Division of Child and Family Services

DESCRIPTIVE SUMMARY OF CHILDREN’S MENTAL HEALTH SERVICES
Fiscal Year 2010

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INTRODUCTION

The following is the annual descriptive summary of DCFS Children’s Mental Health Services for Fiscal Year (FY) 2010, from July 1, 2009 through June 30, 2010. The FY 2010 Descriptive Summary provides an expanded analysis of DCFS programs. This FY 2010 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.

This descriptive report summarizes demographic and clinical information on the 3121 children served for mental health services across the State of Nevada in DCFS Children’s Mental Health programs. 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)

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

SURVEY COMMENT FROM A SATISFIED PARENT

I have learned how to protect my son....
## Children’s Mental Health

### Number of Children Served

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children Served</td>
<td>3121</td>
<td>899</td>
<td>2222</td>
</tr>
</tbody>
</table>

### Admissions

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1481</td>
<td>401</td>
<td>1080</td>
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</tbody>
</table>

### Discharges

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharges</td>
<td>1415</td>
<td>429</td>
<td>986</td>
</tr>
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</table>
CHILDREN’S DEMOGRAPHIC CHARACTERISTICS

Statewide and by Region

Age
The average age of children served Statewide was 11.1, NNCAS was 11.5, and SNCAS was 10.9.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>744 (23.8%)</td>
<td>167 (18.6%)</td>
<td>577 (26%)</td>
</tr>
<tr>
<td>6–12 years old</td>
<td>1030 (33%)</td>
<td>336 (37.4%)</td>
<td>694 (31.2%)</td>
</tr>
<tr>
<td>13–18 years old</td>
<td>1300 (41.7%)</td>
<td>383 (42.6%)</td>
<td>917 (41.3%)</td>
</tr>
<tr>
<td>19+ years old</td>
<td>47 (1.5%)</td>
<td>13 (1.4%)</td>
<td>34 (1.5%)</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1805 (57.8%)</td>
<td>508 (56.5%)</td>
<td>1297 (58.4%)</td>
</tr>
<tr>
<td>Female</td>
<td>1316 (42.2%)</td>
<td>391 (43.5%)</td>
<td>925 (41.6%)</td>
</tr>
</tbody>
</table>

Race and Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>50 (1.6%)</td>
<td>26 (2.9%)</td>
<td>24 (1.1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>34 (1.1%)</td>
<td>2 (.2%)</td>
<td>32 (1.4%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>736 (23.6%)</td>
<td>75 (8.3%)</td>
<td>661 (29.7%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>39 (1.2%)</td>
<td>10 (1.1%)</td>
<td>29 (1.3%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>2212 (70.9%)</td>
<td>771 (85.8%)</td>
<td>1441 (64.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>50 (1.6%)</td>
<td>15 (1.6%)</td>
<td>35 (1.6%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Origin</td>
<td>754 (24.2%)</td>
<td>189 (21%)</td>
<td>565 (25.4%)</td>
</tr>
</tbody>
</table>

2010 Descriptive Study (Rev. 1/31/11)
### Percentage of Children Served Statewide by Race

- **American Indian/Alaskan Native**: 1.6%
- **Asian**: 1.1%
- **Black/African American**: 23.6%
- **Native Hawaiian/Other Pacific Islander**: 1.2%
- **White/Caucasian**: 70.9%
- **Unknown**: 1.6%

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

<table>
<thead>
<tr>
<th>Race</th>
<th>NNCAS</th>
<th>Washoe County</th>
<th>SNCAS</th>
<th>Clark County</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>26 (2.9%)</td>
<td>1.9%</td>
<td>24 (1.1%)</td>
<td>.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>2 (.2%)</td>
<td>4.9%</td>
<td>32 (1.4%)</td>
<td>7.1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>75 (8.3%)</td>
<td>2.3%</td>
<td>661 (29.7%)</td>
<td>9.6%</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>10 (1.1%)</td>
<td>.5%</td>
<td>29 (1.3%)</td>
<td>.6%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>771 (85.8%)</td>
<td>79.2%</td>
<td>1441 (64.9%)</td>
<td>71.8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>15 (1.6%)</td>
<td>-</td>
<td>35 (1.6%)</td>
<td>-</td>
</tr>
</tbody>
</table>

### Custody Status at Admission

<table>
<thead>
<tr>
<th>Custody Status</th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>1605 (51.4%)</td>
<td>505 (56.2%)</td>
<td>1100 (49.5%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>1448 (46.4%)</td>
<td>375 (41.7%)</td>
<td>1073 (48.3%)</td>
</tr>
<tr>
<td>DCFS Youth Parole</td>
<td>26 (.8%)</td>
<td>3 (.3%)</td>
<td>23 (1%)</td>
</tr>
<tr>
<td>Other</td>
<td>33 (1.1%)</td>
<td>15 (1.7%)</td>
<td>18 (.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>9 (.3%)</td>
<td>1 (.1%)</td>
<td>8 (.4%)</td>
</tr>
</tbody>
</table>

### Severe Emotional Disturbance Status at Admission

<table>
<thead>
<tr>
<th>Status</th>
<th>Statewide</th>
<th>NNCAS</th>
<th>SNCAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2750 (88.1%)</td>
<td>843 (93.8%)</td>
<td>1907 (85.8%)</td>
</tr>
</tbody>
</table>

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Demographics by Program

Community-Based Services

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

### Number of Children Served

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>OPS</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children Served</td>
<td>1410</td>
<td>403 (28.6%)</td>
<td>1007 (71.4%)</td>
</tr>
</tbody>
</table>

### Age

The average age of children served Statewide was 14, OPS was 14.3, and CCS was 13.9.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Statewide</th>
<th>OPS</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>1 (.1%)</td>
<td>1 (.2%)</td>
<td>-</td>
</tr>
<tr>
<td>6–12 years old</td>
<td>504 (35.7%)</td>
<td>128 (31.8%)</td>
<td>376 (37.3%)</td>
</tr>
<tr>
<td>13–18 years old</td>
<td>887 (62.9%)</td>
<td>270 (67%)</td>
<td>617 (61.3%)</td>
</tr>
<tr>
<td>19+ years old</td>
<td>18 (1.3%)</td>
<td>4 (1%)</td>
<td>14 (1.4%)</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>OPS</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>844 (59.9%)</td>
<td>232 (57.6%)</td>
<td>612 (60.8%)</td>
</tr>
<tr>
<td>Female</td>
<td>566 (40.1%)</td>
<td>171 (42.4%)</td>
<td>395 (39.2%)</td>
</tr>
</tbody>
</table>

### Race and Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Statewide</th>
<th>OPS</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>17 (1.2%)</td>
<td>7 (1.7%)</td>
<td>10 (1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>18 (1.3%)</td>
<td>-</td>
<td>18 (1.8%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>285 (20.2%)</td>
<td>26 (6.5%)</td>
<td>259 (25.7%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>25 (1.8%)</td>
<td>6 (1.5%)</td>
<td>19 (1.9%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>1048 (74.3%)</td>
<td>360 (89.3%)</td>
<td>688 (68.3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>17 (1.2%)</td>
<td>4 (.9%)</td>
<td>13 (1.3%)</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>373 (26.5%)</td>
<td>91 (22.6%)</td>
<td>282 (28%)</td>
</tr>
</tbody>
</table>

### Custody Status at Admission

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>OPS</th>
<th>CCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>1054 (74.8%)</td>
<td>353 (87.6%)</td>
<td>701 (69.6%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>320 (22.7%)</td>
<td>36 (8.9%)</td>
<td>284 (28.2%)</td>
</tr>
<tr>
<td>DCFS Youth Parole</td>
<td>10 (.7%)</td>
<td>3 (.7%)</td>
<td>7 (.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>19 (1.3%)</td>
<td>10 (2.5%)</td>
<td>9 (.9%)</td>
</tr>
<tr>
<td>Missing</td>
<td>7 (.5%)</td>
<td>1 (.2%)</td>
<td>6 (.6%)</td>
</tr>
</tbody>
</table>
Early Childhood Mental Health Services (ECMHS) – NNCAS and SNCAS

**Number of Children Served**

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>971</td>
<td>291 (30%)</td>
<td>680 (70%)</td>
</tr>
</tbody>
</table>

**Age**

The average age of children served by ECMHS Statewide was 5.1, ECMHS (NNCAS) was 6, and ECMHS (SNCAS) was 4.7.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>670 (69%)</td>
<td>156 (53.6%)</td>
<td>514 (75.6%)</td>
</tr>
<tr>
<td>6–12 years old</td>
<td>301 (31%)</td>
<td>135 (46.4%)</td>
<td>166 (24.4%)</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>556 (57.3%)</td>
<td>163 (56%)</td>
<td>393 (57.8%)</td>
</tr>
<tr>
<td>Female</td>
<td>415 (42.7%)</td>
<td>128 (44%)</td>
<td>287 (42.2%)</td>
</tr>
</tbody>
</table>

**Race and Ethnicity**

<table>
<thead>
<tr>
<th>Race</th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>10 (1%)</td>
<td>7 (2.4%)</td>
<td>3 (.4%)</td>
</tr>
<tr>
<td>Asian</td>
<td>10 (1%)</td>
<td>1 (.3%)</td>
<td>9 (1.3%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>243 (25%)</td>
<td>28 (9.6%)</td>
<td>215 (31.6%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>7 (.7%)</td>
<td>3 (1%)</td>
<td>4 (.6%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>692 (71.3%)</td>
<td>251 (86.3%)</td>
<td>441 (64.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>9 (.9%)</td>
<td>1 (.3%)</td>
<td>8 (1.2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Origin</td>
<td>246 (25.3%)</td>
<td>66 (22.7%)</td>
<td>180 (26.5%)</td>
</tr>
</tbody>
</table>

**Custody Status at Admission**

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>ECMHS (NNCAS)</th>
<th>ECMHS (SNCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>351 (36.1%)</td>
<td>100 (34.4%)</td>
<td>251 (36.9%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>615 (63.3%)</td>
<td>189 (64.9%)</td>
<td>426 (62.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (.4%)</td>
<td>2 (.7%)</td>
<td>2 (.3%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (.1%)</td>
<td>-</td>
<td>1 (.1%)</td>
</tr>
</tbody>
</table>

**SURVEY COMMENT FROM A SATISFIED YOUTH**

*I understand why I’m in foster care now.*
WIN Statewide and by Region

Number of Children Served

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>North</th>
<th>Rural</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children Served</td>
<td>758</td>
<td>149 (19.7%)</td>
<td>120 (15.8%)</td>
<td>489 (64.5%)</td>
</tr>
</tbody>
</table>

Age

The average age of children served Statewide was 13.6, North was 14.3, Rural was 12.3, and South was 13.7.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Statewide</th>
<th>North</th>
<th>Rural</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>16 (2.1%)</td>
<td>3 (2%)</td>
<td>10 (8.3%)</td>
<td>3 (.6%)</td>
</tr>
<tr>
<td>6–12 years old</td>
<td>307 (40.5%)</td>
<td>51 (34.2%)</td>
<td>57 (47.5%)</td>
<td>199 (40.7%)</td>
</tr>
<tr>
<td>13–18+ years old</td>
<td>407 (53.7%)</td>
<td>89 (59.7%)</td>
<td>50 (41.7%)</td>
<td>268 (54.8%)</td>
</tr>
<tr>
<td>19+ years old</td>
<td>28 (3.7%)</td>
<td>6 (4%)</td>
<td>3 (2.5%)</td>
<td>19 (3.9%)</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>North</th>
<th>Rural</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>418 (55.1%)</td>
<td>86 (57.7%)</td>
<td>61 (50.8%)</td>
<td>271 (55.4%)</td>
</tr>
<tr>
<td>Female</td>
<td>349 (44.9%)</td>
<td>63 (42.3%)</td>
<td>59 (49.2%)</td>
<td>218 (44.6%)</td>
</tr>
</tbody>
</table>

Race and Ethnicity

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Statewide</th>
<th>North</th>
<th>Rural</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>25 (3.3%)</td>
<td>7 (4.7%)</td>
<td>10 (8.3%)</td>
<td>8 (1.6%)</td>
</tr>
<tr>
<td>Asian</td>
<td>6 (.8%)</td>
<td>-</td>
<td>1 (.8%)</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>233 (30.7%)</td>
<td>17 (11.4%)</td>
<td>8 (6.7%)</td>
<td>208 (42.5%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>3 (.4%)</td>
<td>-</td>
<td>1 (.8%)</td>
<td>2 (.4%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>472 (62.3%)</td>
<td>124 (83.2%)</td>
<td>90 (75%)</td>
<td>258 (52.8%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>19 (2.5%)</td>
<td>1 (.7%)</td>
<td>10 (8.3%)</td>
<td>8 (1.6%)</td>
</tr>
</tbody>
</table>

SURVEY COMMENT FROM A SATISFIED PARENT

*Light at the end of the tunnel ... hope.*
### Percentage of Children Served by WIN Statewide by Race

- **White/Caucasian, 62.3%**
- **Black/African American, 30.7%**
- **Native Hawaiian/Other Pacific Islander, 0.4%**
- **Unknown, 2.5%**
- **American Indian/Alaskan Native, 3.3%**
- **Asian, 0.8%**

### Custody Status at Admission

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>North</th>
<th>Rural</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>120 (15.8%)</td>
<td>57 (38.3%)</td>
<td>32 (26.7%)</td>
<td>31 (6.3%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>627 (82.7%)</td>
<td>91 (61.1%)</td>
<td>87 (72.5%)</td>
<td>449 (91.8%)</td>
</tr>
<tr>
<td>DCFS Youth Parole</td>
<td>1 (.1%)</td>
<td>-</td>
<td>-</td>
<td>1 (.2%)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (1.3%)</td>
<td>1 (.7%)</td>
<td>1 (.8%)</td>
<td>8 (1.6%)</td>
</tr>
</tbody>
</table>

### Treatment Homes

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

### Number of Children Served

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>180</td>
<td>59 (32.8%)</td>
<td>42 (23.3%)</td>
<td>79 (43.9%)</td>
</tr>
</tbody>
</table>

### Age

The average age of children served Statewide was 14.5, ATC was 16.1, FLH was 13.3, and OCTH was 13.9.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Statewide</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–12 years old</td>
<td>49 (27.2%)</td>
<td>-</td>
<td>18 (42.9%)</td>
<td>31 (39.2%)</td>
</tr>
<tr>
<td>13–18 years old</td>
<td>130 (72.2%)</td>
<td>59 (100%)</td>
<td>24 (57.1%)</td>
<td>47 (59.5%)</td>
</tr>
<tr>
<td>19+ years old</td>
<td>1 (.6%)</td>
<td>-</td>
<td>-</td>
<td>1 (1.3%)</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>96 (53.3%)</td>
<td>27 (45.8%)</td>
<td>24 (57.1%)</td>
<td>45 (57%)</td>
</tr>
<tr>
<td>Female</td>
<td>84 (46.7%)</td>
<td>32 (54.2%)</td>
<td>18 (42.9%)</td>
<td>34 (43%)</td>
</tr>
</tbody>
</table>
### Race and Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Statewide</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>5 (2.8%)</td>
<td>3 (5.1%)</td>
<td>-</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Asian</td>
<td>1 (.6%)</td>
<td>-</td>
<td>-</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>37 (20.6%)</td>
<td>5 (8.5%)</td>
<td>1 (2.4%)</td>
<td>31 (39.2%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>2 (1.1%)</td>
<td>1 (1.7%)</td>
<td>-</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>132 (73.3%)</td>
<td>49 (83.1%)</td>
<td>41 (97.6%)</td>
<td>42 (53.2%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>3 (1.7%)</td>
<td>1 (1.7%)</td>
<td>-</td>
<td>2 (2.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Origin</td>
<td>32 (17.8%)</td>
<td>13 (22%)</td>
<td>5 (11.9%)</td>
</tr>
</tbody>
</table>

### Custody Status at Admission

<table>
<thead>
<tr>
<th>Custody Status at Admission</th>
<th>Statewide</th>
<th>ATC</th>
<th>FLH</th>
<th>OCTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>115 (63.9%)</td>
<td>44 (74.6%)</td>
<td>37 (88.1%)</td>
<td>34 (43%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>51 (28.3%)</td>
<td>14 (23.7%)</td>
<td>4 (9.5%)</td>
<td>33 (41.8%)</td>
</tr>
<tr>
<td>DCFS Youth Parole</td>
<td>3 (1.7%)</td>
<td>-</td>
<td>1 (2.4%)</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (2.2%)</td>
<td>1 (1.7%)</td>
<td>-</td>
<td>3 (3.8%)</td>
</tr>
<tr>
<td>Missing</td>
<td>7 (3.9%)</td>
<td>-</td>
<td>-</td>
<td>7 (8.9%)</td>
</tr>
</tbody>
</table>

### Residential Facility and Psychiatric Hospital

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

#### Number of Children Served

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>RTC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>157</td>
<td>106</td>
</tr>
</tbody>
</table>
Age

The average age of children served by Desert Willow Acute was 15.2 and 16 for the Desert Willow Residential Treatment Center.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Acute</th>
<th>RTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6–12 years old</td>
<td>28 (17.8%)</td>
<td>4 (3.8%)</td>
</tr>
<tr>
<td>13–18 years old</td>
<td>129 (82.2%)</td>
<td>99 (93.4%)</td>
</tr>
<tr>
<td>19+ years old</td>
<td>-</td>
<td>3 (2.8%)</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>RTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>72 (45.9%)</td>
<td>74 (69.8%)</td>
</tr>
<tr>
<td>Female</td>
<td>85 (54.1%)</td>
<td>32 (30.2%)</td>
</tr>
</tbody>
</table>

Race and Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Acute</th>
<th>RTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1 (.6%)</td>
<td>3 (2.8%)</td>
</tr>
<tr>
<td>Asian</td>
<td>4 (2.5%)</td>
<td>1 (.9%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>33 (21%)</td>
<td>21 (19.8%)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>6 (3.8%)</td>
<td>1 (.9%)</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>109 (69.4%)</td>
<td>75 (70.8%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>4 (2.5%)</td>
<td>5 (4.7%)</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>58 (36.9%)</td>
<td>14 (13.2%)</td>
</tr>
</tbody>
</table>

Custody Status at Admission

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>RTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Family</td>
<td>138 (87.9%)</td>
<td>85 (80.2%)</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>15 (9.6%)</td>
<td>6 (5.7%)</td>
</tr>
<tr>
<td>DCFS Youth Parole</td>
<td>3 (1.9%)</td>
<td>14 (13.2%)</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (.6%)</td>
<td>1 (.9%)</td>
</tr>
</tbody>
</table>

SURVEY COMMENT FROM A SATISFIED FAMILY

We feel that the services we receive are like a family. Everyone works together for a common goal.
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 seven problems identified below (and listed in order of prevalence) accounted for about fifty-one percent (50.8%) of all problems reported.

- Adjustment Problems (10.6%)
- Child Neglect Victim (9.0%)
- Depression (8.4%)
- Physical Aggression (6.9%)
- Parent-Child Problems (5.9%)
- Oppositional (5.1%)
- Suicide Attempt-Threat (4.9%)

Adjustment problems remained the most prevalent presenting problem in FY2010. Child neglect victim surpassed depression this year in prevalence, and joining the list was oppositional, which surpassed suicide attempt-threat. Depression has remained in the top five for the second year after not making the top five in FY2008. In addition, physical aggression surpassed parent-child problems.
Diagnosis

In FY 2010 39% 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

<table>
<thead>
<tr>
<th>Overall</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruptive Behavior Disorder</td>
<td>Adjustment Disorder</td>
<td>Disruptive Behavior Disorder</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>Disruptive Behavior Disorder</td>
<td>Adjustment Disorder</td>
</tr>
<tr>
<td>Neglect of Child</td>
<td>Neglect of Child</td>
<td>Neglect of Child</td>
</tr>
<tr>
<td>Anxiety Disorder NOS</td>
<td>Anxiety Disorder NOS</td>
<td>Parent-Child Relational Problem</td>
</tr>
<tr>
<td>Parent-Child Relational Problem</td>
<td>Deprivation/Maltreatment Disorder</td>
<td>Anxiety Disorder NOS</td>
</tr>
<tr>
<td>Deprivation/Maltreatment Disorder</td>
<td>Parent-Child Relational Problem</td>
<td>Sensory Stimulation-Seeking/Impulsive</td>
</tr>
</tbody>
</table>

### Age Group 6-12.99

<table>
<thead>
<tr>
<th>Overall</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>Posttraumatic Stress Disorder</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>Adjustment Disorder</td>
<td>Adjustment Disorder</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>Oppositional Defiant Disorder</td>
<td>Posttraumatic Stress Disorder</td>
</tr>
<tr>
<td>Disruptive Behavior Disorder</td>
<td>Reactive Attachment Disorder</td>
<td>Disruptive Behavior Disorder</td>
</tr>
<tr>
<td>Mood Disorder NOS</td>
<td>Disruptive Behavior Disorder</td>
<td>Mood Disorder NOS</td>
</tr>
</tbody>
</table>

### Age Group 13-18+

<table>
<thead>
<tr>
<th>Overall</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>Major Depressive Disorder</td>
<td>Attention-Deficit/Hyperactivity Disorder</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>Posttraumatic Stress Disorder</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>Oppositional Defiant Disorder</td>
<td>Posttraumatic Stress Disorder</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder</td>
<td>Depressive Disorder NOS</td>
<td>Mood Disorder NOS</td>
</tr>
<tr>
<td>Mood Disorder NOS</td>
<td>Mood Disorder NOS</td>
<td>Major Depressive Disorder</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>Adjustment Disorder</td>
<td>Adjustment Disorder</td>
</tr>
</tbody>
</table>
**Parent-Infant Relationship Global Assessment Scale**

The Parent-Infant Relationship Global Assessment Scale (PIR-GAS) is used to assess the quality of the infant-parent relationship in order to develop a diagnostic profile for infants, toddlers, and young children. The PIR-GAS is part of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The PIR-GAS scores are classified as 81-100 an Adapted Relationship, 41-80 Features of a Disordered Relationship, and 0-40 a Disordered Relationship. The graph below shows the PIR-GAS rating on 83 infants, toddlers and children at admission served by Early Childhood Mental Health Services statewide.

![PIR-GAS Graph]

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

The Child and Adolescent Functional Assessment Scale (CAFAS) 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) 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 a 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.

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

**Outpatient and Children's Clinical Services**

Outpatient – Based on 181 pairs, the average CAFAS score was 93.70 at admission. At 6 months into services, the average CAFAS score decreased to 70.66, 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.

Children’s Clinical Services – Based on 250 pairs, the average CAFAS score was 84.40 at admission. At 6 months into services, the average CAFAS score decreased to 72.84, 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.

Outpatient and Children’s Clinical Services – Based on 245 pairs, the average CAFAS score was 88.16 at admission. At discharge, the average CAFAS score decreased to 69.10, which indicates a statistically significant improvement in overall daily functioning and a nearly 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 213 pairs, the average CAFAS score was 77.93 at admission. At 6 months into services, the average CAFAS score decreased to 69.44, 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.

Based on 92 pairs, the average CAFAS score was 82.72 at admission. At discharge, the average CAFAS score decreased to 69.24, 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.
Based on 20 pairs, the average CAFAS score was 117.00 at admission. At 3 months into services or at discharge, the average CAFAS score decreased to 98.00, which indicates a statistically and a nearly 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.

Based on 57 pairs, the average CAFAS score was 126.49 at admission. At discharge, the average CAFAS score decreased to 105.26, which indicates a statistically significant improvement in overall daily functioning and 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 166 pairs, the average CAFAS score was 185.00 at admission. At discharge, the average CAFAS score decreased to 105.54, 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 31 pairs, the average CAFAS score was 155.81 at admission. At 6 months into services or at discharge, the average CAFAS score decreased to 74.19, 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.

Based on 54 pairs, the average CAFAS score was 152.04 at admission. At discharge, the average CAFAS score decreased to 77.04, 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.

**Early Childhood Mental Health Services NNCAS and SNCAS**
Early Childhood Mental Health Services NNCAS – Based on 76 pairs, the average PECFAS score was 73.42 at admission. At 6 months into services or at discharge, the average PECFAS score decreased to 58.82, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment.

Early Childhood Mental Health Services SNCAS – Based on 197 pairs, the average PECFAS score was 75.69 at admission. At 6 months into services or at discharge, the average PECFAS score decreased to 62.13, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment.
Early Childhood Mental Health Services NNCAS and SNCAS – Based on 82 pairs, the average PECFAS score was 72.44 at admission. At discharge, the average CAFAS score decreased to 38.78, which indicates a statistically significant improvement in overall daily functioning and a clinically meaningful reduction in impairment.

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.

**SURVEY COMMENT FROM A SATISFIED CAREGIVER**

*He is safe, and he will get the help he needs.*

**Education Outcomes**

**Absences: Statewide/All Programs**

<table>
<thead>
<tr>
<th></th>
<th>Increased</th>
<th>Unchanged</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absences: Statewide/All Programs</td>
<td>0%</td>
<td>10%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Clients tend to fluctuate from period to period in terms of school absences, so absences in the current grade period were compared to the average number of absences each student had over a number of grading periods to see if there was improvement against the average. The rationale is that if a student is, despite some fluctuation from period to period, reducing their absences, then the current period absences will be less than the average, thereby pulling the average down toward zero. In FY2010, 497 clients had education data for multiple grade periods from which an average could be constructed. Improvement in performance was seen in 234 (47.1%) of the clients, e.g. absences were down versus their average, a decrease in performance was seen in 166 (33.4%) of the clients (absences were up versus their average), and 97 (19.5%) of the clients saw no change in the current period absences versus their average. Of the 97 clients who stayed the same versus their average, 68 (70.0%) had a zero average that stayed zero due to zero absences in the current period. It is worth noting that approximately three clients showed improvement for every two that showed a decline in performance.
Clients tend to fluctuate from period to period in terms of suspensions and expulsions from school as well. So, in similar fashion, suspensions and expulsions were compared to the average number of suspensions and expulsions each student had over a number of grading periods to see if there was improvement against the average. The rationale is that if a student is, despite some fluctuation from period to period, reducing their suspensions and expulsions, then the current period suspensions and expulsions will be less than the average, thereby pulling the average down toward zero. In FY2010, 497 students had education data for multiple grade periods from which an average could be constructed. Improvement in performance was seen in 80 (16.1%) of the clients (the number of suspensions in the current period was less than their average number of suspensions and expulsions). A decrease in performance was seen in 42 (8.5% of the clients). There was no change in performance for 375 (75.5%) of the clients (the number of suspensions and expulsions in the current period was the same as the average). Of the 375 clients that showed no change in current suspensions and expulsions versus their averages, 365 had no suspensions or expulsions to date. It is worth noting that twice as many clients showed an improvement in performance than showed a decline in performance.

As with absences, suspensions, and expulsions, GPA tended to fluctuate from period to period so current GPAs were compared to the average GPA of each student over a number of grading periods to see if there was improvement against the average. In FY2010, 408 clients had grade point average data over multiple grading periods. Improvement in GPA against their averages was seen in 160 (39.2%) of the clients, and the average improvement was .3628 GPA points.
The Wraparound In Nevada (WIN) program accounted for 280 cases of the 497 cases with absence data over multiple periods. When isolated from the other programs, improvement in performance was seen in 138 (49.3%) of the WIN clients (absences were down against their averages), while performance declined in 95 (33.9%) of the WIN clients (absences were up against the average), and 47 (16.8%) of the WIN clients’ absences stayed the same versus their average. Of the 47 clients that stayed the same versus their average, 30 (63.8%) had a zero average that stayed zero due to zero absences in the current period. Three WIN clients improved on their absences for every two that declined.

The WIN program accounted for 280 cases of the 497 cases with suspensions and expulsions data over multiple periods. When isolated from the other programs, improvement in performance was seen in 40 (14.3%) of the WIN clients (suspensions and expulsions were down against their averages), while performance declined in 20 (7.1%) of the WIN clients (suspensions and expulsions were up against the average), and 220 (78.6%) of the WIN clients’ suspensions and expulsions stayed the same versus their average. Of the 220 clients that stayed the same versus their average, 214 (97.3%) had a zero average that stayed zero due to zero suspensions or expulsions in the current period. Two WIN clients improved on their suspensions or expulsions for every one that declined, and the majority had none prior to the current period and continued to have none in the current period.
Of the 408 clients with GPA data over multiple periods, 245 were in the WIN program. When isolated from the rest of the programs, 109 (44.5%) of the WIN clients improved their GPAs versus their averages.

**SURVEY COMMENT FROM A SATISFIED YOUTH**

_They help me when I need it the most._
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.

SURVEY COMMENT FROM A SATISFIED PARENT

Thank you for providing a safe, clean environment for my child.
### Percent of Positive Response for Each Survey Domain

<table>
<thead>
<tr>
<th>Community Based Services Survey – Spring 2010</th>
<th>Parent % positive</th>
<th>Youth % positive</th>
<th>National Benchmark for Parent Response&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service are seen as accessible and convenient regarding location and scheduling</td>
<td>90</td>
<td>78</td>
<td>84</td>
</tr>
<tr>
<td>Services are seen as satisfactory and helpful</td>
<td>91</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td>Clients get along better with family and friends and are functioning better in their daily life</td>
<td>73</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>Clients feel they have a role in directing the course of their treatment</td>
<td>90</td>
<td>74</td>
<td>89</td>
</tr>
<tr>
<td>Staff are respectful of client religion, culture and ethnicity</td>
<td>96</td>
<td>86</td>
<td>93</td>
</tr>
<tr>
<td>Clients feel supported in their program and in their community</td>
<td>93</td>
<td>75</td>
<td>NA</td>
</tr>
<tr>
<td>Clients are better able to cope and are doing better in work or school</td>
<td>76</td>
<td>71</td>
<td>NA</td>
</tr>
<tr>
<td>Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff (community based domain)</td>
<td>89</td>
<td>72</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential / Inpatient Services Survey – Fall 2010</th>
<th>Parent % positive</th>
<th>Youth % positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service are seen as accessible and conveniently scheduled</td>
<td>97</td>
<td>75</td>
</tr>
<tr>
<td>Services are seen as satisfactory and helpful</td>
<td>88</td>
<td>70</td>
</tr>
<tr>
<td>Clients feel they have a role in directing the course of their treatment</td>
<td>80</td>
<td>63</td>
</tr>
<tr>
<td>Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff</td>
<td>74</td>
<td>66</td>
</tr>
<tr>
<td>Services are provided in a safe, comfortable and private environment</td>
<td>86</td>
<td>70</td>
</tr>
<tr>
<td>Staff are respectful of client religion, culture and ethnicity</td>
<td>96</td>
<td>73</td>
</tr>
<tr>
<td>Client educational needs are met while in treatment</td>
<td>56</td>
<td>78</td>
</tr>
<tr>
<td>Clients feel supported in their program and in their community</td>
<td>82</td>
<td>74</td>
</tr>
<tr>
<td>Clients feel they have a role in directing the course of their treatment</td>
<td>68</td>
<td>73</td>
</tr>
</tbody>
</table>