

# DESCRIPTIVE SUMMARY OF CHILDREN'S MENTAL HEALTH SERVICES Fiscal Year 2011



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## INTRODUCTION

The following is the annual descriptive summary of DCFS Children’s Mental Health Services for Fiscal Year (FY) 2011, from July 1, 2010 through June 30, 2011. The FY 2011 Descriptive Summary provides an expanded analysis of DCFS programs. This FY 2011 report examines served client data statewide and by program area. Children served are those who received a service sometime during the fiscal year.

This descriptive report summarizes demographic and clinical information on the 3033 children served by mental health services across the State of Nevada in DCFS Children’s Mental Health Services. 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)	



## CHILDREN'S MENTAL HEALTH

### Number of Children Served

Statewide	NNCAS	SNCAS
3033	767	2266

### Admissions

Statewide	NNCAS	SNCAS
1331	290	1041

### Discharges

Statewide	NNCAS	SNCAS
1705	402	1303

### SURVEY COMMENT FROM A SATISFIED PARENT

*I felt the workers genuinely cared about us and wanted us to succeed.*



## CHILDREN'S DEMOGRAPHIC CHARACTERISTICS

### Statewide and by Region

#### Age

The average age of children served Statewide was 11.0, NNCAS was 11.8, and SNCAS was 10.7.

Age Group	Statewide	NNCAS	SNCAS
0–5 years old	736 (24.3%)	124 (16.2%)	612 (27.0%)
6–12 years old	998 (32.9%)	285 (37.2%)	713 (31.5%)
13–17 years old	1100 (36.3%)	299 (39.0%)	801 (35.3%)
18+ years old	199 (6.6%)	59 (7.7%)	140 (6.2%)

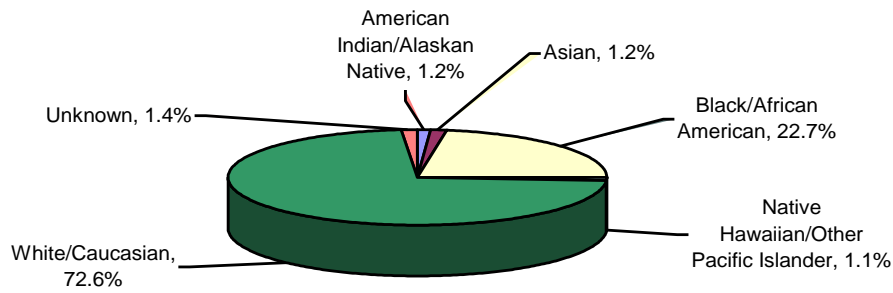
#### Gender

	Statewide	NNCAS	SNCAS
Male	1744 (57.5%)	455 (59.3%)	1289 (56.9%)
Female	1289 (42.5%)	312 (40.7%)	977 (43.1%)

#### Race and Ethnicity

Race	Statewide	NNCAS	SNCAS
American Indian/Alaskan Native	36 (1.2%)	20 (2.6%)	16 (0.7%)
Asian	35 (1.2%)	4 (0.5%)	31 (1.4%)
Black/African American	688 (22.7)	54 (7.0%)	634 (28.0%)
Native Hawaiian/Other Pacific Islander	32 (1.1%)	7 (0.9%)	25 (1.1%)
White/Caucasian	2201 (72.6%)	667 (87.0%)	1534 (67.7%)
Unknown	41 (1.4%)	15 (2.0%)	26 (1.1%)
Ethnicity	Statewide	NNCAS	SNCAS
Hispanic Origin	812 (26.8%)	154 (20.1%)	658 (29.0%)

**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 <sup>1</sup>	SNCAS	Clark County <sup>1</sup>
American Indian/Alaskan Native	20 (2.6%)	2.1%	16 (0.7%)	0.7%
Asian	4 (0.5%)	4.4%	31 (1.4%)	6.8%
Black/African American	54 (7.0%)	2.6%	634 (28.0%)	11.6%
Native Hawaiian/Other Pacific Islander	7 (0.9%)	0.8%	25 (1.1%)	0.8%
White/Caucasian	667 (87.0%)	67.6%	1534 (67.7%)	51.3%
Unknown	15 (2.0%)	-	26 (1.1%)	-
<b>Ethnicity</b>	<b>NNCAS</b>		<b>SNCAS</b>	
Hispanic Origin	154 (20.1%)	35.6%	658 (29.0%)	42.1%

**Custody Status at Admission**

	Statewide	NNCAS	SNCAS
Parent/Family	1616 (53.3%)	418 (54.5%)	1198 (52.9%)
Child Welfare	1346 (44.4%)	327 (42.6%)	1019 (45.0%)
DCFS Youth Parole	17 (0.6%)	2 (0.3%)	15 (0.7%)
Parental Custody on Probation	54 (1.8%)	20 (2.6%)	34 (1.5%)

**Severe Emotional Disturbance Status at Admission**

Statewide	NNCAS	SNCAS
2569 (84.7%)	704 (91.8%)	1865 (82.3%)

<sup>1</sup> U.S. Census Bureau, "Race, Hispanic or Latino, Age, and Housing Occupancy: 2010 - 2010 Census Redistricting Data (Public Law 94-171) Summary File." Retrieved on November 10, 2011 from <http://factfinder2.census.gov>

## Demographics by Program

### Community-Based Services

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

##### Number of Children Served

Statewide	OPS	CCS
1322	365	957

##### Age

The average age of children served Statewide was 14.2, OPS was 14.5, and CCS was 14.1.

Age Group	Statewide	OPS	CCS
0–5 years old	1 (0.1%)	0 (0.0%)	1 (0.1%)
6–12 years old	451 (34.1%)	107 (29.3%)	344 (35.9%)
13–17 years old	742 (56.1%)	223 (61.1%)	519 (54.2%)
18+ years old	128 (9.7%)	35 (9.6%)	93 (9.7%)

##### Gender

	Statewide	OPS	CCS
Male	771 (58.3%)	216 (59.2%)	555 (58.0%)
Female	551 (41.7%)	149 (40.8%)	402 (42.0%)

##### Race and Ethnicity

Race	Statewide	OPS	CCS
American Indian/Alaskan Native	12 (0.9%)	4 (1.1%)	8 (0.8%)
Asian	16 (1.2%)	2 (0.5%)	14 (1.5%)
Black/African American	224 (16.9%)	31 (8.5%)	193 (20.2%)
Native Hawaiian/Other Pacific Islander	21 (1.6%)	4 (1.1%)	17 (1.8%)
White/Caucasian	1043 (78.9%)	323 (88.5%)	720 (75.2%)
Unknown	6 (0.5%)	1 (0.3%)	5 (0.5%)
Ethnicity	Statewide	OPS	CCS
Hispanic Origin	398 (30.1%)	72 (19.7%)	326 (34.1%)

##### Custody Status at Admission

	Statewide	OPS	CCS
Parent/Family	1016 (76.9%)	289 (79.2%)	727 (76.0%)
Child Welfare	273 (20.7%)	55 (15.1%)	218 (22.8%)
DCFS Youth Parole	5 (0.4%)	2 (0.5%)	3 (0.3%)
Parental Custody on Probation	28 (2.1%)	19 (5.2%)	9 (0.9%)

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

### Number of Children Served

Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
969	225	744

### Age

The average age of children served by ECMHS Statewide was 5.2, ECMHS (NNCAS) was 6.2, and ECMHS (SNCAS) was 4.9.

Age Group	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
0–5 years old	653 (67.4%)	111 (49.3%)	542 (72.8%)
6–12 years old	316 (32.6%)	114 (50.7%)	202 (27.2%)

### Gender

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Male	576 (59.4%)	142 (63.1%)	434 (58.3%)
Female	393 (40.6%)	83 (36.9%)	310 (41.7%)

### Race and Ethnicity

Race	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
American Indian/Alaskan Native	9 (0.9%)	7 (3.1%)	2 (0.3%)
Asian	9 (0.9%)	1 (0.4%)	8 (1.1%)
Black/African American	255 (26.3%)	12 (5.3%)	243 (32.7%)
Native Hawaiian/Other Pacific Islander	6 (0.6%)	2 (0.9%)	4 (0.5%)
White/Caucasian	683 (70.5%)	203 (90.2%)	480 (64.5%)
Unknown	7 (0.7%)	0 (0.0%)	7 (0.9%)
Ethnicity	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Hispanic Origin	261 (26.9%)	52 (23.1%)	209 (28.1%)

### Custody Status at Admission

	Statewide	ECMHS (NNCAS)	ECMHS (SNCAS)
Parent/Family	374 (38.6%)	95 (42.2%)	279 (37.5%)
Child Welfare	595 (61.4%)	130 (57.8%)	465 (62.5%)

### SURVEY COMMENT FROM A SATISFIED YOUTH

*They made me think twice about my choices.*

## WIN Statewide and by Region

### Number of Children Served

Statewide	North	Rural	South
612	114	107	391

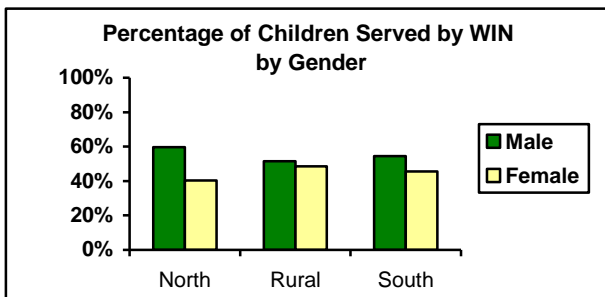
### Age

The average age of children served Statewide was 13.2, North was 14.2, Rural was 11.7, and South was 13.4.

Age Group	Statewide	North	Rural	South
0–5 years old	16 (2.6%)	2 (1.8%)	12 (11.2%)	2 (0.5%)
6–12 years old	263 (43.0%)	37 (32.5%)	51 (47.7%)	175 (44.8%)
13–17 years old	263 (43.0%)	53 (46.5%)	34 (31.8%)	176 (45.0%)
18+ years old	70 (11.4%)	22 (19.3%)	10 (9.3%)	38 (9.7%)

### Gender

	Statewide	North	Rural	South
Male	336 (54.9%)	68 (59.6%)	55 (51.4%)	213 (54.5%)
Female	276 (45.1%)	46 (40.4%)	52 (48.6%)	178 (45.5%)

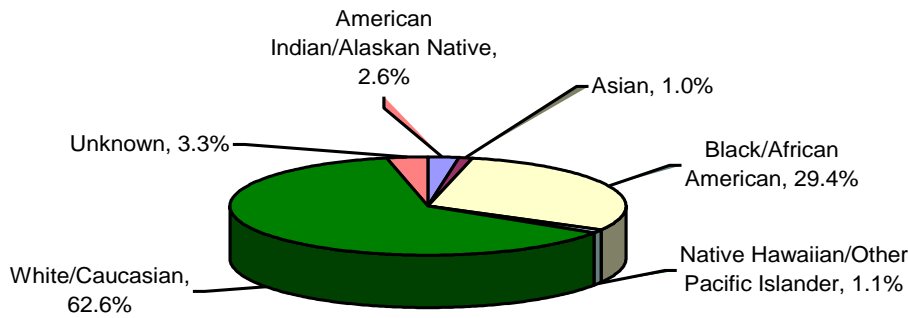


### Race and Ethnicity

Race	Statewide	North	Rural	South
American Indian/Alaskan Native	16 (2.6%)	5 (4.4%)	6 (5.6%)	5 (1.3%)
Asian	6 (1.0%)	0 (0.0%)	1 (0.9%)	5 (1.3%)
Black/African American	180 (29.4%)	14 (12.3%)	3 (2.8%)	163 (41.7%)
Native Hawaiian/Other Pacific Islander	7 (1.1%)	0 (0.0%)	1 (0.9%)	6 (1.5%)
White/Caucasian	383 (62.6%)	90 (78.9%)	87 (81.3%)	206 (52.7%)
Unknown	20 (3.3%)	5 (4.4%)	9 (8.4%)	6 (1.5%)
Ethnicity	Statewide	North	Rural	South
Hispanic Origin	110 (18.0%)	26 (22.8%)	13 (12.1%)	71 (18.2%)



**Percentage of Children Served by WIN Statewide by Race**



### Custody Status at Admission

	Statewide	North	Rural	South
Parent/Family	80 (13.1%)	31 (25.0%)	22 (22.7%)	27 (6.9%)
Child Welfare	530 (86.6%)	92 (74.2%)	75 (77.3%)	363 (92.8%)
DCFS Youth Parole	1 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.3%)
Parental Custody on Probation	1 (0.2%)	1 (0.8%)	0 (0.0%)	0 (0.0%)

### 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
186	56	64	76

The total count statewide is unduplicated, but the count by program may include clients also admitted to the other treatment homes.

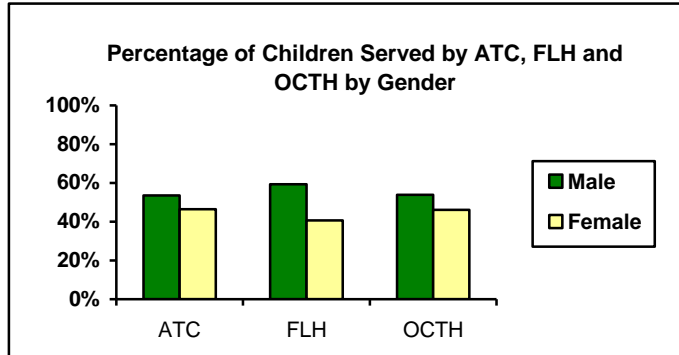
#### Age

The average age of children served Statewide was 14.1, ATC was 16.0, FLH was 12.9, and OCTH was 14.0.

Age Group	Statewide	ATC	FLH	OCTH
0–5 years old	1 (0.5%)	0 (0.0%)	1 (1.6%)	0 (0.0%)
6–12 years old	55 (29.6%)	0 (0.0%)	30 (46.9%)	25 (32.9%)
13–17 years old	118 (63.4%)	49 (87.5%)	30 (46.9%)	48 (63.2%)
18+ years old	12 (6.5%)	7 (12.5%)	3 (4.7%)	3 (3.9%)

## Gender

	Statewide	ATC	FLH	OCTH
Male	105 (56.5%)	30 (53.6%)	38 (59.4%)	41 (53.9%)
Female	81 (43.5%)	26 (46.4%)	26 (40.6%)	35 (46.1%)



## Race and Ethnicity

Race	Statewide	ATC	FLH	OCTH
American Indian/Alaskan Native	2 (1.1%)	0 (0.0%)	0 (0.0%)	2 (2.6%)
Asian	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.3%)
Black/African American	38 (20.4%)	6 (10.7%)	5 (7.8%)	29 (38.2%)
Native Hawaiian/Other Pacific Islander	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
White/Caucasian	144 (77.4%)	50 (89.3%)	59 (92.2%)	43 (56.6%)
Unknown	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.3%)
Ethnicity	Statewide	ATC	FLH	OCTH
Hispanic Origin	41 (22.0%)	15 (26.8%)	11 (17.2%)	16 (21.1%)

## Custody Status at Admission

	Statewide	ATC	FLH	OCTH
Parent/Family	104 (53.1%)	28 (50.0%)	50 (78.1%)	26 (34.2%)
Child Welfare	73 (37.2%)	14 (25.0%)	12 (18.8%)	47 (61.8%)
DCFS Youth Parole	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.3%)
Parental Custody on Probation	18 (9.2%)	14 (25.0%)	2 (3.1%)	2 (2.6%)

### SURVEY COMMENT FROM A SATISFIED PARENT

*The therapist gives us solutions and tools to use when we need help.*

## Residential Facility and Psychiatric Hospital

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

#### Number of Children Served

Acute	RTC
203	117

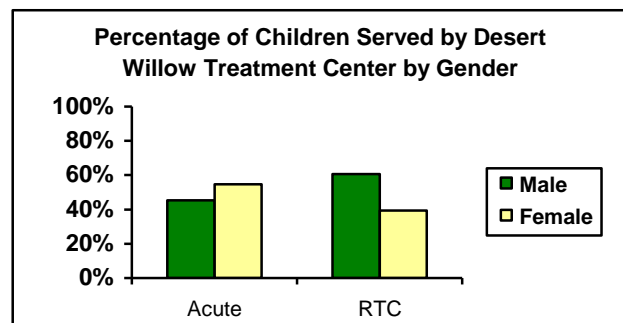
#### Age

The average age of children served by Desert Willow Acute was 15.2 and it was 15.8 for the Desert Willow Residential Treatment Center.

Age Group	Acute	RTC
6–12 years old	31 (15.3%)	5 (4.3%)
13–17 years old	155 (76.4%)	99 (84.6%)
18+ years old	17 (8.4%)	13 (11.1%)

#### Gender

	Acute	RTC
Male	92 (45.3%)	71 (60.7%)
Female	111 (54.7%)	46 (39.3%)



#### Race and Ethnicity

Race	Acute	RTC
American Indian/Alaskan Native	0 (0.0%)	2 (1.7%)
Asian	5 (2.5%)	3 (2.6%)
Black/African American	31 (15.3%)	21 (17.9%)
Native Hawaiian/Other Pacific Islander	6 (3.0%)	3 (2.6%)
White/Caucasian	157 (77.3%)	85 (72.6%)
Unknown	4 (2.0%)	3 (2.6%)
Ethnicity	Acute	RTC
Hispanic Origin	70 (34.5%)	24 (20.5%)

#### Custody Status at Admission

	Acute	RTC
Parent/Family	192 (94.6%)	78 (66.7%)
Child Welfare	10 (4.9%)	5 (4.3%)
DCFS Youth Parole	0 (0.0%)	11 (9.4%)
Parental Custody on Probation	1 (0.5%)	23 (19.7%)



## **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 (and listed in order of prevalence) accounted for 36% of all problems reported.

- Child Neglect Victim (12.3%)
- Adjustment Problems (5.8%)
- Depression (5.7%)
- Suicide Attempt – Threat (4.9%)
- Physical Aggression (3.7%)
- ADHD (3.6%)

Child neglect was the most prevalent presenting problem in FY2011, surpassing adjustment problems this year. Depression has remained in the top five for the third year. In addition, suicide attempt/threat surpassed physical aggression. Joining the list was ADHD.

## Diagnosis

In FY 2011 over 36 percent 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 NOS	Neglect of Child	Disruptive Behavior Disorder NOS
Neglect of Child	Anxiety Disorder NOS	Neglect of Child
Anxiety Disorder NOS	Disruptive Behavior Disorder NOS	Anxiety Disorder NOS
Adjustment Disorder	Adjustment Disorder	Adjustment Disorder
Deprivation/Maltreatment Disorder	Deprivation/Maltreatment Disorder	Physical Abuse of Child
Physical Abuse of Child	Physical Abuse of Child	Sensory Stimulation-Seeking Disorder/Impulsive

### Age Group 6-12.99

Overall	Female	Male
Attention-Deficit/Hyperactivity Disorder	Posttraumatic Stress Disorder	Attention-Deficit/Hyperactivity Disorder
Disruptive Behavior Disorder NOS	Oppositional Defiant Disorder	Disruptive Behavior Disorder NOS
Posttraumatic Stress Disorder	Disruptive Behavior Disorder NOS	Oppositional Defiant Disorder
Oppositional Defiant Disorder	Anxiety Disorder NOS	Posttraumatic Stress Disorder
Adjustment Disorder with Mixed Disturbance of Emotions and Conduct	Mood Disorder NOS	Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
Mood Disorder NOS	Attention-Deficit/Hyperactivity Disorder	Mood Disorder NOS

### Age Group 13-17.99

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	Depressive Disorder NOS	Major Depressive Disorder
Attention-Deficit/Hyperactivity Disorder	Oppositional Defiant Disorder	Posttraumatic Stress Disorder
Depressive Disorder NOS	Attention-Deficit/Hyperactivity Disorder	Depressive Disorder NOS

## Age Group 18+

Overall	Female	Male
Major Depressive Disorder	Major Depressive Disorder	Major Depressive Disorder
Posttraumatic Stress Disorder	Posttraumatic Stress Disorder	Posttraumatic Stress Disorder
Depressive Disorder NOS	Depressive Disorder NOS	Depressive Disorder NOS
Oppositional Defiant Disorder	Mood Disorder NOS	Oppositional Defiant Disorder
Mood Disorder NOS	Oppositional Defiant Disorder	Sexual Disorder NOS/Paraphilia NOS

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

The Child and Adolescent Functional Assessment Scale (CAFAS)<sup>1</sup> 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)<sup>2</sup> 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 clinical outcome measures for individual clients and program evaluation (Hodges, 2005). The CAFAS and the PECFAS are used as outcome measures for DCFS Children's Mental Health. Only FY 2011 CAFAS and PECFAS scores were used in this Descriptive Summary.

### SURVEY COMMENT FROM A SATISFIED PARENT

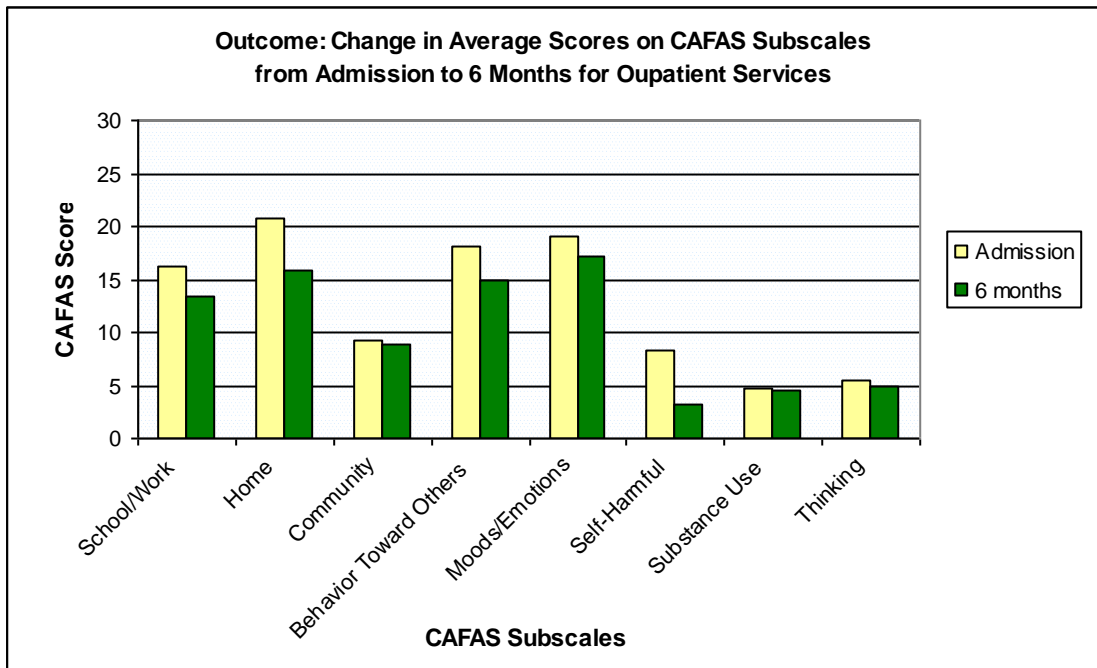
*My children have learned to use words rather than fists to express themselves.*

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

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

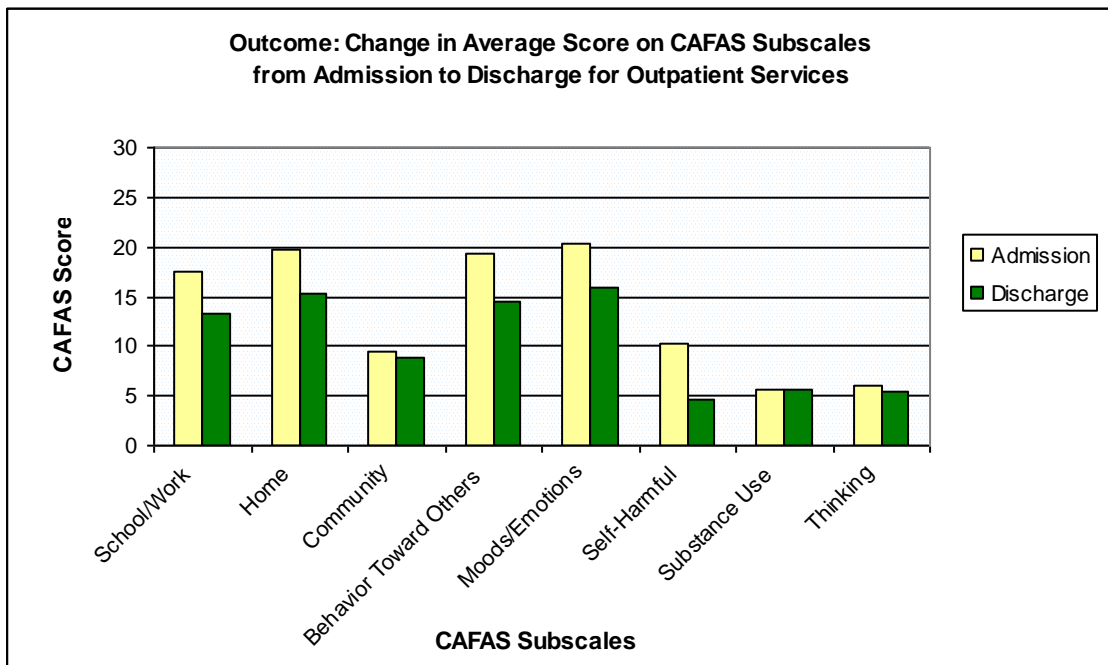
## Outpatient and Children's Clinical Services

The graph below shows the admission and 6 months CAFAS subscale scores for Outpatient Services.



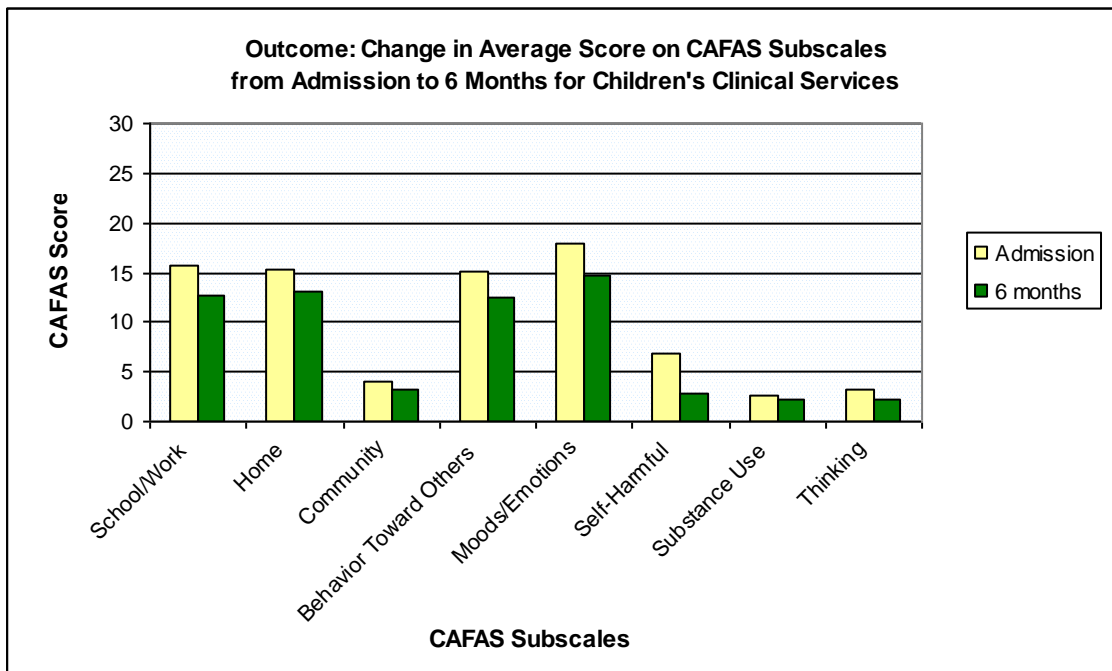
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for Outpatient Services. The mean CAFAS score was 101.98 (SD=36.80) at admission. At 6 months into services, the mean CAFAS score decreased to 82.77 (SD=36.58);  $t(100) = 6.33, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more. Outpatient Services nearly reaches the level for clinical significance.

The graph below shows the admission and discharge CAFAS subscale scores for Outpatient Services.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Outpatient Services. The mean CAFAS score was 108.06 (SD=41.68) at admission. At discharge, the mean CAFAS score decreased to 83.01 (SD=47.93);  $t(102) = 6.81, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

The graph below shows the admission and 6 months CAFAS subscale scores for Children’s Clinical Services.



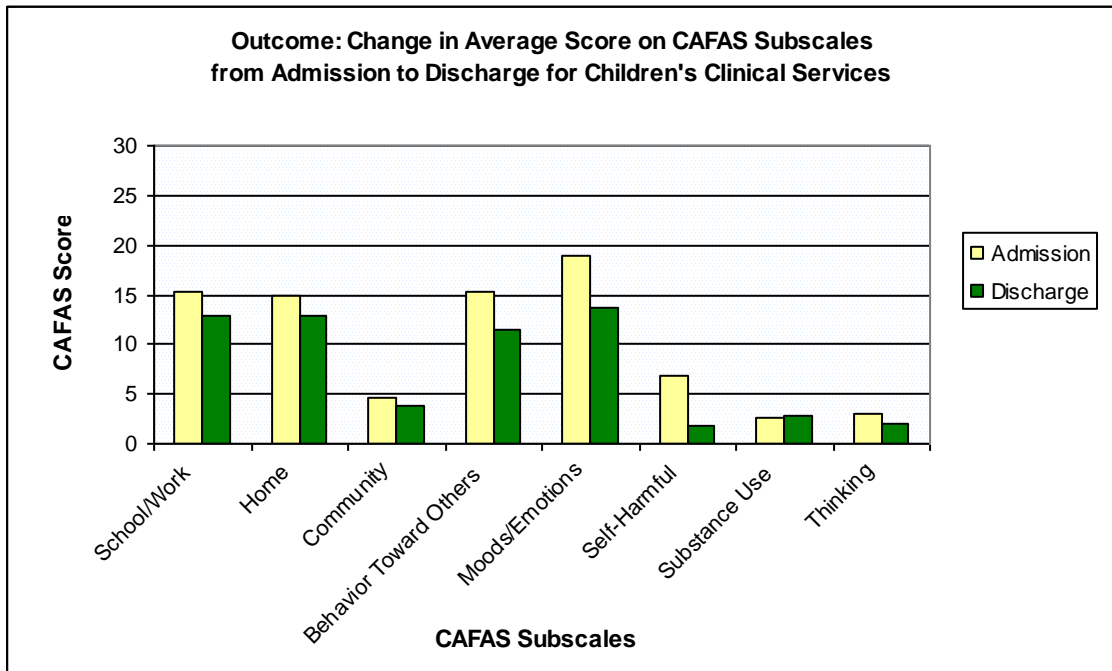
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for Children’s Clinical Services. The mean CAFAS score was 80.81 (SD=34.14) at admission. At 6 months into services, the mean CAFAS score decreased to 63.55 (SD=34.35);  $t(196) = 7.08, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

**SURVEY COMMENT FROM A SATISFIED CAREGIVER**

*He is getting over what happened to him.*



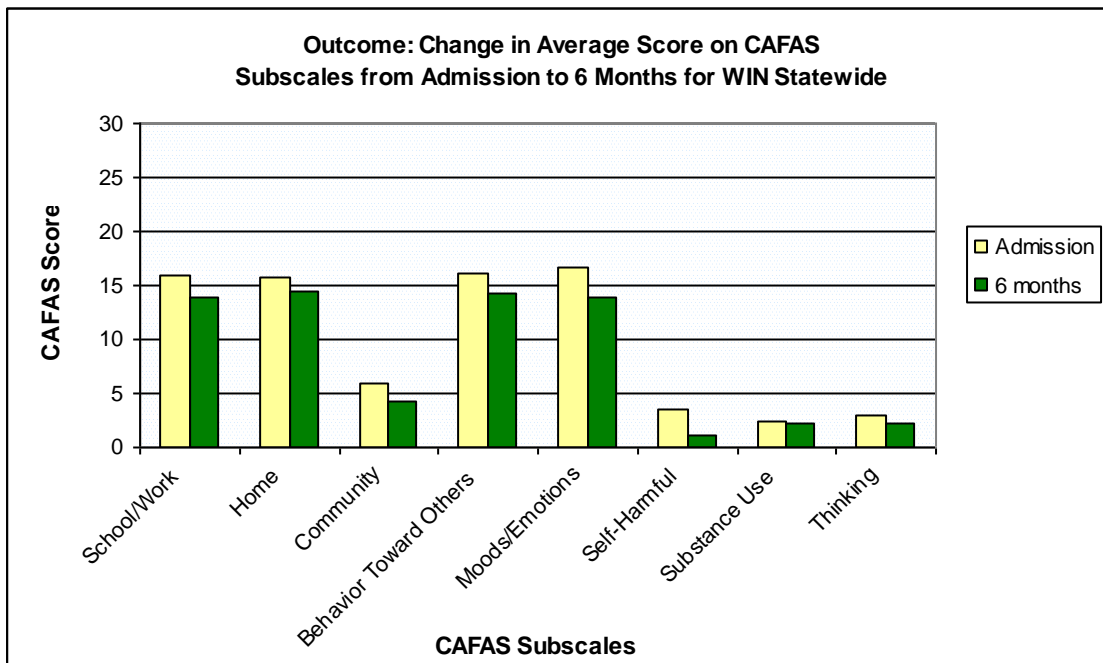
The graph below shows the admission and discharge CAFAS subscale scores for Children’s Clinical Services.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for Children’s Clinical Services. The mean CAFAS score was 90.90 (SD=38.98) at admission. At discharge, the mean CAFAS score decreased to 68.20 (SD=43.80);  $t(288) = 10.69, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

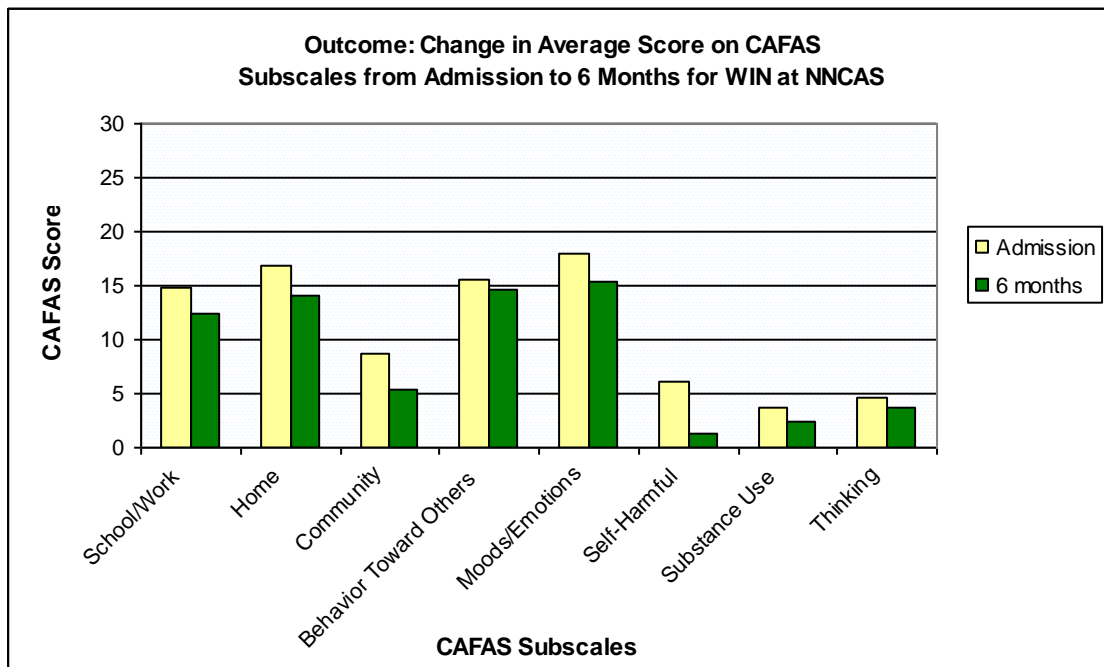
### WIN

The graph below shows the admission and 6 months CAFAS subscale scores for WIN statewide.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN statewide. The mean CAFAS score was 79.14 (SD=33.13) at admission. At 6 months into services, the mean CAFAS score decreased to 66.54 (SD=31.63);  $t(161) = 4.35, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

The graph below shows the admission and 6 months CAFAS subscale scores for WIN at NNCAS.

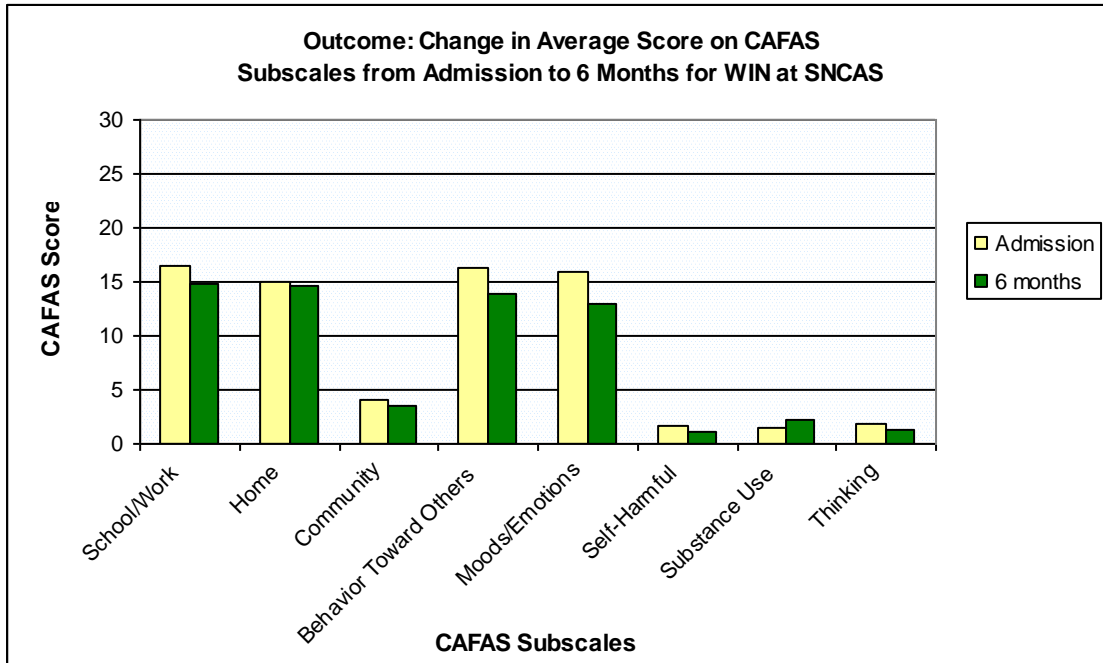


A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN at NNCAS. The mean CAFAS score was 88.33 (SD=38.01) at admission. At 6 months into services, the mean CAFAS score decreased to 69.39 (SD=29.24);  $t(65) = 3.84, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

**SURVEY COMMENT FROM A SATISFIED PARENT**

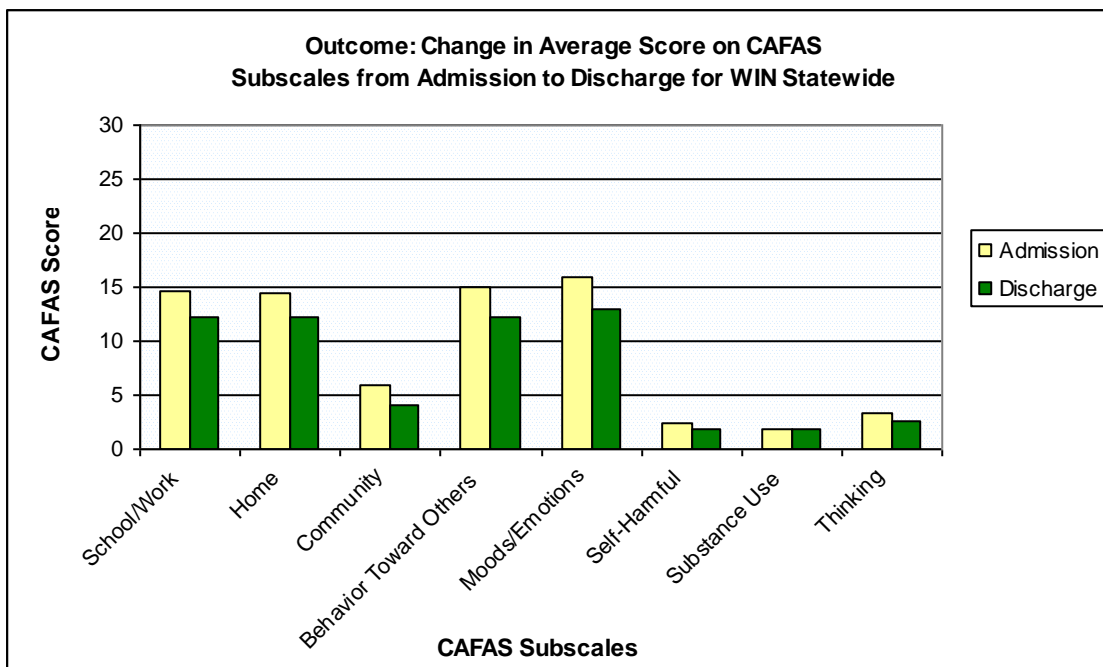
*If it wasn't for our therapist, I don't know if my child would be alive today.*

The graph below shows the admission and 6 months CAFAS subscale scores for WIN at SNCAS.



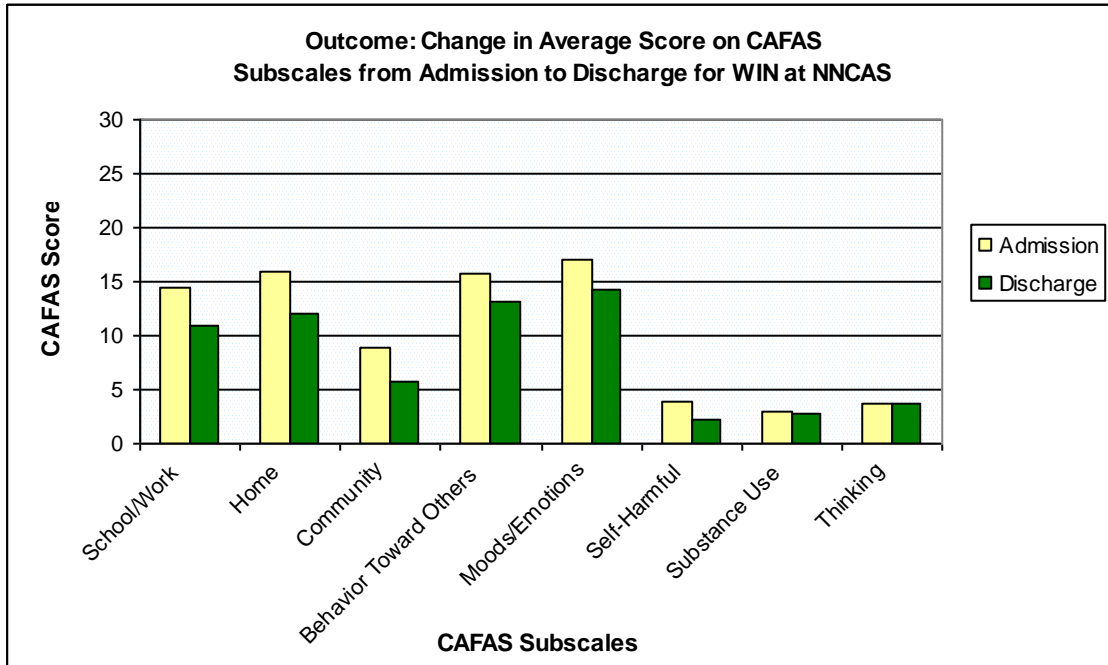
A paired-samples t-test was conducted to compare CAFAS total scores from admission to 6-months for WIN at SNCAS. The mean CAFAS score was 72.81 (SD=27.79) at admission. At 6 months into services, the mean CAFAS score decreased to 64.58 (SD=33.18);  $t(95) = 2.37, p = .020$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

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



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN statewide. The mean CAFAS score was 73.12 (SD=33.51) at admission. At discharge, the mean CAFAS score decreased to 59.90 (SD=39.63);  $t(201) = 5.02, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

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

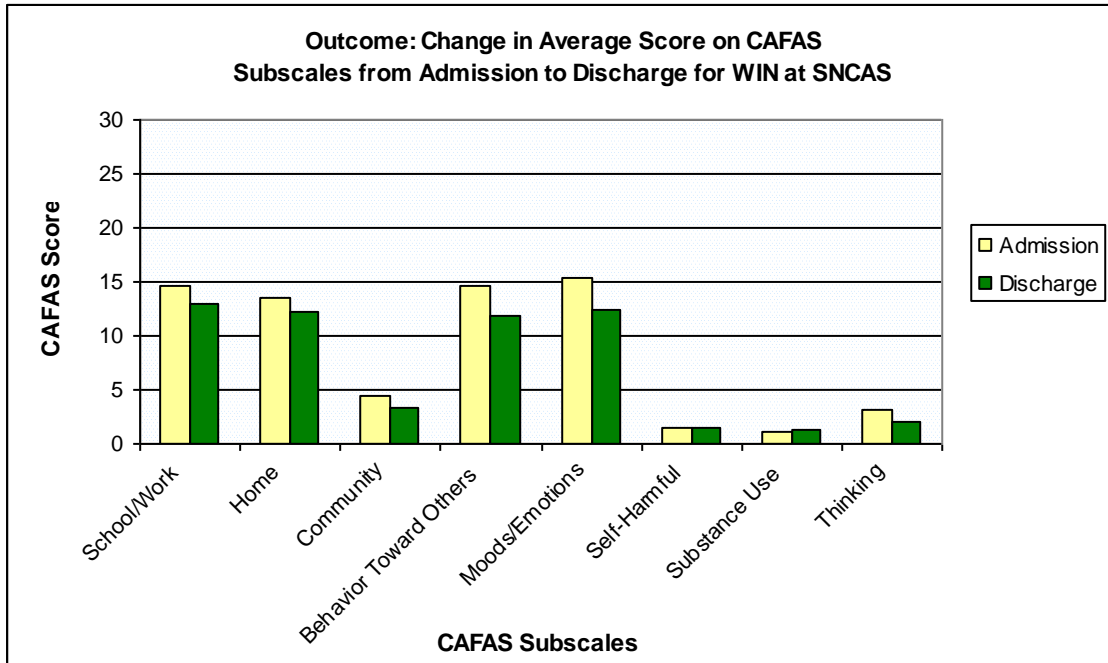


A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at NNCAS. The mean CAFAS score was 82.35 (SD=38.21) at admission. At discharge, the mean CAFAS score decreased to 64.41 (SD=43.07);  $t(67) = 3.77, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

**SURVEY COMMENT FROM A SATISFIED CAREGIVER**

*It's comforting to know that he is in a safe place where he can't hurt himself or someone else.*

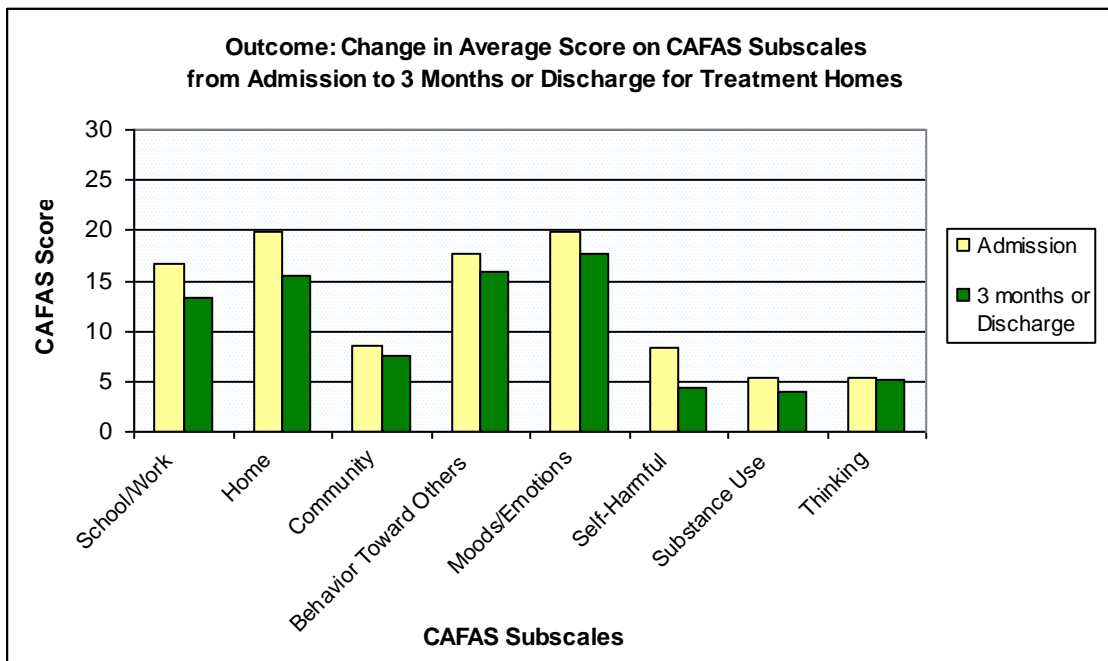
The graph below shows the admission and discharge CAFAS subscale scores for WIN at SNCAS.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for WIN at SNCAS. The mean CAFAS score was 68.43 (SD=29.93) at admission. At discharge, the mean CAFAS score decreased to 57.61 (SD=37.72);  $t(133) = 3.44, p = .001$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

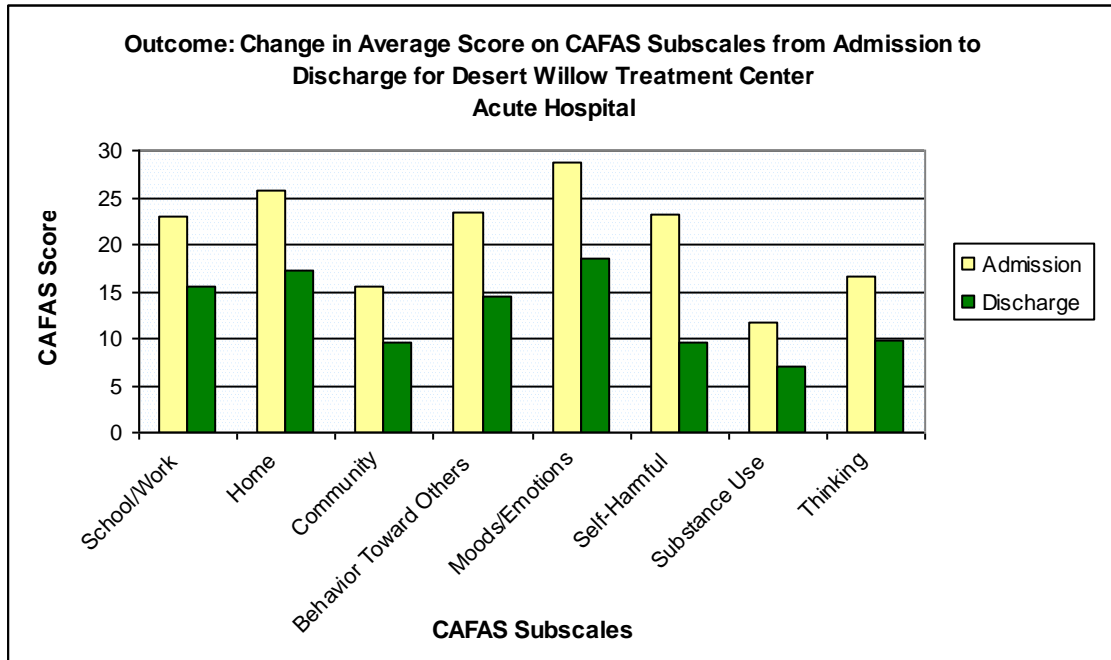
### Treatment Homes

The graph below shows the admission and 3 months or discharge CAFAS subscale scores for Treatment Homes.



A paired-samples t-test was conducted to compare CAFAS total scores from admission to 3-months or at discharge for Treatment Homes. The mean CAFAS score was 101.90 (SD=39.06) at admission. At 3 months into services or discharge, the mean CAFAS score decreased to 83.52 (SD=39.24);  $t(178) = 8.47, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total CAFAS score decrease of 20 points or more.

### Desert Willow Treatment Center Acute Hospital

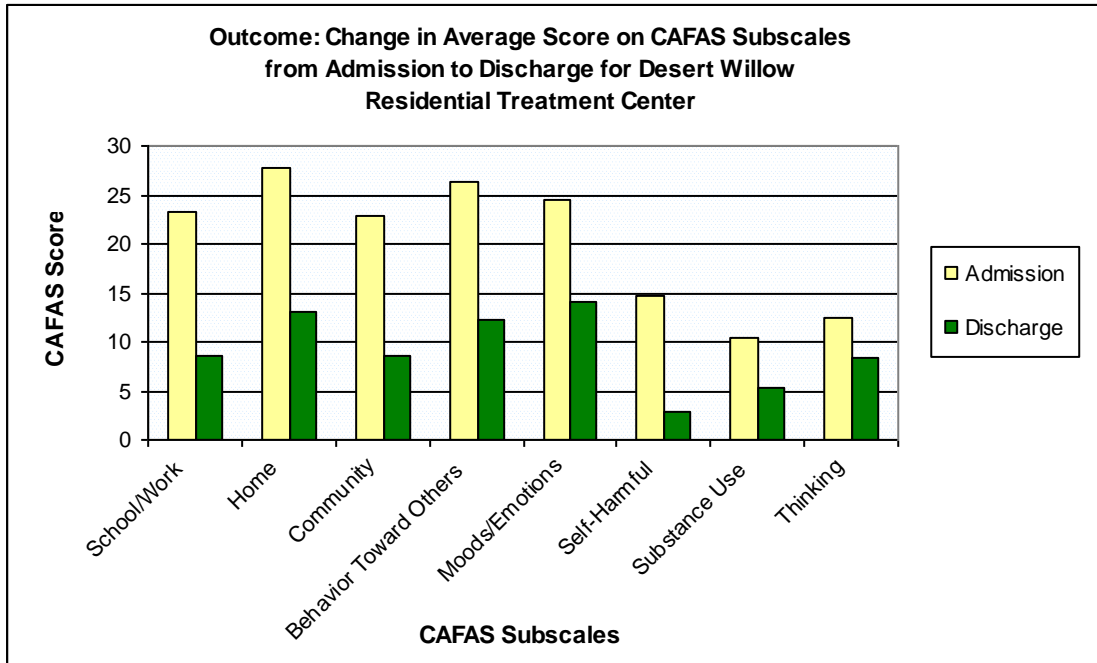


A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Acute Hospital. The mean CAFAS score was 168.13 (SD=28.64) at admission. At discharge from services, the mean CAFAS score decreased to 101.50 (SD=28.29);  $t(159) = 25.76, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

#### SURVEY COMMENT FROM A SATISFIED CAREGIVER

*The staff here are very polite and respectful; I really like that.*

## Desert Willow Treatment Center RTC



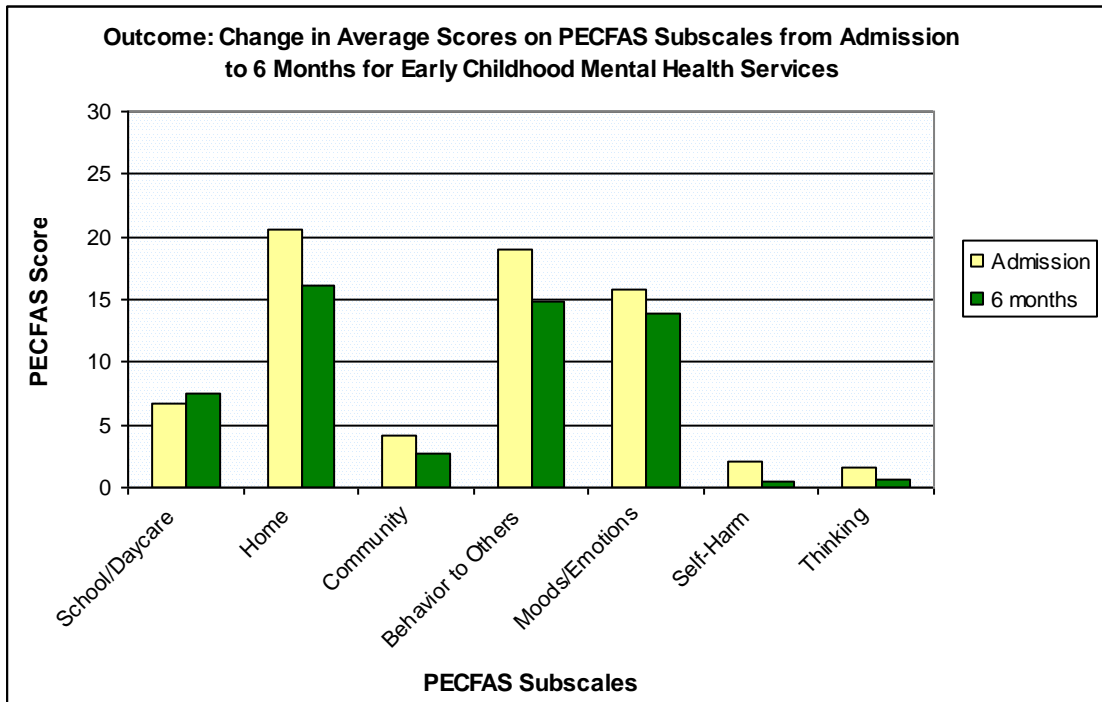
A paired-samples t-test was conducted to compare CAFAS total scores from admission to discharge for DWTC Residential Treatment Center. The mean CAFAS score was 162.24 (SD=34.68) at admission. At discharge, the mean CAFAS score decreased to 73.28 (SD=47.17);  $t(66) = 18.15, p = .000$ . These results indicate a statistically significant reduction in overall impairment and a clinically significant change from admission to discharge.

### SURVEY COMMENT FROM A SATISFIED PARENT

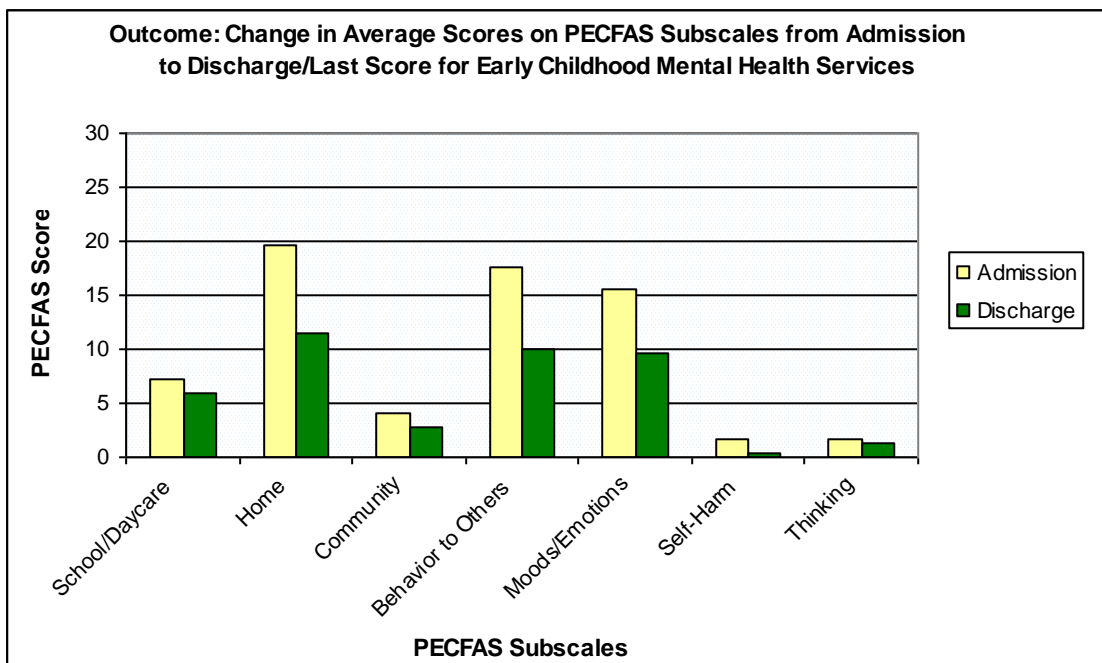
*I like being able to talk about our issues and make a plan to better ourselves, our parenting skills and to understand each other better.*

## Early Childhood Mental Health Services NNCAS and SNCAS

The graph below shows the admission and 6 months PECFAS subscale scores for Early Childhood Mental Health Services statewide.



A paired-samples t-test was conducted to compare PECFAS total scores from admission to 6-months for Early Childhood Mental Health Services statewide. The mean PECFAS score was 69.76 (SD=26.74) at admission. At 6 months into services, the mean PECFAS score decreased to 56.14 (SD=23.30);  $t(126) = 5.61, p = .000$ . Although these results show a statistically significant reduction in overall impairment, a clinically significant change must be a total PECFAS score decrease of 17.5 points or more.





A paired-samples t-test was conducted to compare PECFAS total scores from admission to discharge or last PECFAS score for Early Childhood Mental Health Services statewide. The mean PECFAS score was 67.48 (SD=27.75) at admission. At discharge or last score, the mean PECFAS score decreased to 41.22 (SD=29.11);  $t(114) = 9.36, p = .000$ . These results show a clinically and statistically significant reduction in overall impairment.

## Education and Juvenile Justice Outcomes

An analysis was conducted on client's absences, suspensions/expulsions, grade point average, and arrests. With respect to grade point average (GPA), each client's GPA in the most recent period was compared to his or her average for at least two grading periods to see if it improved.

The analysis of the other three measures was conducted as follows: Each client's absences, suspensions/expulsions, and arrests in the most recent period were compared to his or her average over at least two periods to see if these measures increased, decreased, or stayed the same. If a client was, despite some fluctuation from period to period, reducing or maintaining acceptable levels in these areas, then his or her most recent numbers will be less than his or her average (thereby pulling the average down toward zero) or held steady near zero.

Performance was classified into three categories:

1. A client was considered to be maintaining an excellent performance or showing improvement if he or she met any one of three criteria:
  - The client had a perfect record historically and in the most recent period;
  - The client had a history of averaging no more than two absences per grade period and had two or less in the most recent grade period (absences only); or
  - The client had a historic average of three or more per grade period and showed a reduction from the average in the most recent grade period.
2. A client was considered to have stayed the same at a level that could be improved if he or she had:
  - Three or more absences per period historically and had the same number as his or her average in the most recent period (absences only), or
  - One or more per period and the same number as his or her average in the most recent period (suspensions/expulsions and arrests only).
3. A client was considered to have decreased in performance if he or she had:
  - A historical average of three or more per period and more than his or her historical average in the most recent period, or an average from zero to two and absences in the most recent period of three or more (absences only), or
  - A historical average of one or more per period and more than his or her average in the most recent period, or a perfect record historically and one or more in the most recent period (suspensions/expulsions and arrests only).

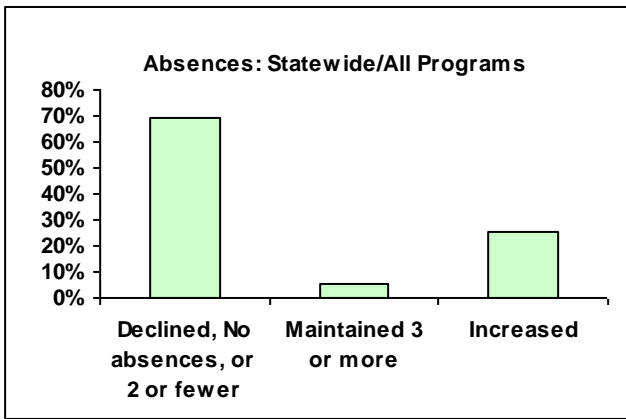
### Grade Point Average (GPA): Statewide/All Programs

In FY 2011, 335 students had GPA data for at least two grading periods. Improvement in GPA compared to their own average occurred in 98 (29.3%) of the clients, and the average improvement was .3818 GPA points.

### Grade Point Average (GPA): WIN

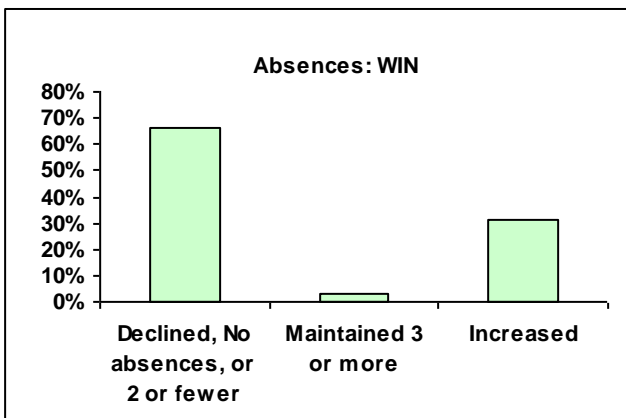
The WIN program accounted for 122 of the 335 clients with GPA data for at least two periods. In FY 2011, 43 (35.2%) WIN clients improved against their own averages, with an average improvement of .355 GPA points.

### Absences: Statewide/All Programs



In FY2011, 692 clients had absences data for at least two grade periods from which an average could be constructed. Absences declined, a perfect attendance record was maintained (no absences), or the client had two or fewer absences in the most recent period compared with a mean school absence of two or fewer for 480 (69.4%) of the clients. There were 115 (16.6%) clients who had a zero average and zero absences in the most recent period. Absences remained the same at three or more compared with a mean of three or more for 37 (5.3%) clients. Absences increased to three or more and the client average was greater than two days for 175 (25.3%) of the clients.

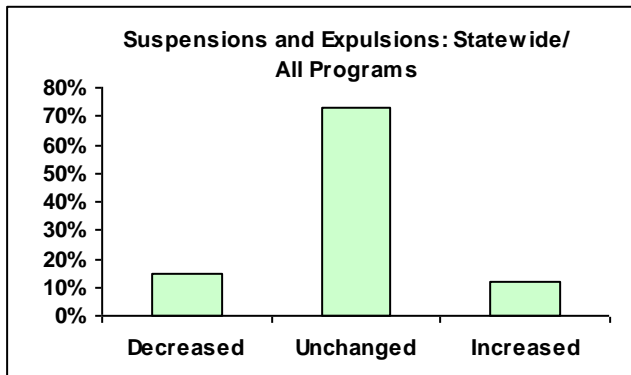
### Absences: WIN



The WIN program accounted for 314 of the 692 cases with absence data over at least two grade periods. When isolated from the other programs, absences declined, a perfect attendance record was maintained

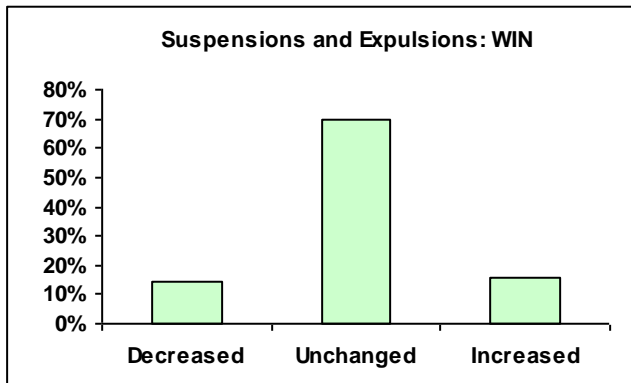
(no absences), or the client had two or fewer absences in the most recent period compared with a mean school absence of two or fewer for 208 (66.2%) clients. There were 39 (18.75%) clients who had a zero average and zero absences in the most recent period. Absences remained the same at three or more compared with a mean of three or more for 9 (2.9%) clients. Absences increased to three or more and the client average was greater than two days for 97 (30.9%) clients.

### Suspensions and Expulsions: Statewide/All Programs



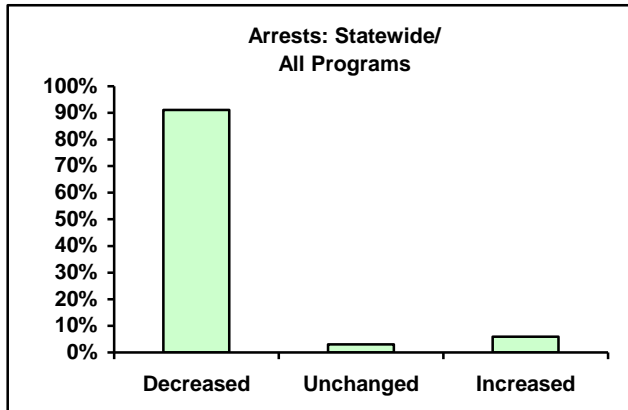
In FY2011, 668 clients had suspensions and expulsions data for at least two grade periods from which an average could be constructed. Suspensions and expulsions decreased versus the client’s own average for 99 (14.8%) of the clients. For 489 (73.2%) of the clients, there was no change in suspensions and expulsions versus his or her own average, and 467 (95.5%) of them had a zero average and zero suspensions or expulsions. Suspensions and expulsions increased versus the client’s own average for 80 (12.0%) of the clients.

### Suspensions and Expulsions: WIN



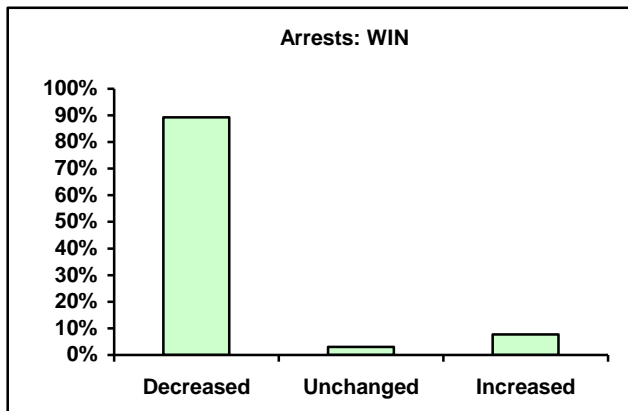
The WIN program accounted for 318 cases of the 668 cases with suspensions and expulsions data over multiple periods. Suspensions and expulsions decreased versus the client’s own average for 46 (14.5%) of the clients. For 221 (69.5%) of the clients, no change occurred in suspensions and expulsions versus his or her own average, and all 221 had no suspensions or expulsions in the latest or prior periods. Suspensions and expulsions increased versus the client’s own average for 51 (16.0%) of the clients.

### Arrests: Statewide/All Programs



In FY2011, 729 clients had arrest data entered for at least two periods from which an average could be constructed. Of the 729 clients with arrest data, 625 (85.7%) had no arrests. Arrests decreased or remained zero versus the client’s own average for 664 (91.1%) of the clients. For 22 (3.0%) of the clients there was no change in the number of arrests versus his or her own average. Arrests increased versus the client’s own average for 43 (5.9%) for the clients.

### Arrests: WIN



In FY2011, WIN had 299 of the 729 clients with arrest data entered for at least two periods from which an average could be constructed. Of the 299 clients with arrest data, 240 (80.3%) had no arrests. Arrests decreased or remained zero versus the client’s own average for 267 (89.3%) of the clients. For 9 (3.0%) of the clients there was no change in the number of arrests versus his or her own average. Arrests increased versus the client’s own average for 23 (7.7%) for the clients.



## **PROGRAM EVALUATION DEVELOPMENT: AGGRESSION REPLACEMENT TRAINING**

Clients served in residential treatment facilities have severe and complex needs requiring care in a structured living environment to help manage their problem behaviors. Aggression Replacement Training (ART) is a cognitive behavioral intervention program that helps youths improve their social skills and moral reasoning, better manage their anger, and reduce their aggressive behavior.<sup>1</sup> DCFS Children’s Mental Health has trained trainers to implement this program throughout its residential treatment facilities. ATC is the first program to begin collecting data on youth participating in ART. Below is demographic information on 30 youth who have participated in ART at ATC.

<b>Gender</b>	
Male	13 (43.3%)
Female	17 (56.7%)
<b>Race/Ethnicity</b>	
Caucasian	23 (76.7%)
African-American	3 (10.0%)
Hispanic	3 (10.0%)
Other	1 (3.3%)
<b>Average Age</b>	14.63

One of the outcome measures used for ART is the Youth Outcome Questionnaire Self-Report (YOQ-SR) which is a reliable and change sensitive measure of psychosocial distress as perceived by the adolescent.<sup>2</sup> The YOQ-SR has 64 items with six subscales which are rated on a 5-point scale

<sup>1</sup> National Center for Mental Health Promotion and Youth Violence Prevention. (2007). *Aggression Replacement Training*. Retrieved on February 3, 2012 from <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>

<sup>2</sup> Ridge, N. W., Warren, J. S., Burlingame, G. M., Wells, M. G., & Tumblin, K. M. (2009). Reliability and Validity of the Youth Outcome Questionnaire Self-Report. *Journal of Clinical Psychology*. 65 (10), 1115-1126. Retrieved on January 27, 2012 from <http://www.oqmeasures.com/files/oqmeasures/Ridge-2009-YOQSR-psychometrics.pdf>

with seven items reverse scored. It is designed for adolescents ages 12 to 18. The YOQ-SR total score provides an overall level of distress. A score of 46 or higher is in the clinical range; a score of 46 or less is considered to be in the non-clinical range.<sup>1</sup> Youth are asked to complete the YOQ-SR when they begin ART and then again when they finish the training. ATC collected the YOQ-SR on 14 youth at the beginning of their participation in ART. The average score was 63.36, which is considered well above the clinical range. ATC is encouraged to continue collecting the YOQ-SR and other outcome measures to determine if the program is achieving its goals and to provide meaningful feedback to trainers.

#### **SURVEY COMMENT FROM A SATISFIED YOUTH**

*I'm learning things about myself and how to get along with others.*

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<sup>1</sup> Carepaths. Retrieved on January 27, 2012 from <http://www.carepaths.com/youth-outcomes-questionnaire-yoq-2-0/>  
2011 Descriptive Summary 2/8/12



## CONSUMER SURVEY RESULTS

It is both system of care best practice and a policy of DCFS that all children and their families/caregivers receiving mental health services through the Division are 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 spring of every year, DCFS conducts a statewide survey for NNCAS and SNCAS children's community-based mental health programs. Parent/caregivers with children in treatment and the children themselves (age 11 or older) are solicited to voluntarily participate in completing their respective survey instruments.

This year, children's residential and psychiatric inpatient mental health service programs offered through NNCAS and SNCAS began collecting surveys at discharge from services. Like the community-based programs, parent/caregivers with children in residential and psychiatric inpatient programs and the children themselves (age 12 or older) are solicited to voluntarily participate in completing a survey. A full year of residential and psychiatric inpatient survey results will be available next year.

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 table presents 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

<b>Community Based Services Survey – Spring 2011</b>	<b>Youth % positive</b>	<b>Parent % positive</b>	<b>National Benchmark for Parent Response<sup>1</sup></b>
Services are seen as accessible and convenient regarding location and scheduling	82	90	83
Services are seen as satisfactory and helpful	83	93	83
Clients get along better with family and friends and are functioning better in their daily life	79	81	62
Clients feel they have a role in directing the course of their treatment	75	91	87
Staff are respectful of client religion, culture and ethnicity	89	98	93
Clients feel supported in their program and in their community	90	95	NA
Clients are better able to cope and are doing better in work or school	82	83	NA
Important issues such as diagnosis, medication, treatment options, client rights and confidentiality were adequately explained by staff (community based domain)	83	92	NA

<sup>1</sup> 2009 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, available at [www.samhsa.gov/dataoutcomes/urs/2010/palau.pdf](http://www.samhsa.gov/dataoutcomes/urs/2010/palau.pdf)