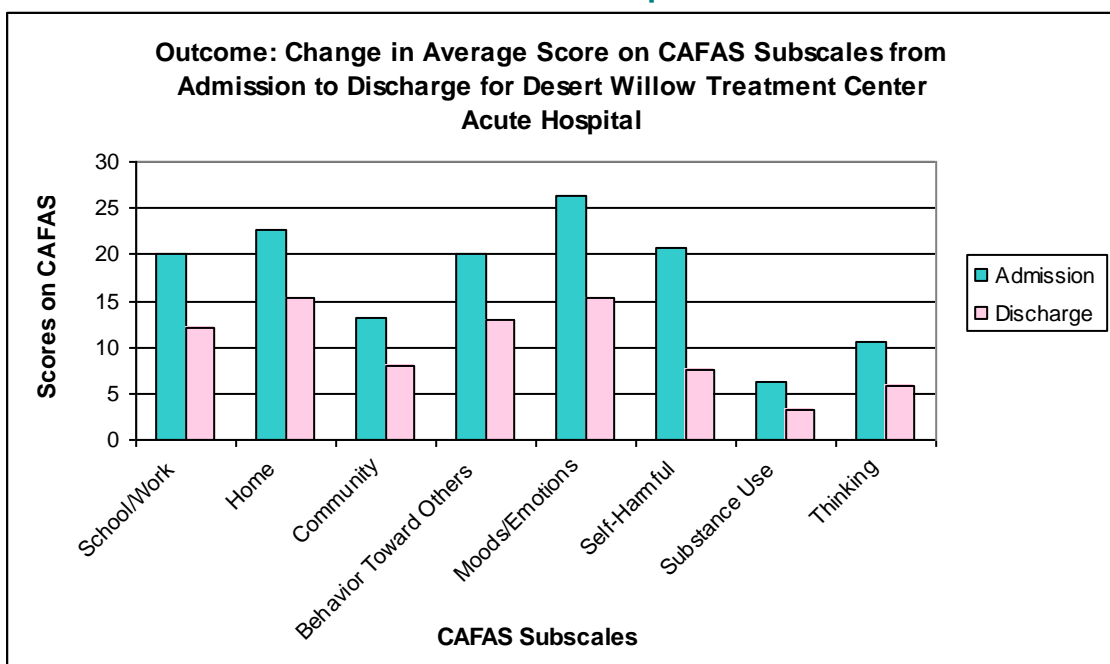
overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Treatment Homes



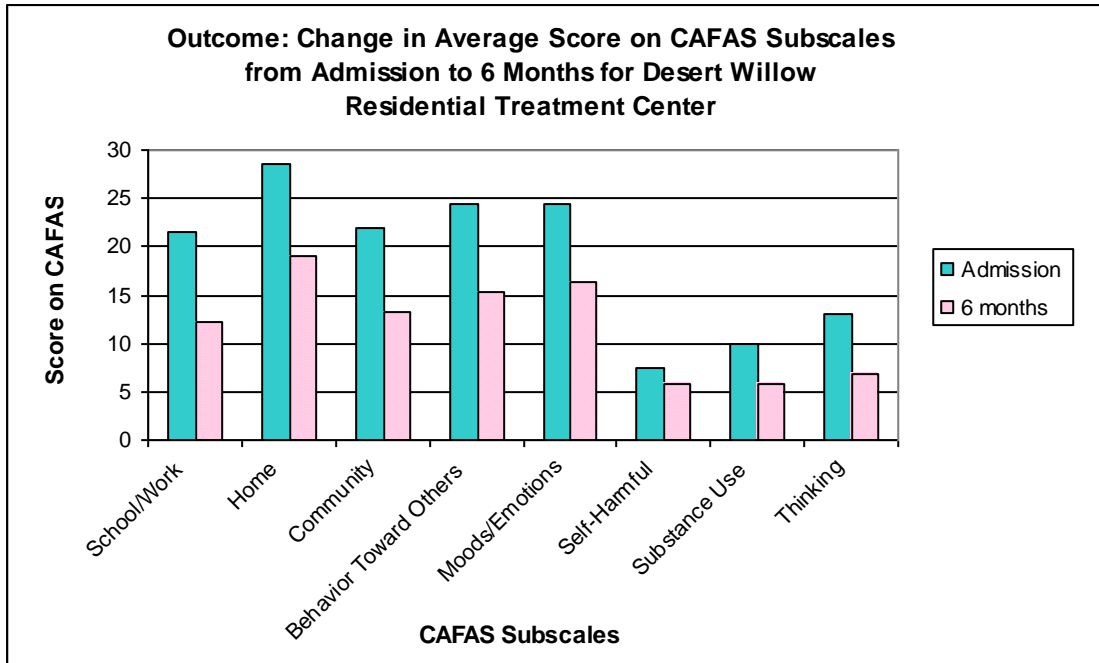
Based on 74 pairs, the average CAFAS score was 117.57 at admission. At 6 months into services or at discharge, the average CAFAS score decreased to 98.78, which indicates a statistically significant improvement in overall daily functioning which is nearly a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Desert Willow Treatment Center Acute Hospital



Based on 87 pairs, the average CAFAS score was 140 at admission. At 3 months into services or at discharge, the average CAFAS score decreased to 80.46, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Desert Willow Treatment Center RTC

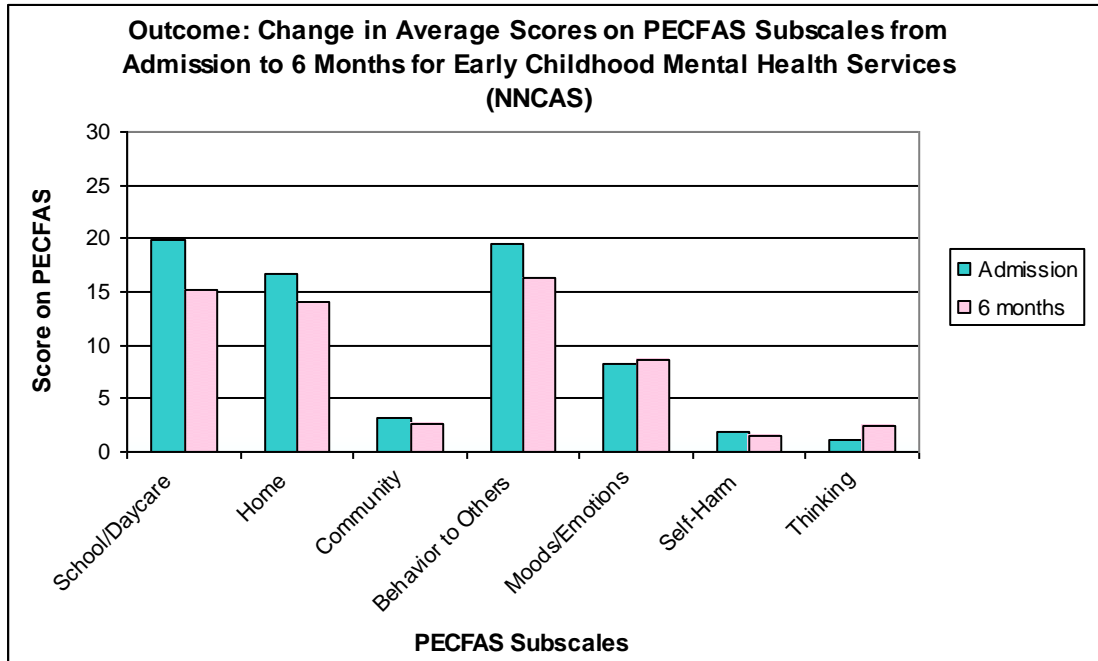


Based on 19 pairs, the average CAFAS score was 151.05 at admission. At 6 months into services or at discharge, the average CAFAS score decreased to 94.21, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

SURVEY COMMENT FROM A SATISFIED CAREGIVER

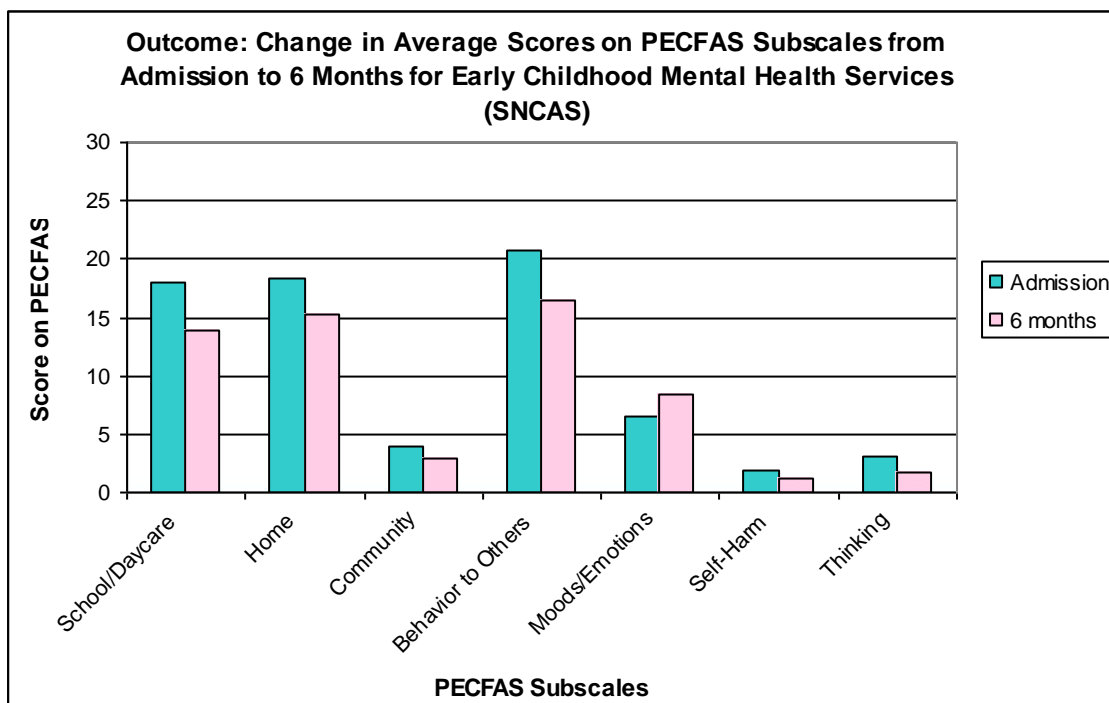
*The crisis and danger were dealt with.
I feel like she is getting some serious help that she needs.*

Early Childhood Mental Health Services (NNCAS)



Based on 41 pairs, the average PECFAS score was 72.93 at admission. At 6 months into services or at discharge, the average PECFAS score decreased to 60.73, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 17.5 or more points.

Early Childhood Mental Health Services (SNCAS)



Based on 105 pairs, the average PECFAS score was 74.29 at admission. At 6 months into services or at discharge, the average PECFAS score decreased to 59.81, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 17.5 or more points.

All DCFS Children's Mental Health Services programs showed improvement on the CAFAS or the PECFAS. This suggests that children's day-to-day functioning is improving.

Diagnosis

Over 32% of the FY 09 children met criteria for more than one diagnostic category at admission. The most prevalent Axis I diagnoses of children at admission by age category are listed below.

Age Group 0-5

- Disruptive Disorder NOS
- Adjustment Disorder
- Anxiety Disorder
- Deprivation/Maltreatment Disorder

Age Group 6-12

- Attention Deficit/Hyperactivity Disorder
- Posttraumatic Stress Disorder
- Oppositional Defiant Disorder

Age Group 13-18+

- Posttraumatic Stress Disorder
- Oppositional Defiant Disorder
- Depressive Disorder NOS
- Mood Disorder NOS



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 be 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 fall of every year, DCFS conducts a statewide survey of the children's residential and psychiatric inpatient mental health service programs offered through NNCAS and SNCAS. In the spring of every year, a similar statewide survey is conducted for NNCAS and SNCAS children's community-based mental health programs. In both surveys, 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.

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

Community Based Services Survey – Spring 2009	Parent % positive	Youth % positive	National Benchmark for Parent Response¹
Services are seen as accessible and convenient regarding location and scheduling	90	79	84
Services are seen as satisfactory and helpful	91	81	83
Clients get along better with family and friends and are functioning better in their daily life	73	76	64
Clients feel they have a role in directing the course of their treatment	89	80	87
Staff are respectful of client religion, culture and ethnicity	95	91	93
Clients feel supported in their program and in their community	91	86	NA
Clients are better able to cope and are doing better in work or school	75	78	NA
Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff (community based domain)	88	82	NA

Residential / Inpatient Services Survey – Fall 2008	Parent % positive	Youth % positive
Services are seen as accessible and conveniently scheduled	88	73
Services are seen as satisfactory and helpful	76	60
Clients feel they have a role in directing the course of their treatment	92	71
Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff	84	71
Services are provided in a safe, comfortable and private environment	56	72
Staff are respectful of client religion, culture and ethnicity	78	69
Client educational needs are met while in treatment	63	83
Clients feel supported in their program and in their community	83	75
Clients feel they have a role in directing the course of their treatment	72	79

¹ 2008 State Mental Health Measures: CMHS Uniform Reporting System Measures, available at http://download.ncadi.samhsa.gov/ken/excel/URS_Data08/AmericanSamoa.xls