



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)

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)	

SURVEY COMMENT FROM A SATISFIED PARENT

I have learned how to protect my son....



CHILDREN'S MENTAL HEALTH

Number of Children Served

Statewide	NNCAS	SNCAS
3121	899	2222

Admissions

Statewide	NNCAS	SNCAS
1481	401	1080

Discharges

Statewide	NNCAS	SNCAS
1415	429	986



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.

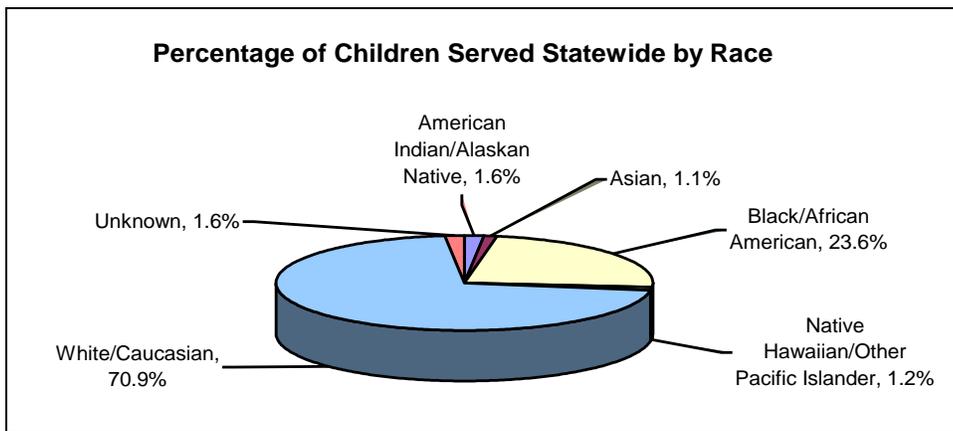
Age Group	Statewide	NNCAS	SNCAS
0–5 years old	744 (23.8%)	167 (18.6%)	577 (26%)
6–12 years old	1030 (33%)	336 (37.4%)	694 (31.2%)
13–18 years old	1300 (41.7%)	383 (42.6%)	917 (41.3%)
19+ years old	47 (1.5%)	13 (1.4%)	34 (1.5%)

Gender

	Statewide	NNCAS	SNCAS
Male	1805 (57.8%)	508 (56.5%)	1297 (58.4%)
Female	1316 (42.2%)	391 (43.5%)	925 (41.6%)

Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	50 (1.6%)	26 (2.9%)	24 (1.1%)
Asian	34 (1.1%)	2 (.2%)	32 (1.4%)
Black/African American	736 (23.6%)	75 (8.3%)	661 (29.7%)
Native Hawaiian/Other Pacific Islander	39 (1.2%)	10 (1.1%)	29 (1.3%)
White/Caucasian	2212 (70.9%)	771 (85.8%)	1441 (64.9%)
Unknown	50 (1.6%)	15 (1.6%)	35 (1.6%)
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	754 (24.2%)	189 (21%)	565 (25.4%)



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	26 (2.9%)	1.9%	24 (1.1%)	.7%
Asian	2 (.2%)	4.9%	32 (1.4%)	7.1%
Black/African American	75 (8.3%)	2.3%	661 (29.7%)	9.6%
Native Hawaiian/Other Pacific Islander	10 (1.1%)	.5%	29 (1.3%)	.6%
White/Caucasian	771 (85.8%)	79.2%	1441 (64.9%)	71.8%
Unknown	15 (1.6%)	-	35 (1.6%)	-
Ethnicity	NNCAS		SNCAS	
Hispanic Origin	189 (21%)	20.7%	565 (25.4%)	27.7%

Custody Status at Admission

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

Severe Emotional Disturbance Status at Admission

Statewide	NNCAS	SNCAS
2750 (88.1%)	843 (93.8%)	1907 (85.8%)

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

Statewide	OPS	CCS
1410	403 (28.6%)	1007 (71.4%)

Age

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

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

Gender

	Statewide	OPS	CCS
Male	844 (59.9%)	232 (57.6%)	612 (60.8%)
Female	566 (40.1%)	171 (42.4%)	395 (39.2%)

Race and Ethnicity

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

Custody Status at Admission

	Statewide	OPS	CCS
Parent/Family	1054 (74.8%)	353 (87.6%)	701 (69.6%)
Child Welfare	320 (22.7%)	36 (8.9%)	284 (28.2%)
DCFS Youth Parole	10 (.7%)	3 (.7%)	7 (.7%)
Other	19 (1.3%)	10 (2.5%)	9 (.9%)
Missing	7 (.5%)	1 (.2%)	6 (.6%)

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

Number of Children Served

Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
971	291 (30%)	680 (70%)

Age

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

Age Group	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	670 (69%)	156 (53.6%)	514 (75.6%)
6–12 years old	301 (31%)	135 (46.4%)	166 (24.4%)

Gender

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	556 (57.3%)	163 (56%)	393 (57.8%)
Female	415 (42.7%)	128 (44%)	287 (42.2%)

Race and Ethnicity

Race	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	10 (1%)	7 (2.4%)	3 (.4%)
Asian	10 (1%)	1 (.3%)	9 (1.3%)
Black/African American	243 (25%)	28 (9.6%)	215 (31.6%)
Native Hawaiian/Other Pacific Islander	7 (.7%)	3 (1%)	4 (.6%)
White/Caucasian	692 (71.3%)	251 (86.3%)	441 (64.9%)
Unknown	9 (.9%)	1 (.3%)	8 (1.2%)
Ethnicity	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	246 (25.3%)	66 (22.7%)	180 (26.5%)

Custody Status at Admission

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

SURVEY COMMENT FROM A SATISFIED YOUTH

I understand why I'm in foster care now.

WIN Statewide and by Region

Number of Children Served

Statewide	North	Rural	South
758	149 (19.7%)	120 (15.8%)	489 (64.5%)

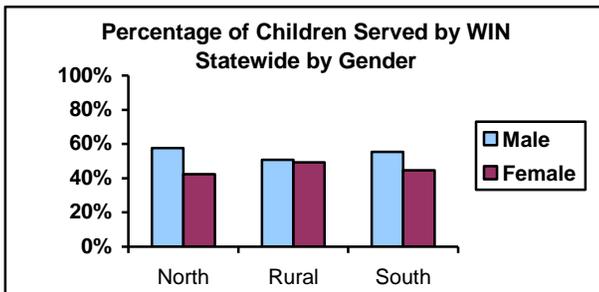
Age

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

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

Gender

	Statewide	North	Rural	South
Male	418 (55.1%)	86 (57.7%)	61 (50.8%)	271 (55.4%)
Female	349 (44.9%)	63 (42.3%)	59 (49.2%)	218 (44.6%)



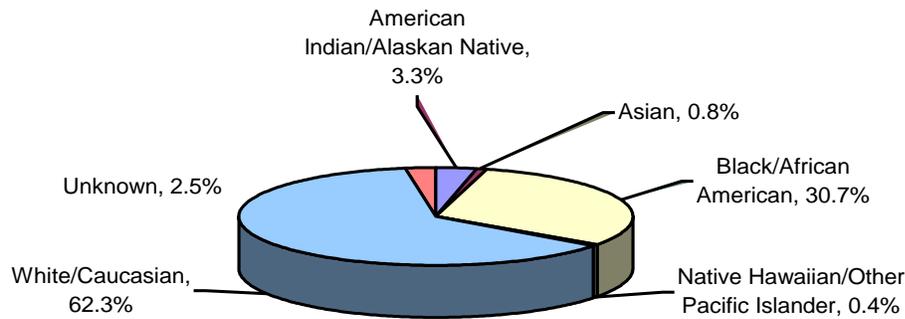
Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	25 (3.3%)	7 (4.7%)	10 (8.3%)	8 (1.6%)
Asian	6 (.8%)	-	1 (.8%)	5 (1%)
Black/African American	233 (30.7%)	17 (11.4%)	8 (6.7%)	208 (42.5%)
Native Hawaiian/Other Pacific Islander	3 (.4%)	-	1 (.8%)	2 (.4%)
White/Caucasian	472 (62.3%)	124 (83.2%)	90 (75%)	258 (52.8%)
Unknown	19 (2.5%)	1 (.7%)	10 (8.3%)	8 (1.6%)
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	124 (16.4%)	30 (20.1%)	17 (14.2%)	77 (15.7%)

SURVEY COMMENT FROM A SATISFIED PARENT

Light at the end of the tunnel ... hope.

Percentage of Children Served by WIN Statewide by Race



Custody Status at Admission

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

Treatment Homes

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

Number of Children Served

Statewide	ATC	FLH	OCTH
180	59 (32.8%)	42 (23.3%)	79 (43.9%)

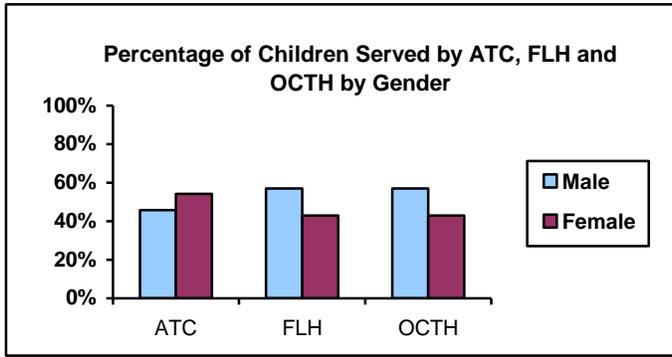
Age

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

Age Group	Statewide	ATC	FLH	OCTH
6–12 years old	49 (27.2%)	-	18 (42.9%)	31 (39.2%)
13–18 years old	130 (72.2%)	59 (100%)	24 (57.1%)	47 (59.5%)
19+ years old	1 (.6%)	-	-	1 (1.3%)

Gender

	Statewide	ATC	FLH	OCTH
Male	96 (53.3%)	27 (45.8%)	24 (57.1%)	45 (57%)
Female	84 (46.7%)	32 (54.2%)	18 (42.9%)	34 (43%)



Race and Ethnicity

Race	Statewide	ATC	FLH	OCTH
American Indian/Alaskan Native	5 (2.8%)	3 (5.1%)	-	2 (2.5%)
Asian	1 (.6%)	-	-	1 (1.3%)
Black/African American	37 (20.6%)	5 (8.5%)	1 (2.4%)	31 (39.2%)
Native Hawaiian/Other Pacific Islander	2 (1.1%)	1 (1.7%)	-	1 (1.3%)
White/Caucasian	132 (73.3%)	49 (83.1%)	41 (97.6%)	42 (53.2%)
Unknown	3 (1.7%)	1 (1.7%)	-	2 (2.5%)
Ethnicity		ATC	FLH	OCTH
Hispanic Origin	32 (17.8%)	13 (22%)	5 (11.9%)	14 (17.7%)

Custody Status at Admission

	Statewide	ATC	FLH	OCTH
Parent/Family	115 (63.9%)	44 (74.6%)	37 (88.1%)	34 (43%)
Child Welfare	51 (28.3%)	14 (23.7%)	4 (9.5%)	33 (41.8%)
DCFS Youth Parole	3 (1.7%)	-	1 (2.4%)	2 (2.5%)
Other	4 (2.2%)	1 (1.7%)	-	3 (3.8%)
Missing	7 (3.9%)	-	-	7 (8.9%)

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	106

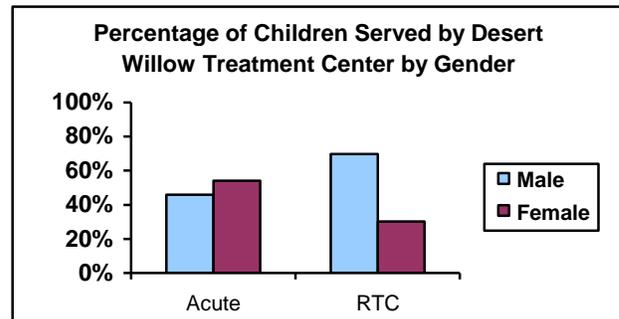
Age

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

Age Group	Acute	RTC
0–5 years old	-	-
6–12 years old	28 (17.8%)	4 (3.8%)
13–18 years old	129 (82.2%)	99 (93.4%)
19+ years old	-	3 (2.8%)

Gender

	Acute	RTC
Male	72 (45.9%)	74 (69.8%)
Female	85 (54.1%)	32 (30.2%)



Race and Ethnicity

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

Custody Status at Admission

	Acute	RTC
Parent/Family	138 (87.9%)	85 (80.2%)
Child Welfare	15 (9.6%)	6 (5.7%)
DCFS Youth Parole	3 (1.9%)	14 (13.2%)
Other	-	-
Missing	1 (.6%)	1 (.9%)

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

Overall	Female	Male
Disruptive Behavior Disorder	Adjustment Disorder	Disruptive Behavior Disorder
Adjustment Disorder	Disruptive Behavior Disorder	Adjustment Disorder
Neglect of Child	Neglect of Child	Neglect of Child
Anxiety Disorder NOS	Anxiety Disorder NOS	Parent-Child Relational Problem
Parent-Child Relational Problem	Deprivation/Maltreatment Disorder	Anxiety Disorder NOS
Deprivation/Maltreatment Disorder	Parent-Child Relational Problem	Sensory Stimulation-Seeking/Impulsive

Age Group 6-12.99

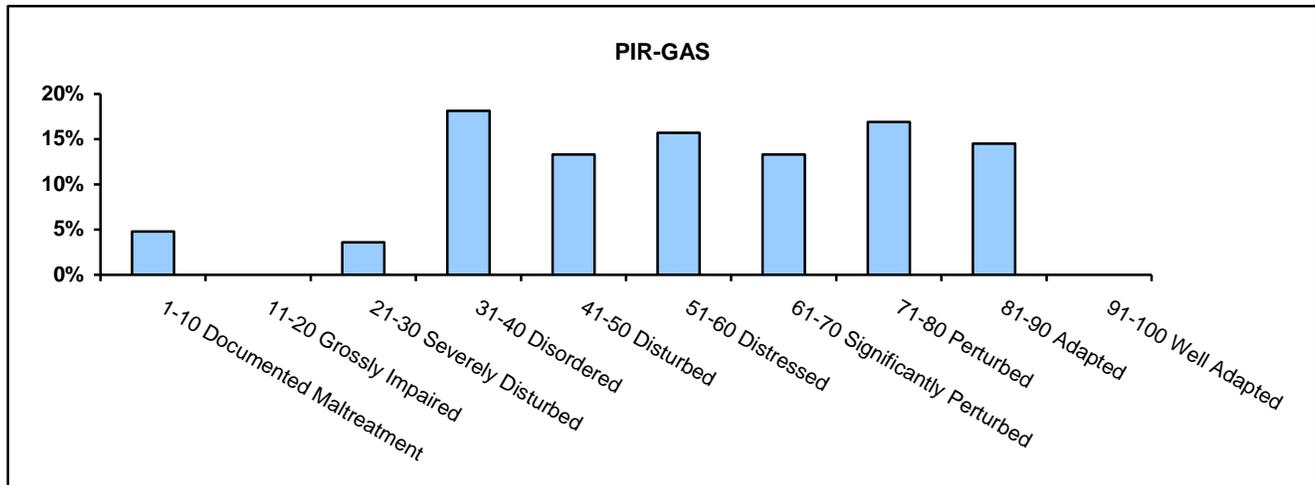
Overall	Female	Male
Attention-Deficit/Hyperactivity Disorder	Posttraumatic Stress Disorder	Attention-Deficit/Hyperactivity Disorder
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder
Posttraumatic Stress Disorder	Attention-Deficit/Hyperactivity Disorder	Oppositional Defiant Disorder
Oppositional Defiant Disorder	Oppositional Defiant Disorder	Posttraumatic Stress Disorder
Disruptive Behavior Disorder	Reactive Attachment Disorder	Disruptive Behavior Disorder
Mood Disorder NOS	Disruptive Behavior Disorder	Mood Disorder NOS

Age Group 13-18+

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

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.¹ 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.



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

The Child and Adolescent Functional Assessment Scale (CAFAS)² 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)³ 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.

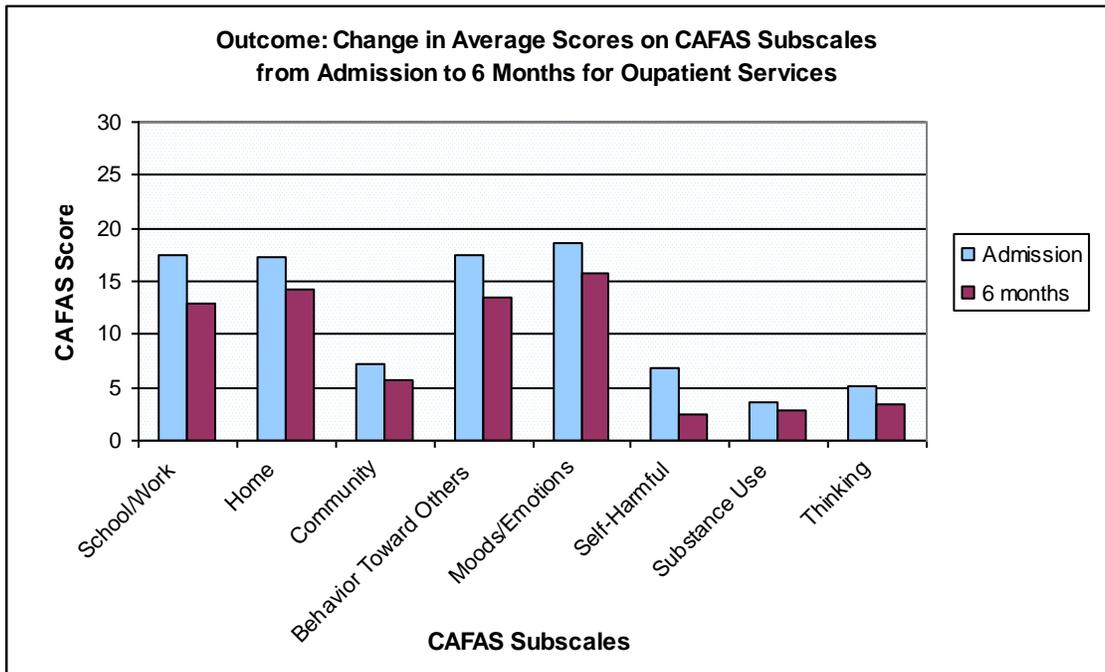
¹ ZERO TO THREE. (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood: Revised edition (DC:0-3R)*. Washington, DC: ZERO TO THREE Press.

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

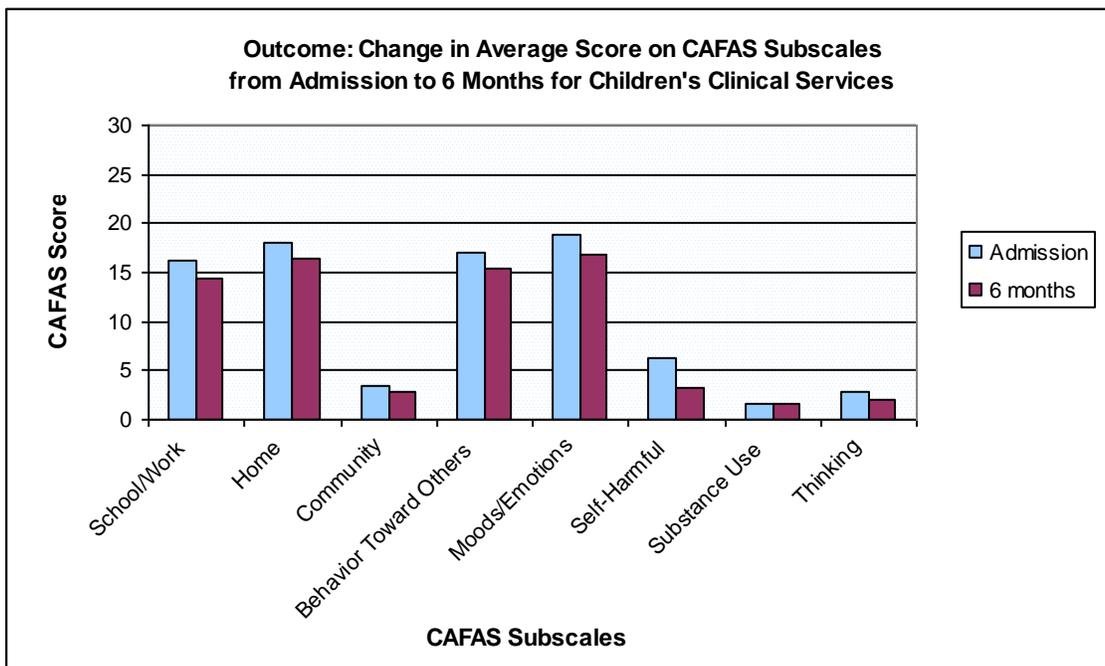
³ Hodges, K. (2005). *Manual for Training Coordinators, Clinical Administrators, and Data Managers*. Ann Arbor, MI: Author.

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

Outpatient and Children's Clinical Services

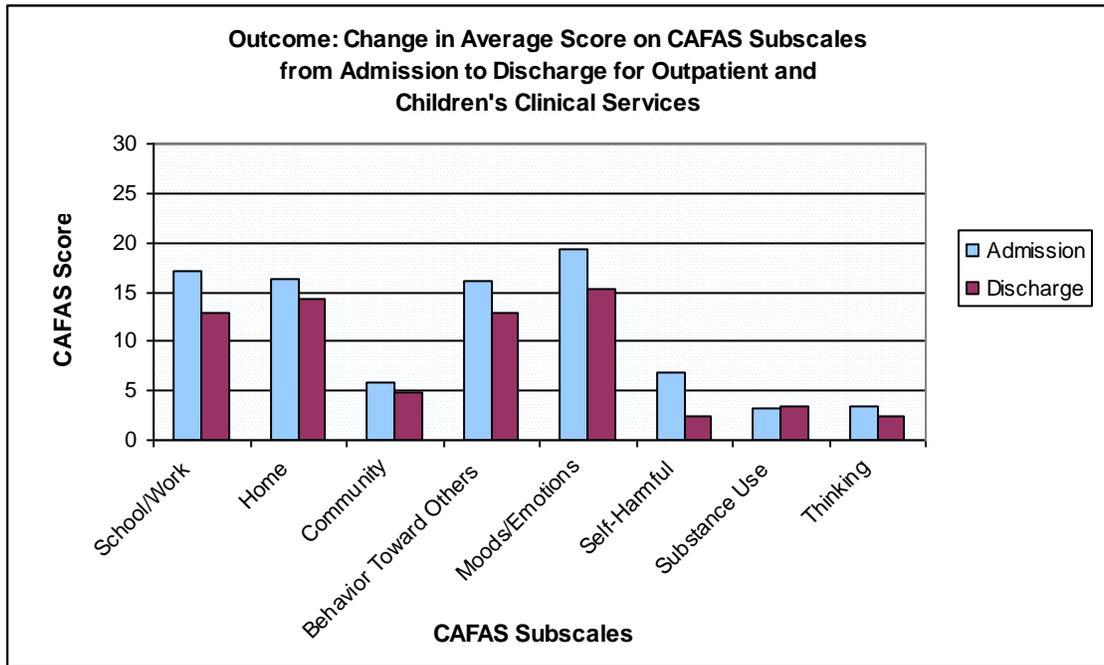


Outpatient – Based on 181 pairs, the average CAFAS score was 93.70 at admission. At 6 months into services, the average CAFAS score decreased to 70.66, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.



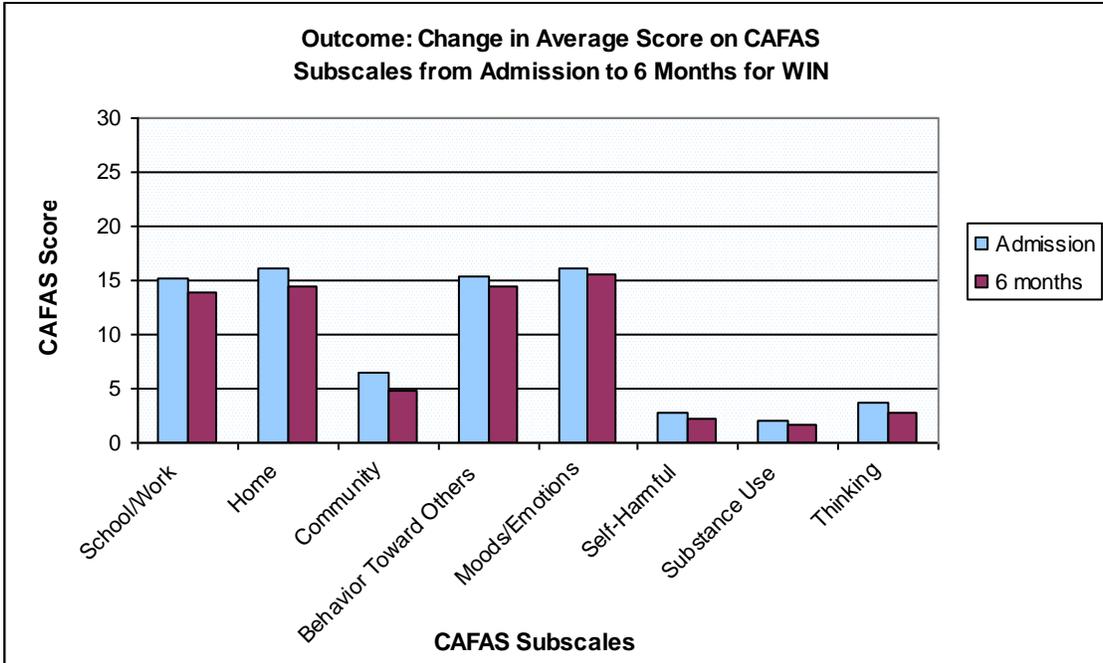
Children's Clinical Services – Based on 250 pairs, the average CAFAS score was 84.40 at admission. At 6 months into services, the average CAFAS score decreased to 72.84, which indicates a statistically

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.

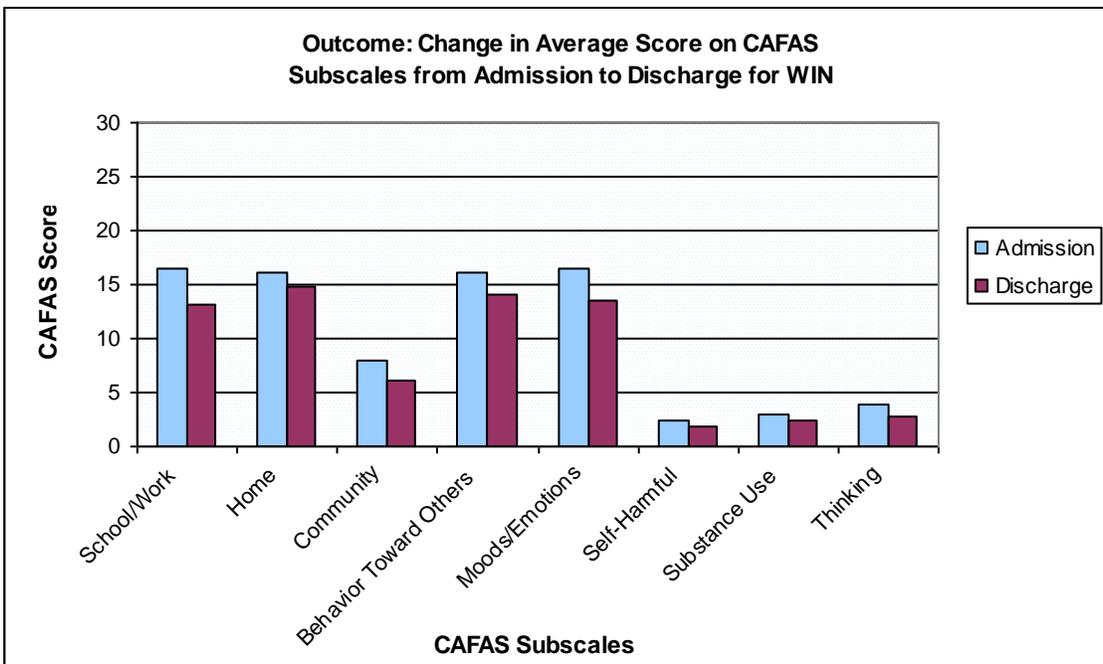


Outpatient and Children’s Clinical Services – Based on 245 pairs, the average CAFAS score was 88.16 at admission. At discharge, the average CAFAS score decreased to 69.10, which indicates a statistically significant improvement in overall daily functioning and a nearly clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

WIN

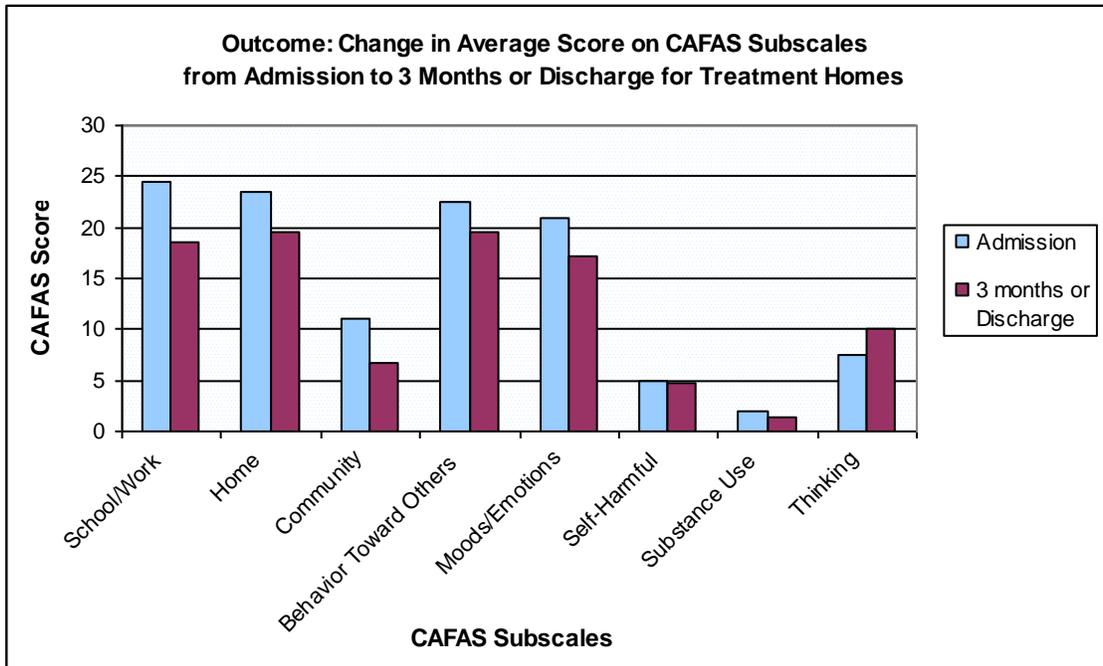


Based on 213 pairs, the average CAFAS score was 77.93 at admission. At 6 months into services, the average CAFAS score decreased to 69.44, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

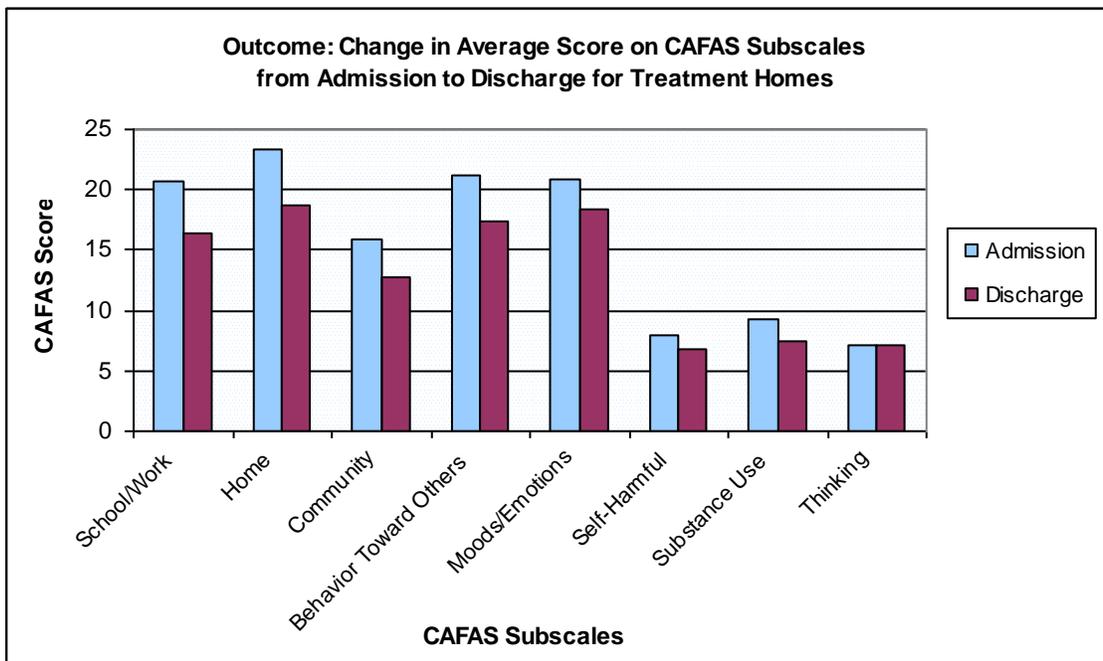


Based on 92 pairs, the average CAFAS score was 82.72 at admission. At discharge, the average CAFAS score decreased to 69.24, which indicates a statistically significant improvement in overall daily functioning but not a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Treatment Homes

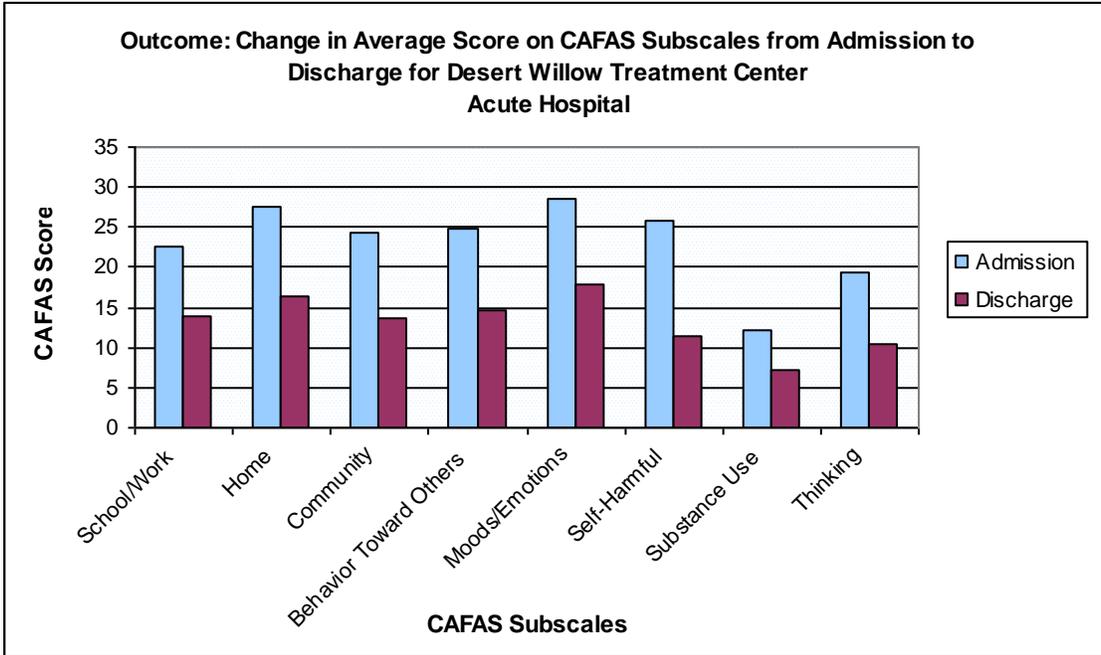


Based on 20 pairs, the average CAFAS score was 117.00 at admission. At 3 months into services or at discharge, the average CAFAS score decreased to 98.00, which indicates a statistically and a nearly clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.



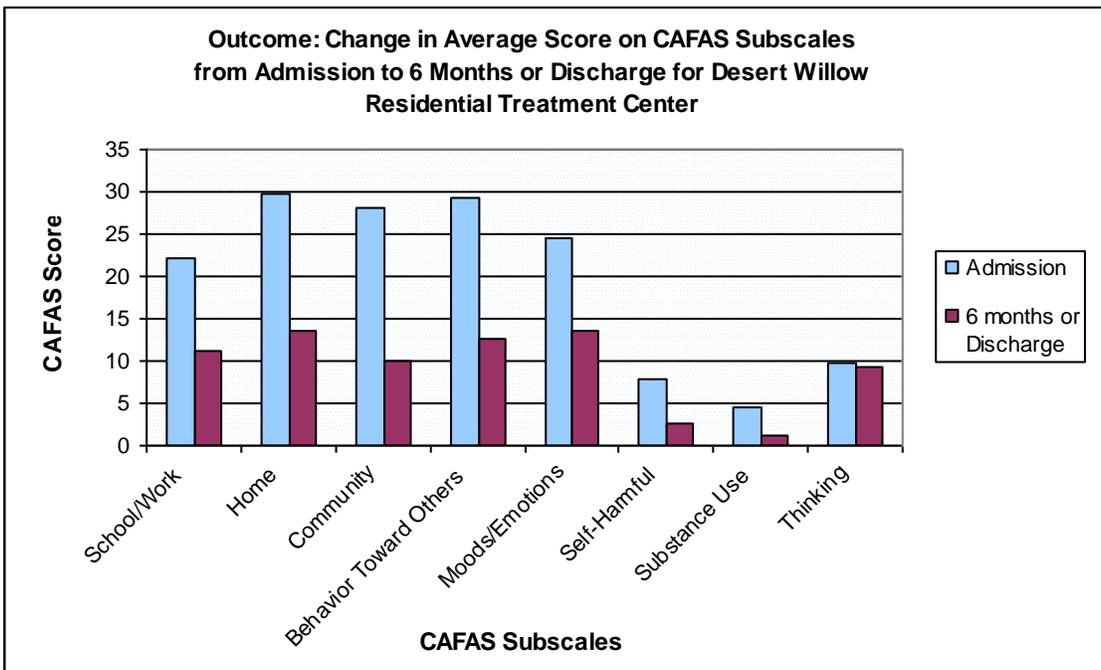
Based on 57 pairs, the average CAFAS score was 126.49 at admission. At discharge, the average CAFAS score decreased to 105.26, which indicates a statistically significant improvement in overall daily functioning and a clinically meaningful reduction in impairment. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Desert Willow Treatment Center Acute Hospital



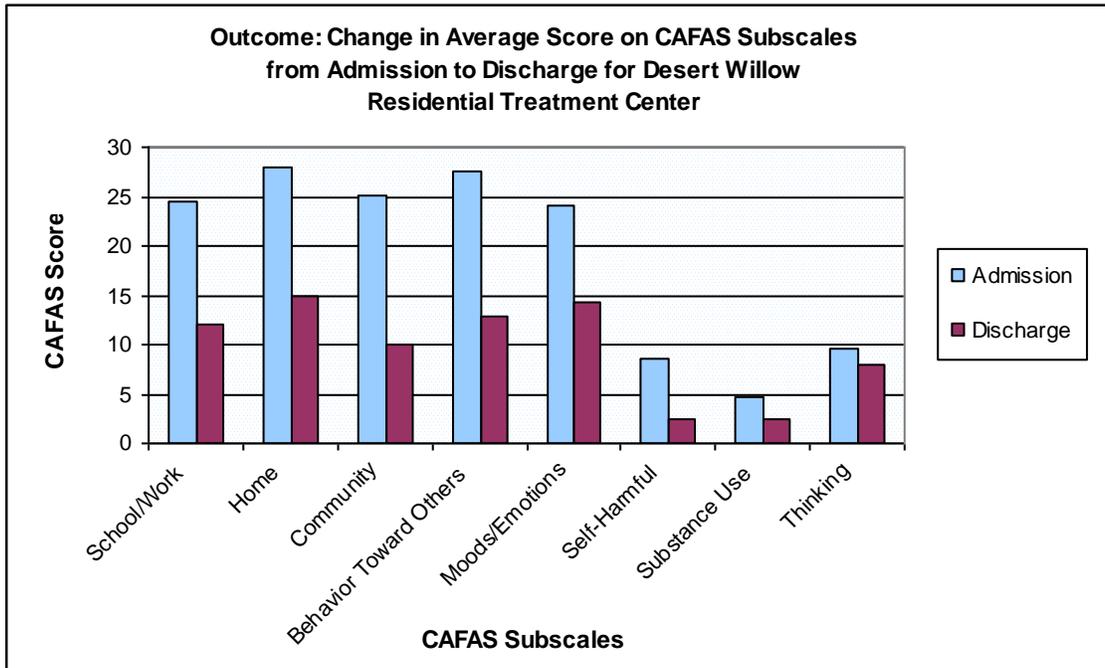
Based on 166 pairs, the average CAFAS score was 185.00 at admission. At discharge, the average CAFAS score decreased to 105.54, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

Desert Willow Treatment Center RTC



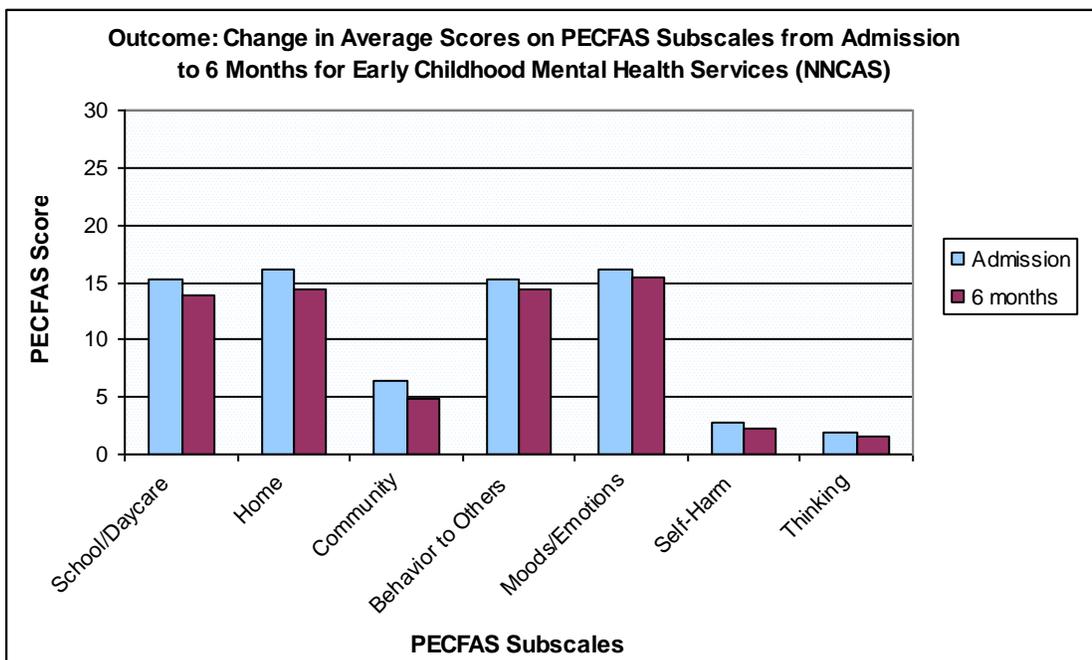
Based on 31 pairs, the average CAFAS score was 155.81 at admission. At 6 months into services or at discharge, the average CAFAS score decreased to 74.19, which indicates a statistically and clinically

significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

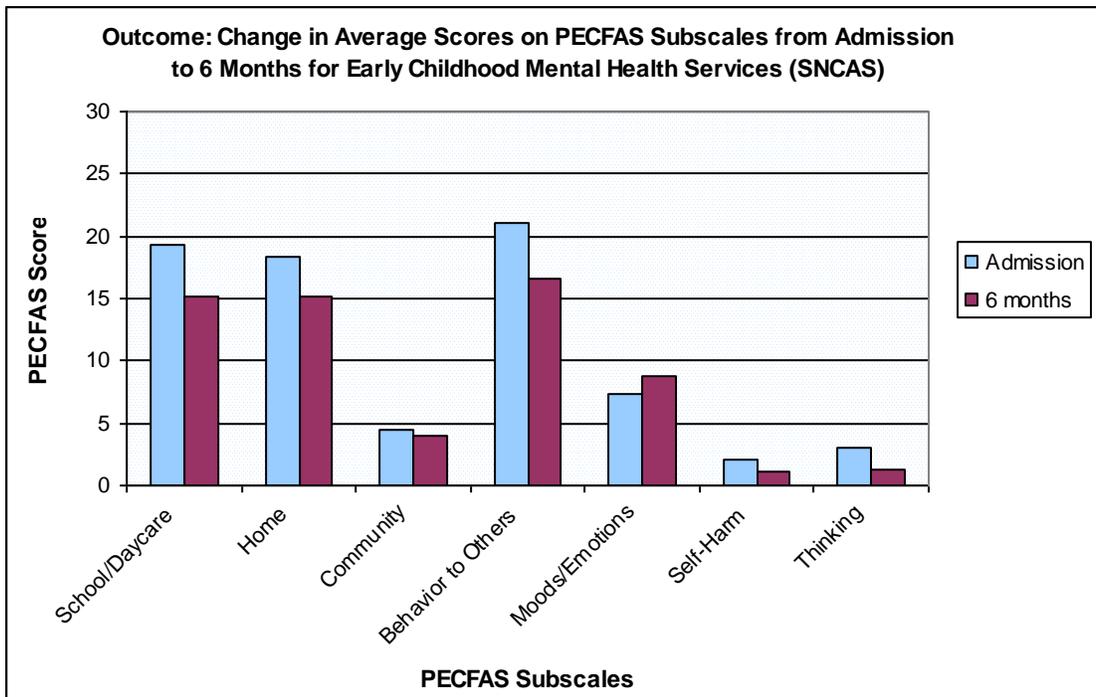


Based on 54 pairs, the average CAFAS score was 152.04 at admission. At discharge, the average CAFAS score decreased to 77.04, which indicates a statistically and clinically significant improvement in overall daily functioning. A clinically meaningful reduction in overall impairment must be a total score decrease of 20 or more points.

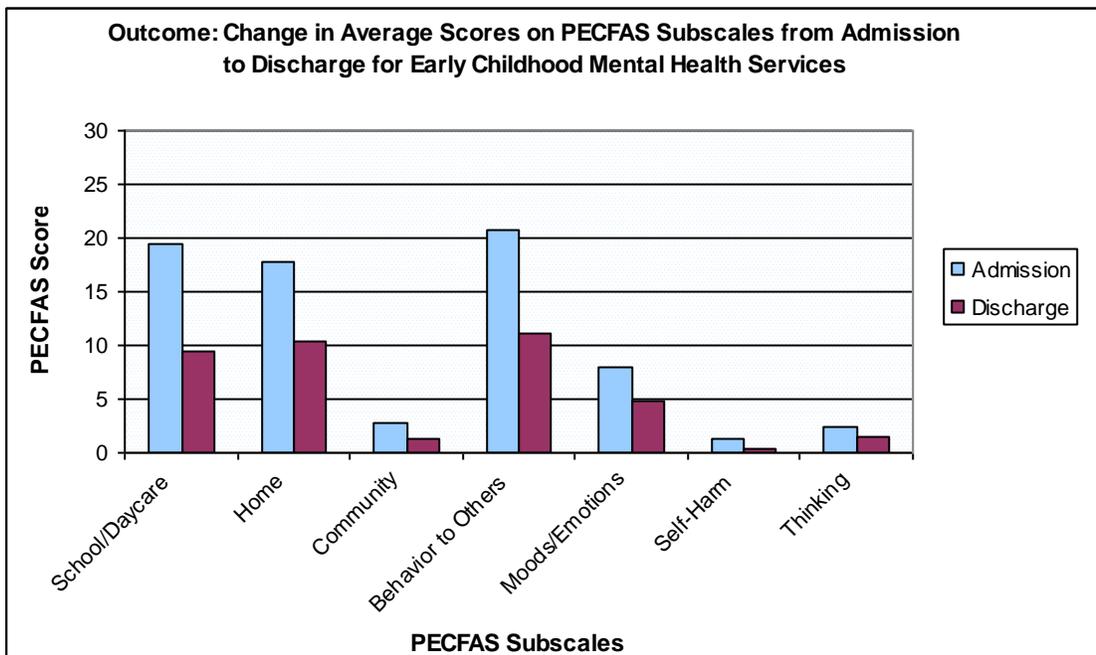
Early Childhood Mental Health Services NNCAS and SNCAS



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.

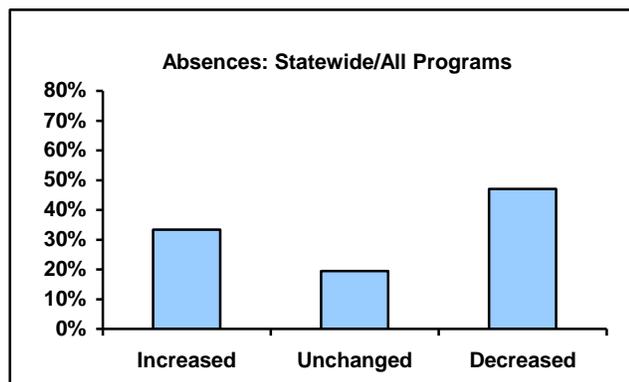
All DCFS Children’s Mental Health Services programs showed improvement on the CAFAS or the PECFAS. This suggests that children’s day-to-day functioning is improving.

SURVEY COMMENT FROM A SATISFIED CAREGIVER

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

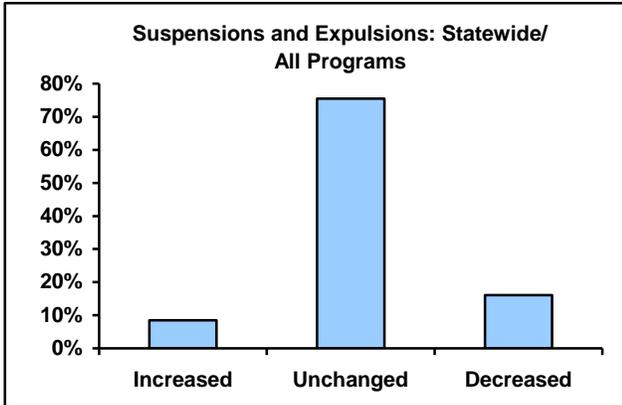
Education Outcomes

Absences: Statewide/All Programs



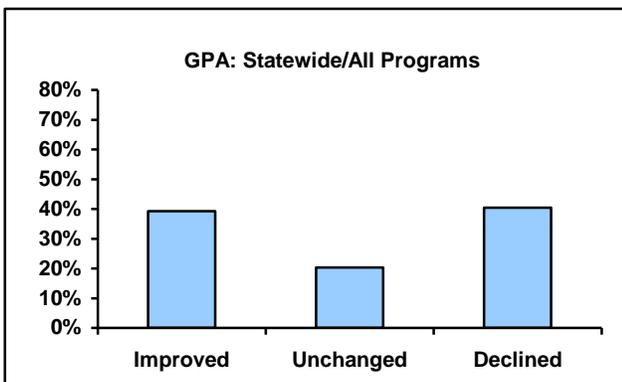
Clients tend to fluctuate from period to period in terms of school absences, so absences in the current grade period were compared to the average number of absences each student had over a number of grading periods to see if there was improvement against the average. The rationale is that if a student 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.

Suspensions and Expulsions: Statewide/All Programs



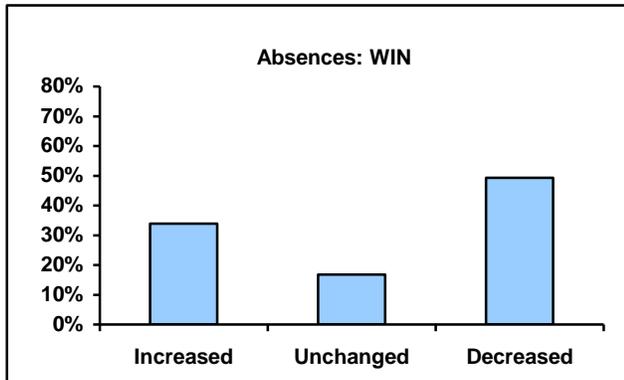
Clients tend to fluctuate from period to period in terms of suspensions and expulsions from school as well. So, in similar fashion, suspensions and expulsions were compared to the average number of suspensions and expulsions each student had over a number of grading periods to see if there was improvement 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.

Grade Point Average (GPA): Statewide/All Programs



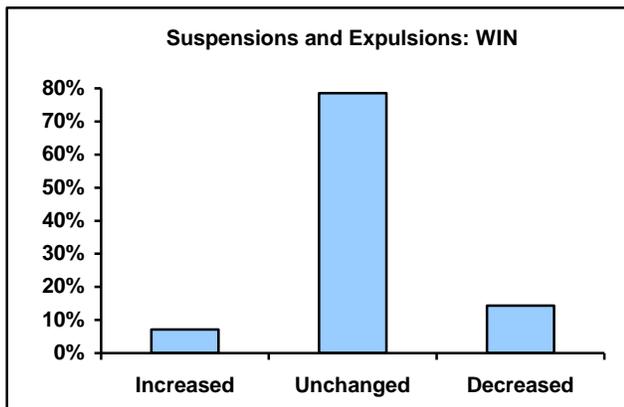
As with absences, suspensions, and expulsions, GPA tended to fluctuate from period to period so current GPAs were compared to the average GPA of each student over a number of grading periods to see if there was improvement against the average. In FY2010, 408 clients had grade point average data over 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.

Absences: WIN



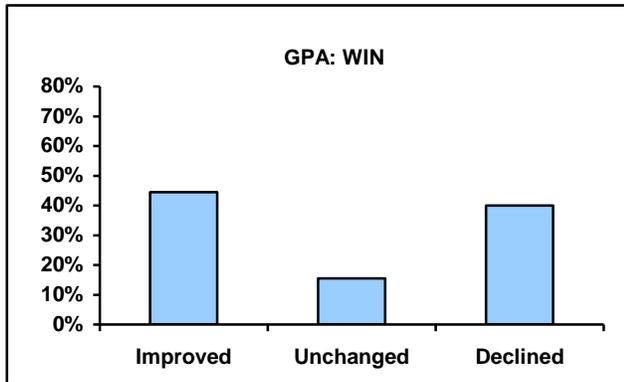
The Wraparound In Nevada (WIN) program accounted for 280 cases of the 497 cases with absence data over multiple periods. When isolated from the other programs, improvement in performance was seen in 138 (49.3%) of the WIN clients (absences were down against their averages), while performance declined 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.

Suspensions and Expulsions: WIN



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.

Grade Point Average (GPA): WIN



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.



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.

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

Community Based Services Survey – Spring 2010	Parent % positive	Youth % positive	National Benchmark for Parent Response¹
Service are seen as accessible and convenient regarding location and scheduling	90	78	84
Services are seen as satisfactory and helpful	91	80	83
Clients get along better with family and friends and are functioning better in their daily life	73	70	65
Clients feel they have a role in directing the course of their treatment	90	74	89
Staff are respectful of client religion, culture and ethnicity	96	86	93
Clients feel supported in their program and in their community	93	75	NA
Clients are better able to cope and are doing better in work or school	76	71	NA
Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff (community based domain)	89	72	NA

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

¹ 2009 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at www.samhsa.gov/dataoutcomes/urs/2009/palau.pdf