

The HCN Cohort Size & Scope

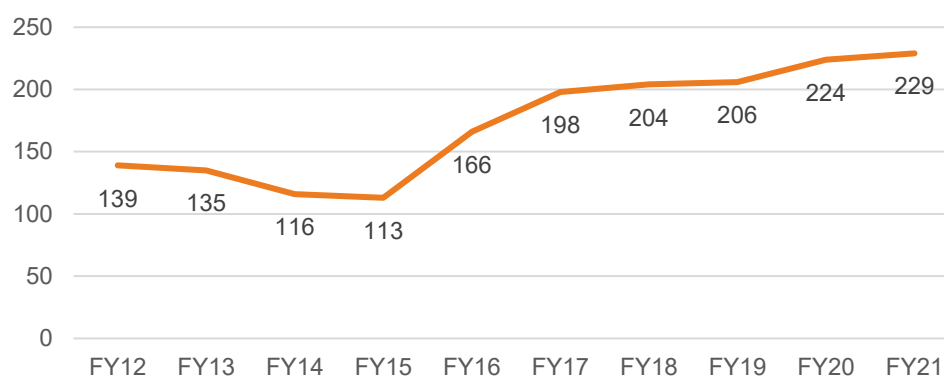
Service Delivery

	FY21	FY20	Change (%)	F17 – 21 AVG
Plans Active (<i>at any point during FY</i>)	<u>229</u>	224	2%	212
Active Days	<u>54,923</u>	50,140	10%	49,021
Plans Started	<u>90</u>	108	-17%	90
Plans Ended	<u>95</u>	85	12%	87
AVG Monthly Service Provision Costs (excludes staff/admin) – Plans Ended	<u>\$1,855</u>	\$1,662	12%	\$1,996

While the number of Plans Started has decreased from FY20, there has been a higher throughput of plans in FY21 whilst achieving GAS scores & AVG Service Provision Costs consistent with years prior.

The HCN Unit's throughput can be measured by both Plans Active (*at any point during FY*) & Active Days – the number of days every HCN Plan was collectively active throughout the FY. In this regard, the HCN Unit has certainly outperformed itself, not just from FY20, but from the past ten FYs.

Plans Active (*at any point in FY*)



It should be noted that a key limiting factor in Service Delivery is budgetary restraints. Regardless of capability and demand, the HCN Unit must not exceed its financial capacity. The HCN Unit again utilised its full budget as it did in FY20. This indicates that Service Delivery was maximized given the HCN Unit's current resources & processes.

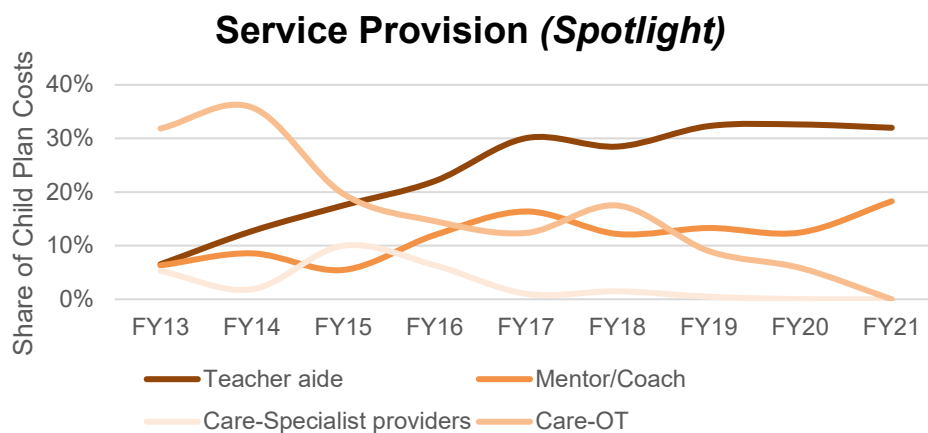
Service Provision – Plan Support Costs

	FY21	FY20	Change (%)	F17 – 21 AVG
Teacher aide	<u>32.0%</u>	32.6%	-1.9%	31.1%
Mentor/Coach	<u>18.3%</u>	12.5%	46.8%	14.7%
Teacher costs	<u>11.4%</u>	10.8%	5.4%	13.0%
Individual therapy	<u>8.3%</u>	8.2%	1.5%	6.7%
Other Therapist/Specialist	<u>5.9%</u>	4.9%	22.2%	3.9%
Occupational Therapy/Physio	<u>5.6%</u>	4.8%	15.8%	2.9%
Other interventions	<u>3.0%</u>	0.6%	436.8%	2.4%
Family training, support & therapy	<u>4.4%</u>	4.4%	1.4%	3.5%
Team training & support	<u>1.9%</u>	1.1%	77.2%	1.5%
Other education costs	<u>1.8%</u>	4.6%	-62.1%	3.1%
Assessment and programme	<u>1.7%</u>	0.5%	205.4%	0.8%
Recreation	<u>1.5%</u>	1.8%	-18.1%	0.9%
Respite-Specialist providers	<u>1.1%</u>	2.2%	-50.0%	1.7%
After school programme	<u>0.9%</u>	0.1%	512.9%	0.5%
Other living	<u>1.0%</u>	3.7%	-73.2%	1.4%
Other team costs	<u>0.1%</u>	0.1%	64.5%	0.2%
Counselling	<u>0.4%</u>	0.1%	163.8%	0.3%
Other health costs	<u>0.3%</u>	0.2%	95.2%	1.0%
Clinical Advisor	<u>0.2%</u>	0.0%	1073.9%	0.1%
Other culture	<u>0.1%</u>	0.2%	-7.3%	0.1%
BSW	<u>0.1%</u>	0.8%	-86.2%	0.9%
Care-OT	<u>0.0%</u>	0.0%	-100.0%	0.6%
Care-Specialist providers	<u>0.0%</u>	5.8%	-100.0%	8.8%
Cultural advisor	<u>0.0%</u>	0.0%	-	0.0%
Family Visits	<u>0.0%</u>	0.0%	-	0.0%
Respite-OT	<u>0.0%</u>	0.0%	-	0.0%

In general, the HCN Unit's Provision of Services has stayed consistent from FY20 to FY21. The predominant service provided was Teacher Aide. This has been the case the last six FYs. Before this it was Care – OT & Care – Specialist Providers. Overall, the largest cost the HCN Unit incurs is staffing.

Notable variances from FY20 to FY21 include a 39.5% increase in the Mentor/Coach cost share, no Care – Specialist Providers costs, and Other living & Other education cost share significantly reducing

Beyond FY17 there are four trends in the HCN Unit's provision of services that offer significant insight into the Unit. Those being the rise in the share of Teacher Aide & Mentor/Coach costs & the fall in the share of Care-Specialist providers & Care OT costs.



With reference to these trends:

“It needs to be stressed that all interventions directly funded under the strategy are in addition to what is provided by families, communities and local agencies. They are not a replacement for existing services.” – Intersectoral Strategy for Children & Young People with High & Complex Needs

As the machinery of the three Ministries adapts to the need over time, so will service gaps high and complex needs children and young people are facing. The HCN Unit's provision of services today reflects the need HCN Specialists and their IMGs identify in their respective regions.

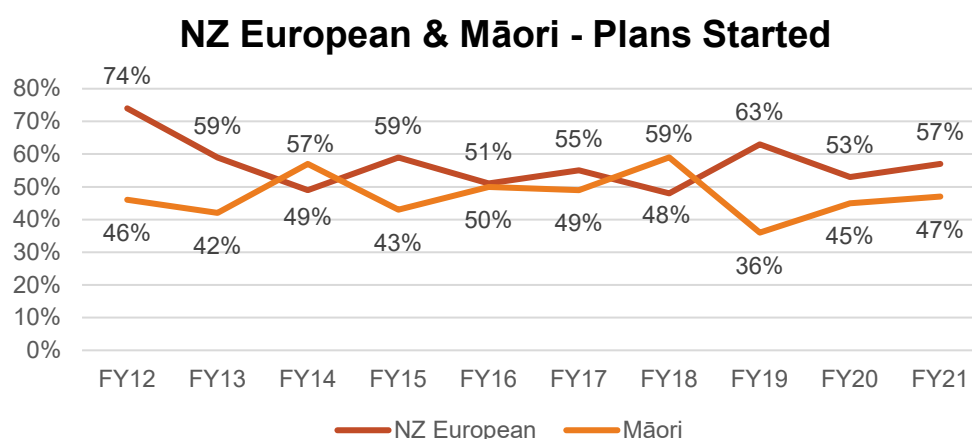
The HCN Cohort Demographic

Ethnicity

	FY21	FY20	Change (%)	FY17 – 21 AVG
% Identify as NZ European – Plans Started	<u>57%</u>	53%	6%	55%
% Identify as Māori – Plans Started	<u>47%</u>	45%	4%	47%
% Identify as Pasifika – Plans Started	<u>6%</u>	7%	-25%	6%
% Identify as Other Ethnicity – Plans Started	<u>8%</u>	12%	-36%	9%

Note: Many HCN children and young people identify as belonging to multiple ethnicities. To acknowledge this the following analysis focuses on the percentage of the cohort that identify as a certain ethnicity and therefore the percentages in the above columns will not add to 100%.

Over the past three FYs there has been an increase in the percentage of HCN Plans where the child or young person identifies as Māori. Beyond this period, the percentage of new plans that identified as NZ European & Māori in FY21 has remained fairly consistent.



For Plans Ended in FY21, children and young people that identified as Māori received on average less funding for Service Provision (*excludes staff/admin*) per plan than NZ European.

	FY21	FY20	Change (%)	F17 – 21 AVG
Māori Average Monthly Service Provision Costs – Plans Ended	<u>\$1,693</u>	\$1,720	-2%	\$1,892
NZ European Average Monthly Service Provision Costs – Plans Ended	<u>\$1,915</u>	\$1,382	39%	\$1,942

Note: While this analysis factors in the discrepancy in average plan length between the NZ European & Māori cohort it does not factor in discrepancies in Diagnostics – HCN's indicator of complexity.



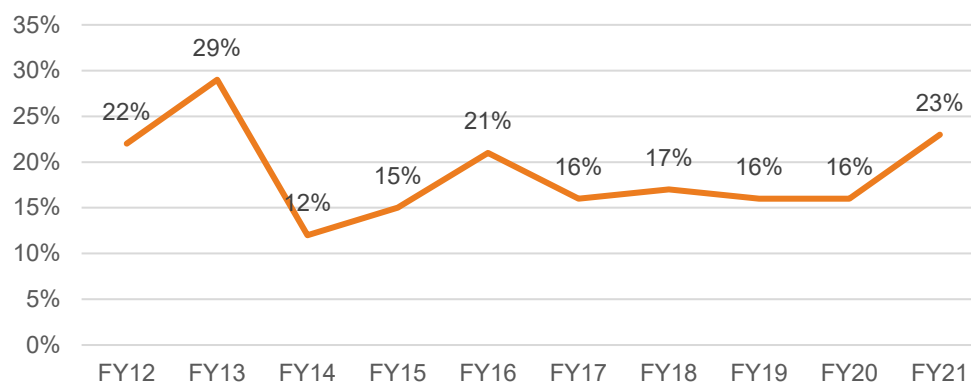
Gender

	FY21	FY20	Change (%)	F17 – 21 AVG
% Male – Plans Started	<u>76%</u>	84%	-10%	81%
% Female – Plans Started	<u>23%</u>	16%	48%	18%
% Gender Diverse – Plans Started	<u>1%</u>	0%	–	1%

Historically the predominate gender in the HCN cohort has always been Male. Extensive analysis of this trend was completed in 2019 by Sioban Doran-Read in 'Understanding Differences in Male and Female Referrals to the High and Complex Needs Unit'.

One of the key recommendations implemented from this report was to encourage IMGs to give extra consideration to referrals for female children and young people. The reason for this is because females tend to present with less externalizing behaviours at a young age. This appears to have encouraged uptake as for plans started in FY21, 23% identified as Female - the highest proportion of plans started of this gender since FY13.

Female - Plans Started



For Plans Ended in FY21, Females have received on average more funding for Service Provision (*excludes staff/admin costs*) per plan than males.

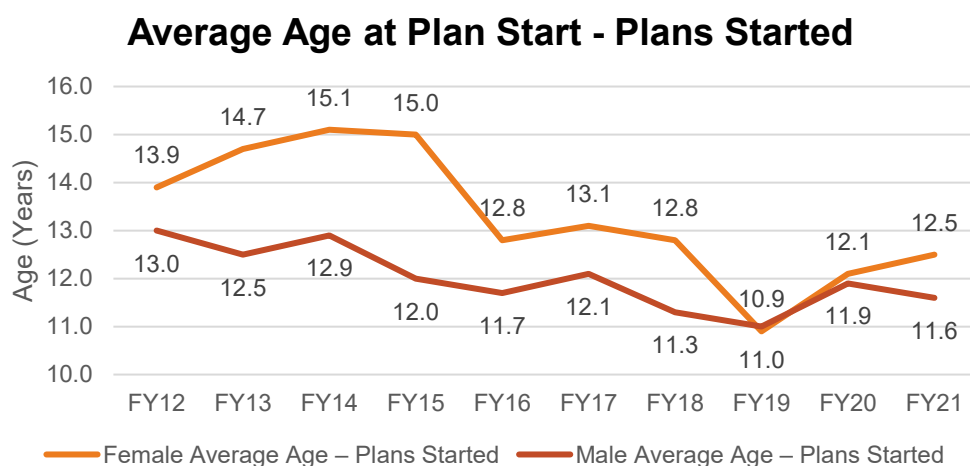
	FY21	FY20	Change (%)	F17 – 21 AVG
Male Average Monthly Service Provision Costs – Plans Ended	<u>\$1,842</u>	\$1,589	16%	\$1,897
Female Average Monthly Service Provision Costs – Plans Ended	<u>\$1,955</u>	\$1,960	0%	\$2,504

Note: While this analysis factors in the discrepancy in average plan length between the male/female cohort it does not factor in discrepancies in Diagnostics – HCN's indicator of complexity.

Age

	FY21	FY20	Change (%)	F17 – 21 AVG
% Age 0 to 9 – Plans Started	<u>30%</u>	26%	16%	32%
% Age 10 to 14 – Plans Started	<u>60%</u>	58%	3%	54%
% Age 15 to 19 – Plans Started	<u>10%</u>	16%	-36%	14%
Male Average Age – Plans Started	<u>11.6</u>	11.9	-2%	11.6
Female Average Age – Plans Started	<u>12.5</u>	12.1	4%	12.2

Fluctuations in the Average Age of Plans Started have been small. In FY21 both the average for males & females has remained consistent with the average of the past five years.



Views of whānau from Successful HCN Plan

“It (The HCN Process) kept _____ in school.”



Indicators of Complexity – Diagnostics

Overall

	FY21	FY20	Change (%)	F17 – 21 AVG
AVG Adverse Life Experiences Present – Plans Started	<u>8.4</u>	10.0	-17%	N/A
AVG Presenting Problem Behaviours Present – Plans Started	<u>8.8</u>	9.0	-1%	N/A
AVG High Level Diagnoses Present – Plans Started	<u>3.2</u>	2.8	12%	N/A

Note: There are many factors that could influence these diagnostics (e.g., average age, gender, awareness of diagnostics presence & data collection to name a few). The data presented is collected by HCN Specialists during the Referral process.

At a high level there are two key trends that indicate change in the HCN Cohort from FY20 to FY21. The decrease in AVG Adverse Life Experiences per Plan Started and the increase in AVG Diagnoses per Plan Started.

There are tables highlighting the highest frequency diagnostics for the HCN Cohort at the end of this document. Underpinning the increase in AVG High Level Diagnoses per Plan Started is an increase in % of the HCN Cohort in FY21 with Neurodevelopmental Disorders such as Autistic Spectrum Disorder (incl. Asperger Syndrome), Intellectual Disability, Global Developmental Delay and Communication Disorders as well as an increase in Eating Disorders such as Anorexia Nervosa & Binge-Eating Disorder.

Client Story – H

H was 16 when she commenced her HCN plan. She comes from a loving family in Tauranga, but she had experienced several challenges in her life after primary school. At primary H excelled at her schoolwork, but this changed when her older brother had a series of Mental health issues. These affected the whole family, and as H was going through puberty, this caused her to have increased anxiety meaning she was unable to attend school. Life skills that H had acquired through her childhood were lost and she was a shadow of her former self.

The family struggled for 3 years, during which time H's mental health deteriorated; H's psychologist suggested HCN.

HCN did not spend a large budget on H, but the process allowed H to open up to her family about what she needed them to do to support her. Interventions included therapy for her family to understand H's unique set of needs, plus school supports, speech language therapy and occupational therapy to help H overcome her anxiety and return to education. By working collaboratively, the HCN team were able to achieve outcomes for H and her family that excelled everyone's expectations.

H recently enrolled at the local polytechnic and has develop a 10-year plan for her future, which includes attending Waikato University and gaining qualifications to enable her to help others. H is planning her pathway to independent living and enjoying life to the full.

The HCN Cohort Outcomes

How we measure progress – Goal Attainment Scaling

The key component of the HCN Unit’s ability to report on outcomes is the use of the Goal Attainment Scaling (GAS) to measure individual child and young person progress on their identified goals. The HCN Unit has also developed Domain Descriptors for each of the eight domains. These provide a high-level goal that all individual goals work towards.

Individual goals are determined under each domain to understand whether a multidisciplinary approach to plan development, goal setting, and implementation and measurement, makes a quantifiable difference. The HCN Unit uses GAS, a multidisciplinary measure, to determine a child or young person’s performance.

GAS enables individualised goals to be set under each domain on a five-point scale and evaluates effectiveness by measuring the extent to which individualised goals are achieved in a specific timeframe. As shown in the below table, the goal attainment scale is characterised by five levels of achievement. The expected outcome is the middle or ‘zero’ score and is determined first (that is, it is determined at the plan development stage) and then two better and two worse outcomes are documented at a six-month review and at the final review.

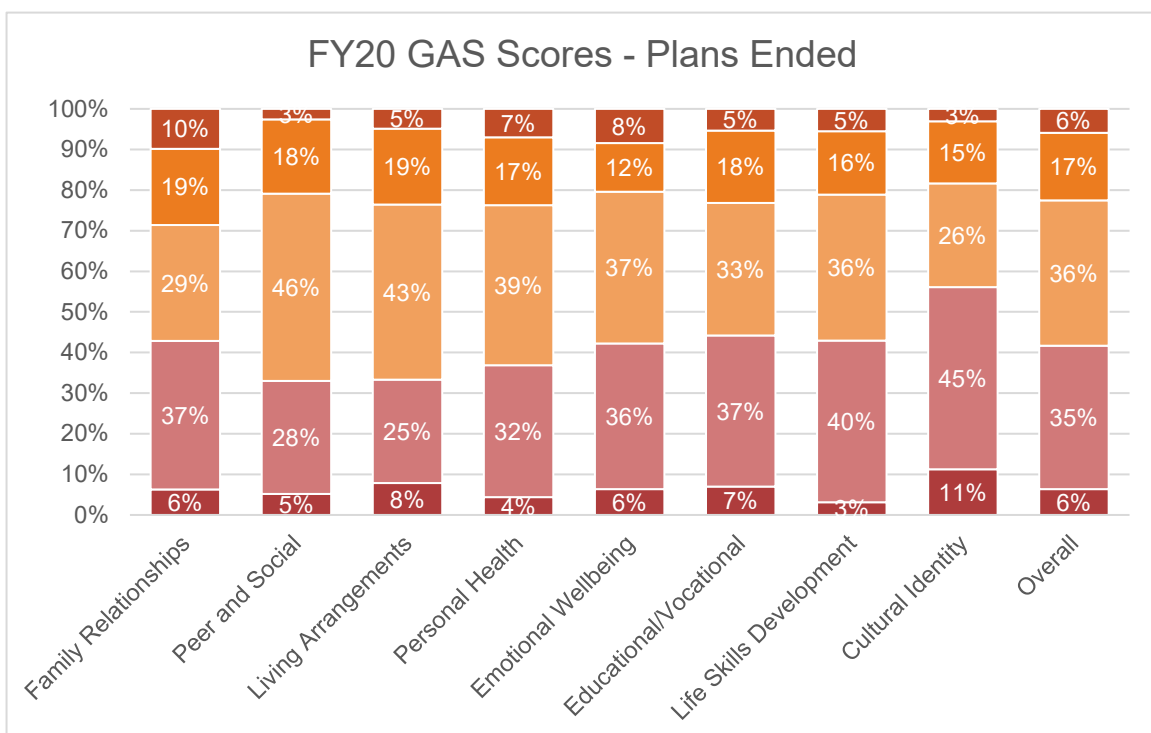
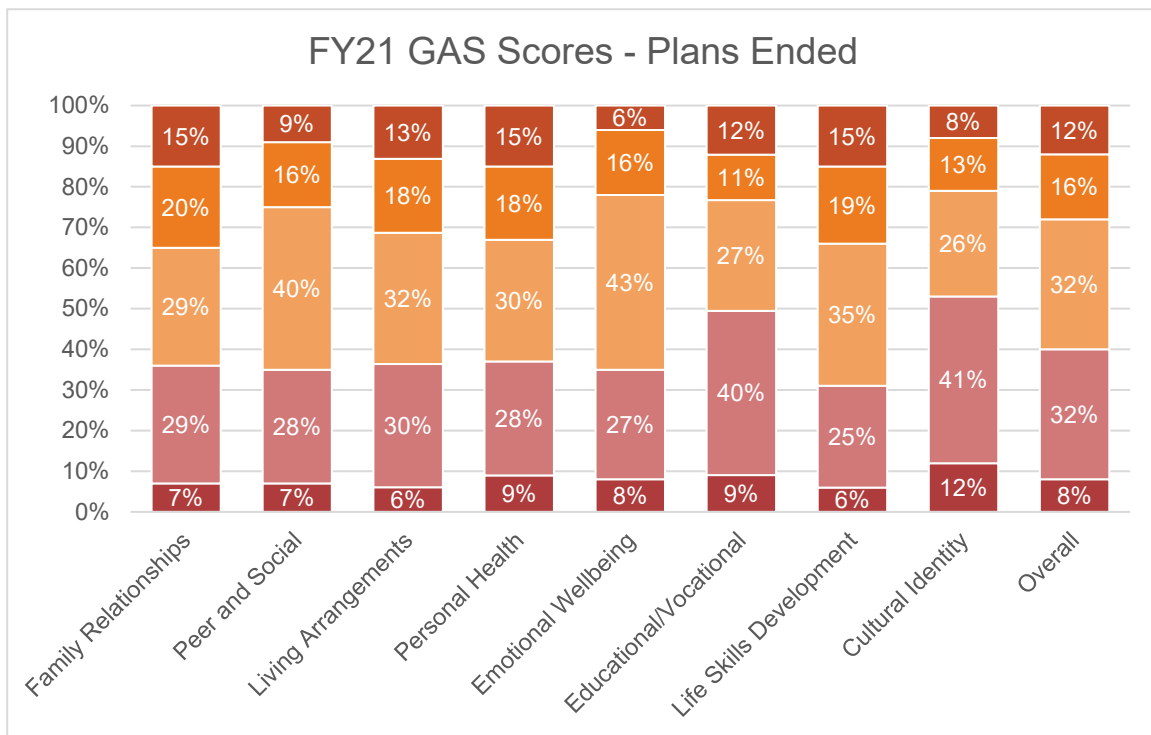
Value	Indicator
2	Much more than expected outcome
1	More than expected outcome
0	Domain goal / expected outcome
-1	Less than expected outcome
-2	Much less than expected outcome

Note: Beyond the Domains, there are two further factors explored – Gender & Ethnicity. Male/Female & Māori/NZ European are the only levels of detail displayed. This is because they form the overwhelming majority in both factors and beyond them samples sizes are small and may be misleading.

All Domains

In FY21, plans ended with higher GAS Scores than in FY20 across most Domains. Goals within the Cultural Identity & Educational/Vocational Domains achieved the poorest scores while goals within the Life Skills Development Domain excelled.

Both years experienced the impact COVID-19 but plans ended in FY20 (\$1,662/month) received less Average Monthly Service Provision Costs than in FY21 (\$1,855/month) due to this disruption.





Family Relationships Domain – Hononga ā-whānau

Domain Descriptor

HCN children and young people have enduring relationships with members of their family/whānau group and/or safe adults who care for and protect them.

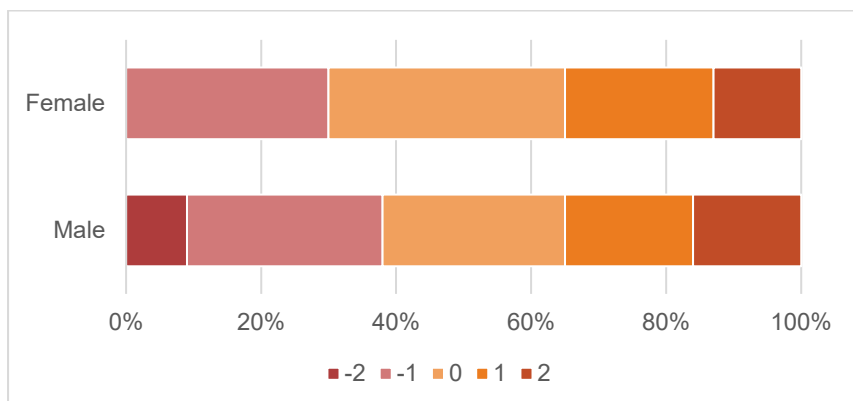
Overall

Goals attempted in the Family Relationships Domain were achieved at a rate of **63%** for plans ended in FY21, 55% of which achieved results greater than expected.

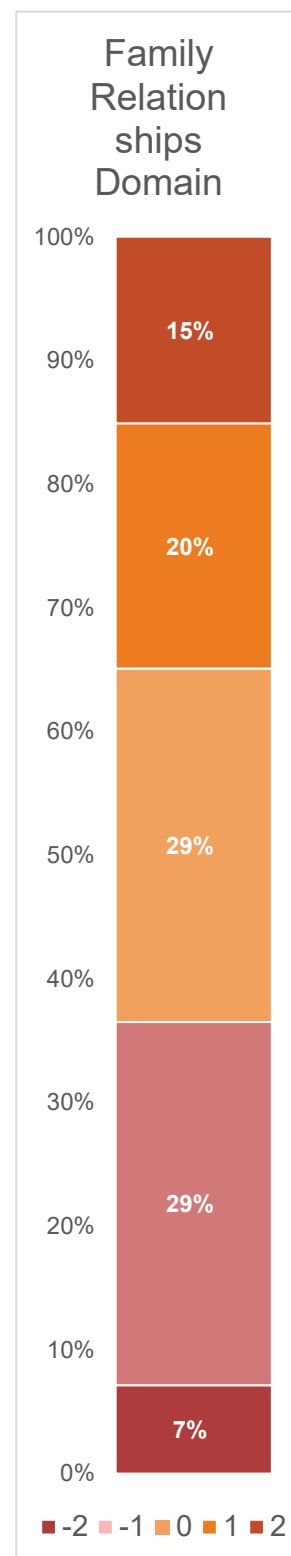
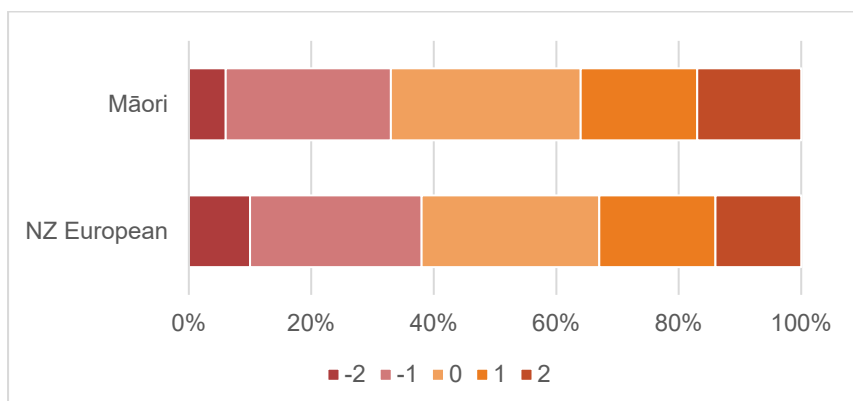
Examples of goals achieved include:

- _____ will talk confidently to his mum about what is going on for him.
- _____ will send letters to her family.
- _____ will prepare for contact with his biological family.

Gender



Ethnicity





Peer and Social Domain – Hononga ā-hoa, ā-pāpori

Domain Descriptor

HCN children and young people have enjoy a wide range of positive relationships with friends, peer, and interest groups within their wider community.

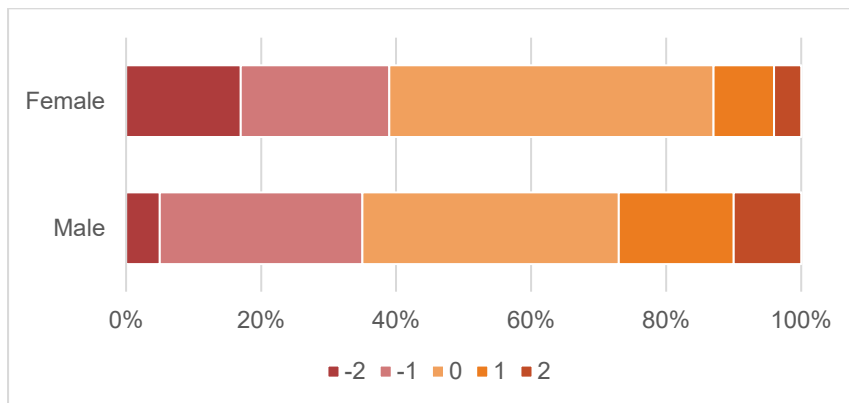
Overall

Goals attempted in the Peer and Social Domain were achieved at a rate of **64%** for plans ended in FY21, 38% of which achieved results greater than expected.

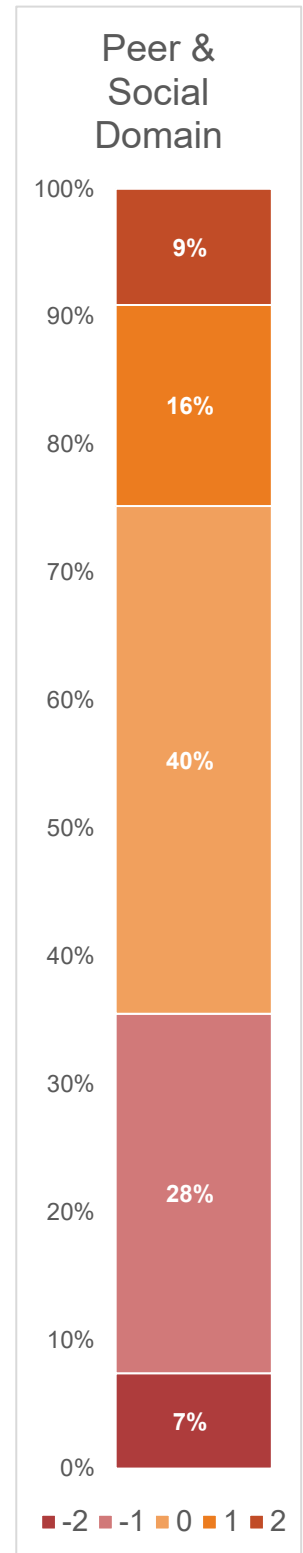
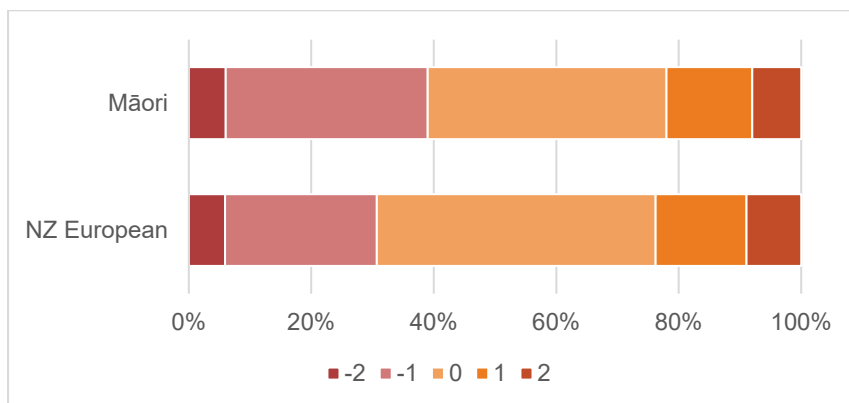
Examples of goals achieved include:

- _____ will tolerate others being near him.
- _____ will use good friendship skills, at school and at community activities.
- _____ will spend as much time on physical/social activities in his leisure time as on a computer or tablet.

Gender



Ethnicity





Living Arrangements Domain – Tūāhuatanga noho

Domain Descriptor

HCN children and young people have live in a stable, safe and healthy environment where their wellbeing needs are met.

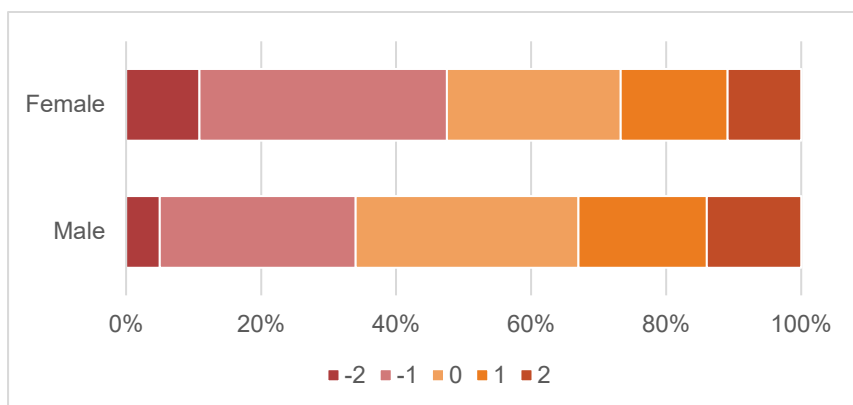
Overall

Goals attempted in the Living Arrangements Domain were achieved at a rate of **64%** for plans ended in FY21, 49% of which achieved results greater than expected.

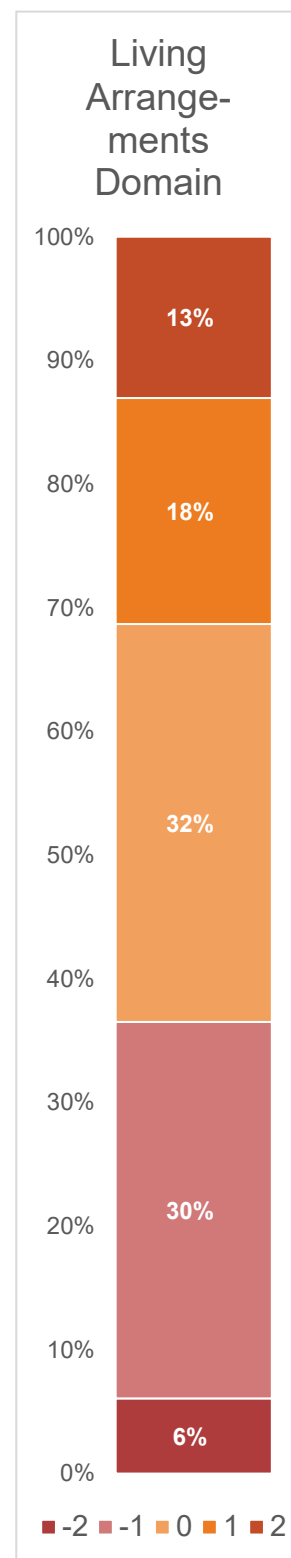
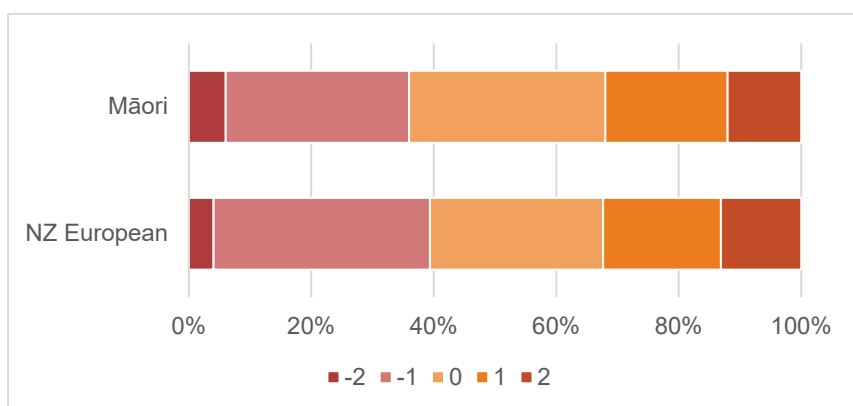
Examples of goals achieved include:

- _____ will let family know when she is leaving the house.
- _____ will follow the rules of the people he is living with.
- _____ will respond positively to adult requests.

Gender



Ethnicity





Personal Health Domain – Oranga tinana

Domain Descriptor

HCN children and young people have have stable or improved physical health.

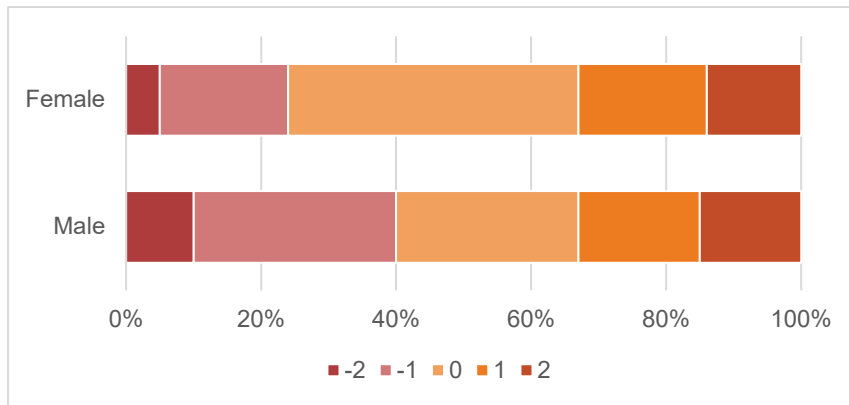
Overall

Goals attempted in the Personal Health Domain were achieved at a rate of **63%** for plans ended in FY21, 52% of which achieved results greater than expected.

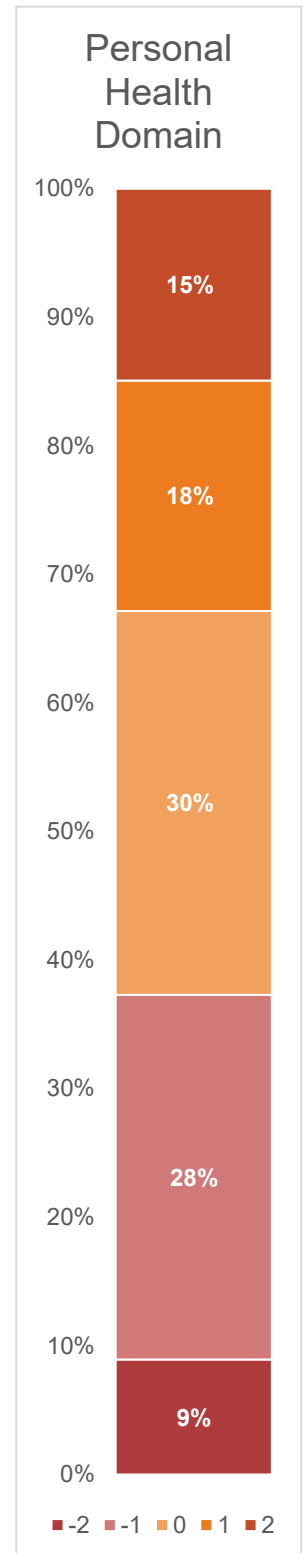
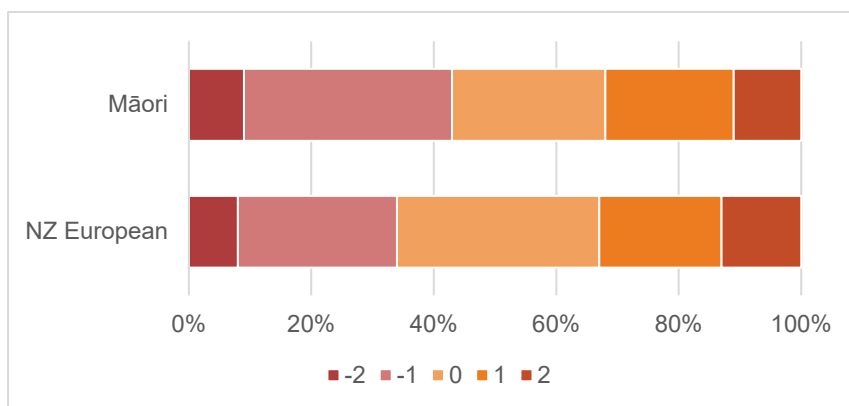
Examples of goals achieved include:

- _____ will practice good hygiene.
- _____ will act responsibly for her own healthcare.
- _____ will do 30 minutes of physical activity 3 times a week.

Gender



Ethnicity





Emotional Wellbeing Domain – Oranga hinengaro

Domain Descriptor

HCN children and young people have have stable or improved emotional/mental wellbeing.

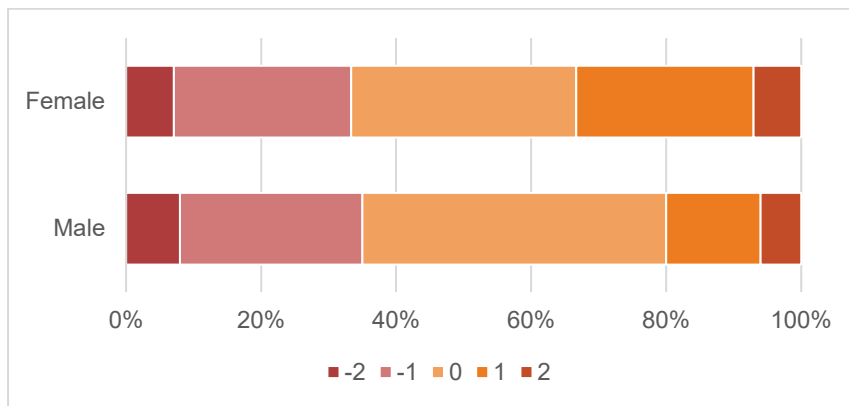
Overall

Goals attempted in the Emotional Wellbeing Domain were achieved at a rate of **65%** for plans ended in FY21, 35% of which achieved results greater than expected.

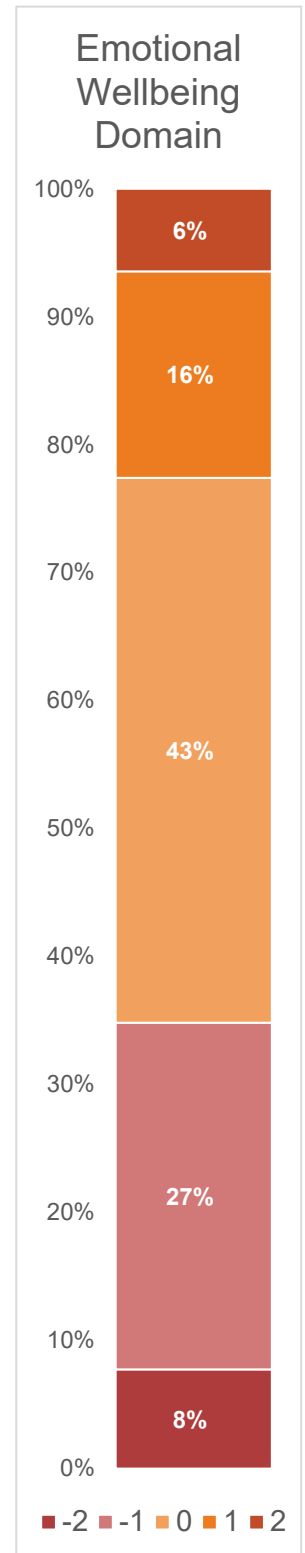
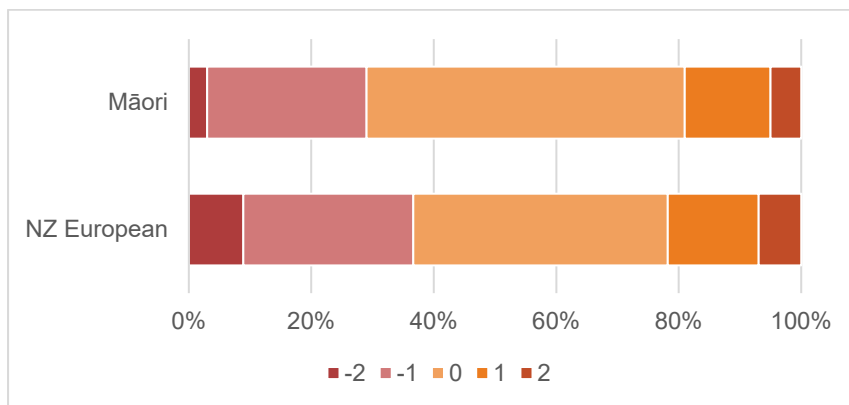
Examples of goals achieved include:

- _____ will identify the emotions and feelings he has.
- _____ will use positive self-talk when talking about himself.
- _____ will use safe ways to calm herself when she is angry and upset.

Gender



Ethnicity





Educational/Vocational Domain – Oranga mātauranga

Domain Descriptor

HCN children and young people have access to, and participate in education/vocational training, as well as having strong pathways out of school.

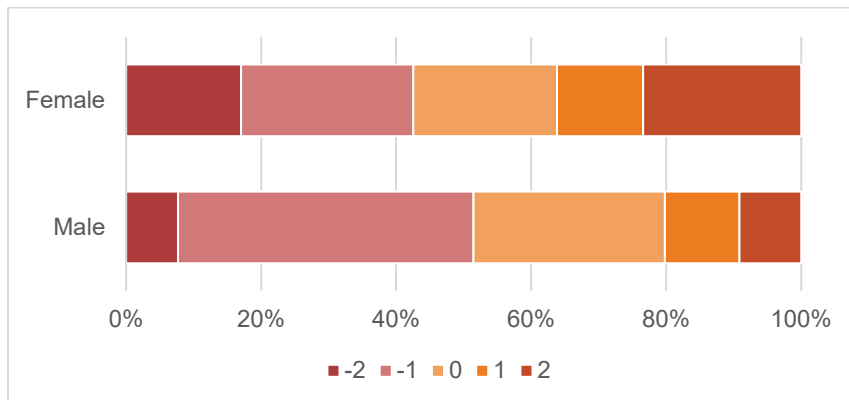
Overall

Goals attempted in the Educational/Vocational Domain were achieved at a rate of **51%** for plans ended in FY21, 46% of which achieved results greater than expected.

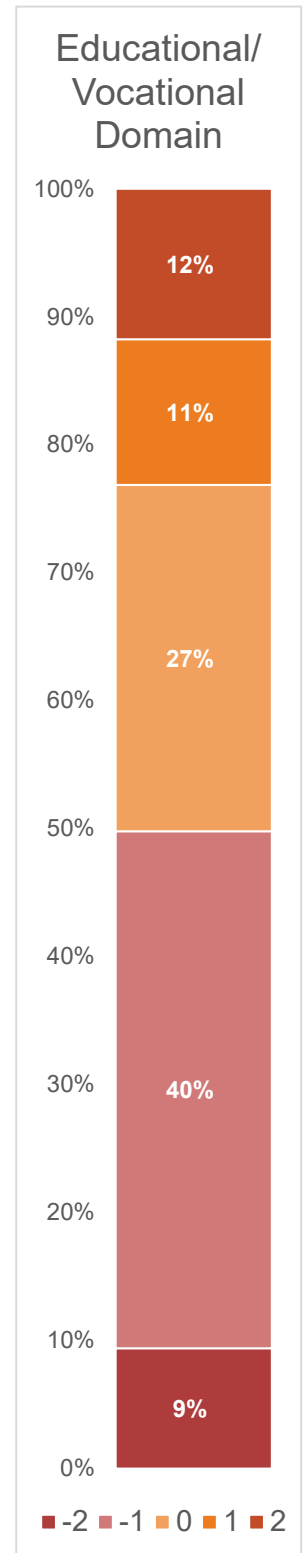
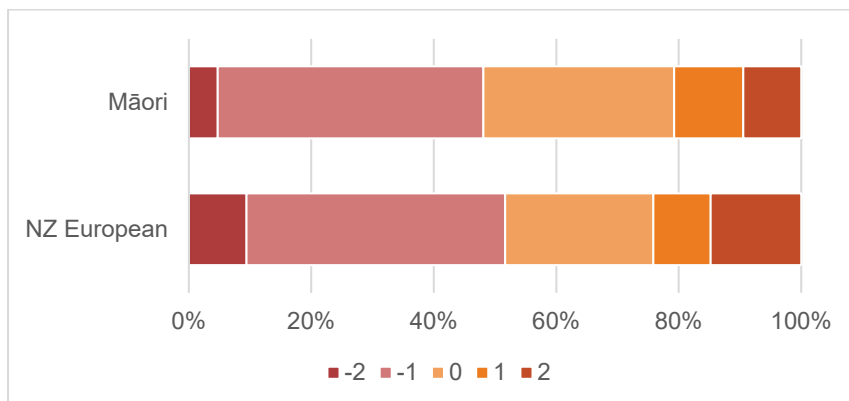
Examples of goals achieved include:

- _____ will be able to confidently use a range of mathematics strategies to solve problems.
- _____ will participate in all areas of the curriculum.
- _____ will have good attendance at school.

Gender



Ethnicity





Life Skills Development Domain – Whakawhanaketanga pūkenga ora

Domain Descriptor

HCN children and young people have are able to exercise developmentally appropriate autonomy and learn skills to live as independently as possible.

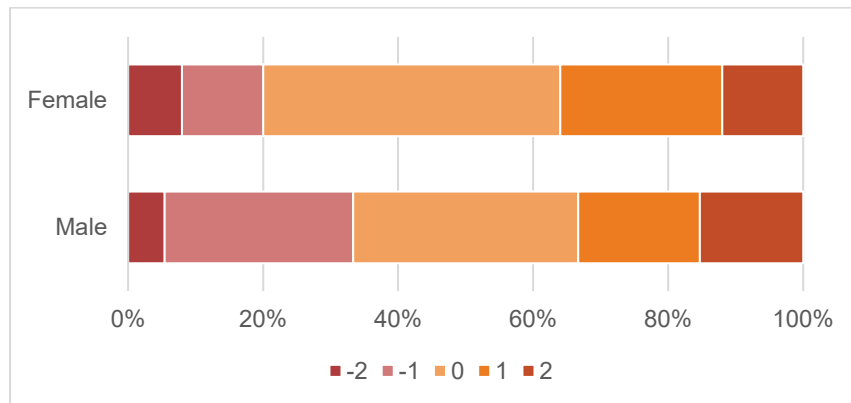
Overall

Goals attempted in the Life Skills Development Domain were achieved at a rate of **69%** for plans ended in FY21, 49% of which achieved results greater than expected.

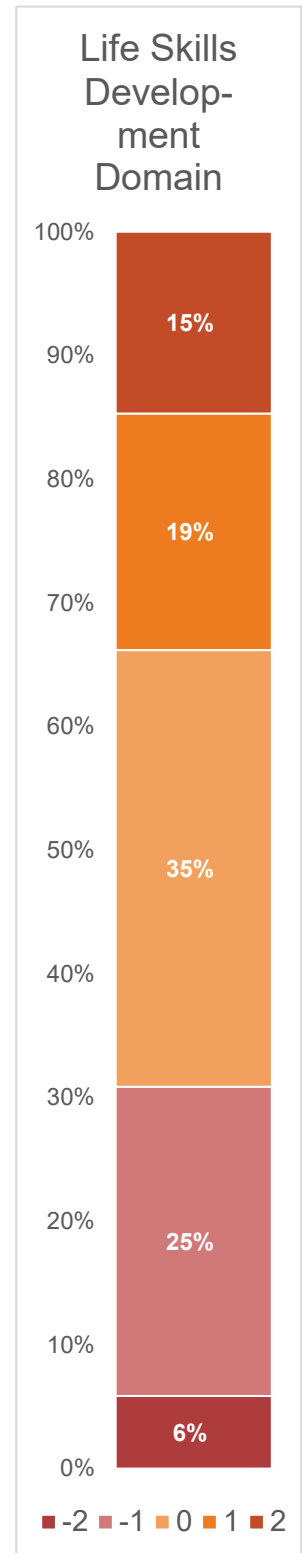
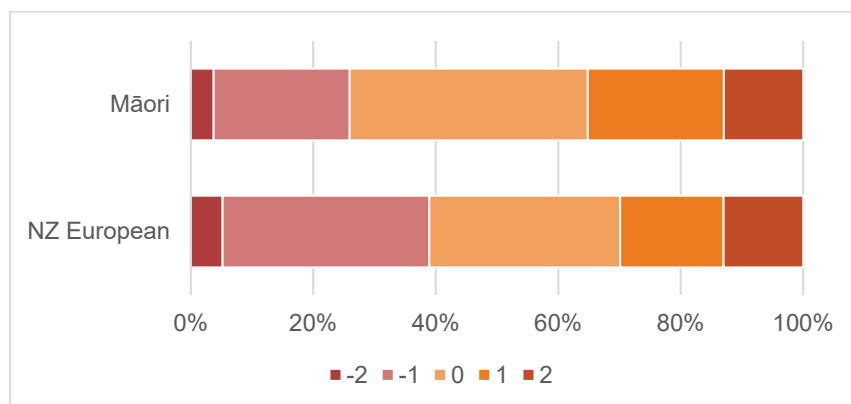
Examples of goals achieved include:

- _____ will follow a visual chart of small steps to keep his room tidy.
- _____ will be able to catch the bus by himself.
- _____ will regularly save his money.

Gender



Ethnicity





Cultural Identity Domain – Tuakiri ahurea

Domain Descriptor

HCN children and young people have a sense of belonging by being positively connected to a culture, heritage, and/or spirituality.

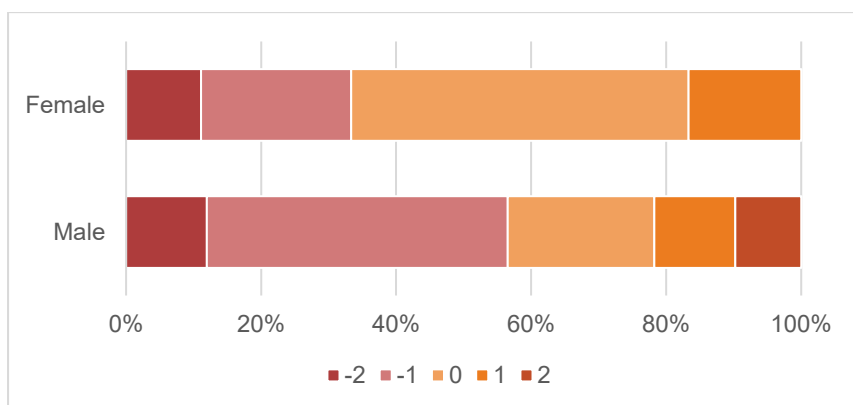
Overall

Goals attempted in the Cultural Identity Domain were achieved at a rate of **47%** for plans ended in FY21, 44% of which achieved results greater than expected.

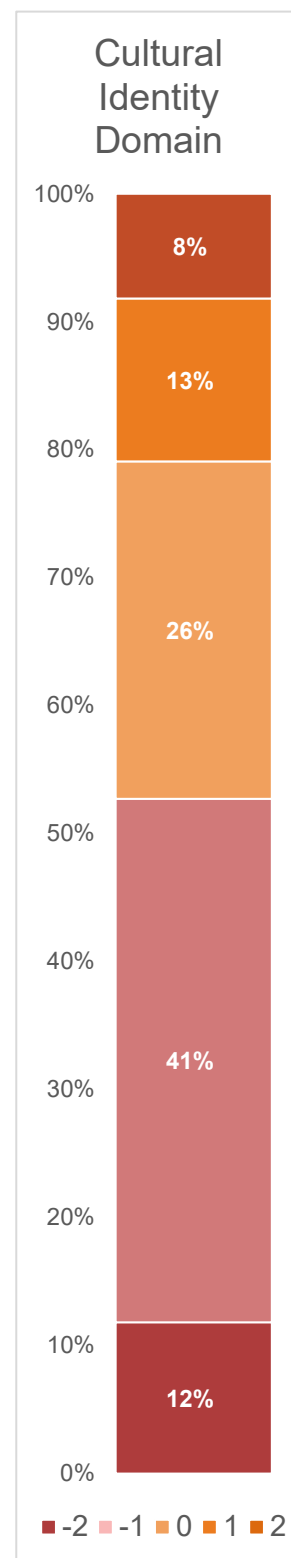
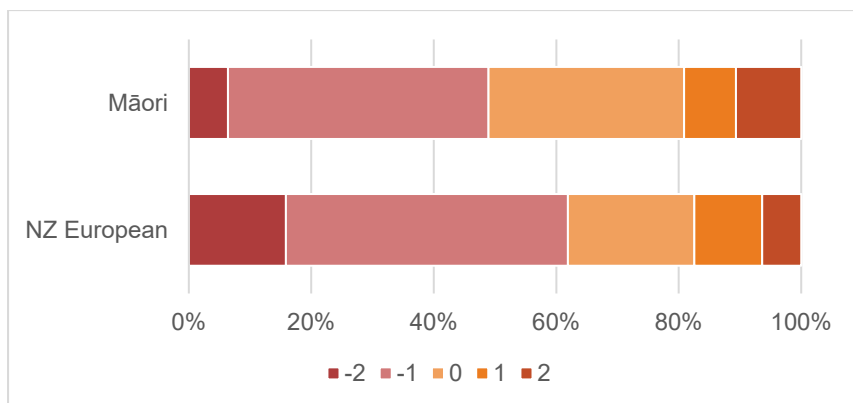
Examples of goals achieved include:

- _____ will participate in an activity once a week that connects him to others and his local community.
- _____ will participate in at least two activities that strengthen her connection to Māori heritage each week.
- _____ will research his Whakapapa and be able to share this with other people.

Gender



Ethnicity



Indicators of Complexity – Diagnostics Tables

Diagnoses High Level – Plans Started

Note: The bold rows are higher-level diagnoses describing whether a category is present. The indented rows are the lower-level diagnoses. One would usually expect the lower-level diagnoses to sum to, at least, the total of the higher-level diagnosis. In many instances this is not the case. Not presented here is lower-level diagnoses ‘Other’ or ‘Others’. The diagnoses data set does not allow for the categorisation of these lower-level diagnoses into higher-level diagnoses.

	FY21	FY20	F17 – 21 AVG
% Neurodevelopmental Disorder(s) Present	<u>78%</u>	<u>69%</u>	N/A
% Attention Deficit Hyperactivity Disorder (ADHD)	56%	51%	54%
% Autistic Spectrum Disorder (incl. Asperger Syndrome)	33%	20%	23%
% Intellectual Disability	28%	21%	22%
% Communication Disorders	17%	7%	N/A
% Global Developmental Delay	16%	10%	N/A
% Specific Learning Disorder	11%	8%	N/A
% Disruptive, Impulse-Control, and Conduct Disorder(s) Present	<u>46%</u>	<u>43%</u>	N/A
% Oppositional Defiant Disorder	37%	35%	33%
% Conduct Disorder	11%	11%	13%
% Intermittent Explosive Disorder	5%	4%	N/A
% Anxiety Disorder(s) Present	<u>43%</u>	<u>32%</u>	<u>37%</u>
% Separation Anxiety Disorders	17%	10%	N/A
% Selective Mutism	4%	1%	N/A
% Social Anxiety Disorder (Social Phobia)	10%	6%	N/A
% Panic Disorder	2%	3%	N/A
% Generalized Anxiety Disorder	22%	11%	N/A
% Trauma and Stressor-Related Disorder(s) Present	<u>37%</u>	<u>51%</u>	<u>46%</u>
% Reactive Attachment Disorder	14%	23%	32%
% Posttraumatic Stress Disorder	20%	27%	N/A
% Adjustment Disorder	5%	3%	N/A



% Acute Stress Disorder	1%	4%	N/A
% Sleep-Wake Disorder(s) Present	<u>22%</u>	<u>13%</u>	N/A
% Insomnia Disorder	5%	5%	N/A
% Elimination Disorder(s) Present	<u>19%</u>	<u>9%</u>	N/A
% Enuresis	10%	5%	N/A
% Encopresis	12%	6%	N/A
% Foetal Alcohol Spectrum Disorder (FASD)	<u>16%</u>	<u>12%</u>	<u>11%</u>
% Eating Disorder(s) Present	<u>15%</u>	<u>6%</u>	<u>6%</u>
% Anorexia Nervosa	1%	0%	N/A
% Binge-Eating Disorder	4%	1%	N/A
% Sensory Disability(s) Present	<u>11%</u>	<u>13%</u>	N/A
% Vision	4%	10%	N/A
% Hearing impaired	6%	5%	N/A
% Depressive Disorder(s) Present	<u>11%</u>	<u>6%</u>	<u>11%</u>
% Disruptive Mood Dysregulation Disorder	2%	2%	N/A
% Major Depressive Disorder	4%	3%	N/A
% Persistent Depressive Disorder (Dysthymia)	0%	1%	N/A
% Physical Disability Present	<u>7%</u>	<u>7%</u>	<u>7%</u>
% Obsessive Compulsive Disorder(s) Present	<u>4%</u>	<u>4%</u>	N/A
% Obsessive Compulsive Disorder	0%	3%	N/A
% Neurocognitive Disorder(s) Present	<u>4%</u>	<u>6%</u>	N/A
% Traumatic Brain Injuries (TBI)	1%	3%	N/A
% Substance-Related and Addictive Disorder(s) Present	<u>2%</u>	<u>6%</u>	N/A
% Substance-Related Disorders (Alcohol, Drugs of Abuse)	2%	5%	3%
% Non-Substance-Related Disorders (Gambling)	0%	2%	N/A
% Bipolar and Related Disorder(s) Present	<u>1%</u>	<u>3%</u>	N/A
% Bipolar I Disorders	1%	3%	N/A
% Psychotic Disorder(s) Present	<u>1%</u>	<u>4%</u>	N/A
% Dissociative Disorder(s) Present	<u>1%</u>	<u>2%</u>	N/A
% Brain Injury	<u>0%</u>	<u>0%</u>	<u>2%</u>

Adverse Life Experiences – Plans Started

	FY21	FY20	F17 – 21 AVG
% Stand-down /suspension/exclusion from education	<u>69%</u>	72%	N/A
% Parental separation	<u>69%</u>	74%	74%
% Family violence	<u>60%</u>	75%	69%
% Multiple school placements/enrolments	<u>56%</u>	64%	57%
% Parental alcohol or other drug abuse	<u>54%</u>	63%	61%
% <i>Substantiated reports of abuse</i>*	<u>54%</u>	75%	67%
% Parental/caregiver mental illness	<u>53%</u>	60%	58%
% Multiple caregiving situations	<u>53%</u>	68%	60%
% Poor attachment	<u>52%</u>	65%	66%
% Parental benefit dependence	<u>44%</u>	35%	N/A
% Known exposure to alcohol or drugs prenatally	<u>41%</u>	52%	45%
% Parental offending	<u>37%</u>	38%	42%
% Family/whanau placements	<u>33%</u>	41%	N/A
% Family transience	<u>28%</u>	39%	33%
% Non kin caregivers	<u>26%</u>	36%	N/A
% Parent in prison	<u>22%</u>	25%	N/A
% Exclusion/stand-down from early childhood facilities	<u>20%</u>	17%	13%
% Premature birth/low birth weight	<u>12%</u>	10%	12%
% Exposure to Gang culture during formative years	<u>10%</u>	16%	18%
% Significant accident or injury	<u>7%</u>	17%	16%
% Non-enrolment in early childhood facilities	<u>6%</u>	20%	21%

** Substantiated reports of abuse subcategories – Plans Started*

% Neglect	<u>42%</u>	52%	N/A
% Emotional	<u>36%</u>	58%	N/A
% Physical	<u>31%</u>	43%	N/A
% Sexual	<u>9%</u>	15%	N/A



Presenting Problem Behaviours – Plans Started

	FY21	FY20	F17 – 21 AVG
% Social difficulties with peers	<u>94%</u>	94%	94%
% Physical aggression (people, animals, property, arson)	<u>91%</u>	92%	N/A
% Verbal aggression	<u>85%</u>	87%	90%
% Excessive fear, anxiety (separation, phobia, panic attacks, obsessions, compulsions)	<u>69%</u>	60%	N/A
% Deficits in adaptive functions (activities of daily life)	<u>60%</u>	49%	N/A
% Hyper or hypo reactivity to sensory input	<u>58%</u>	53%	N/A
% Mood (lability, elevated, depressed)	<u>58%</u>	55%	32%
% Deficits in intellectual functions (reasoning, planning, problem-solving)	<u>57%</u>	64%	N/A
% Absconding	<u>52%</u>	53%	58%
% Non-suicidal self-harm	<u>44%</u>	31%	38%
% Inappropriate sexualised behaviours	<u>37%</u>	39%	40%
% Restrictive food intake	<u>30%</u>	21%	N/A
% Theft	<u>25%</u>	30%	32%
% Truancy from education	<u>25%</u>	33%	N/A
% Abnormal motor behaviour (restrictive, repetitive, disorganised)	<u>23%</u>	27%	N/A
% Delusions (fixed/false beliefs)	<u>19%</u>	22%	N/A
% Property damage	<u>11%</u>	19%	N/A
% Use of alcohol or other drugs of abuse	<u>10%</u>	19%	14%
% Suicide attempts	<u>10%</u>	17%	N/A
% Hallucinations (false perceptions)	<u>7%</u>	11%	N/A
% Sexually abusive to others	<u>7%</u>	9%	11%
% Non-attendance at school	<u>6%</u>	9%	N/A
% Cruelty to animals	<u>2%</u>	2%	11%
% Fire-lighting	<u>1%</u>	1%	7%



High & Complex Needs