



Reconciling Mental Health Information

What we Know and What is Reported

Data Coordinators Workshop, 2009

Topics Covered

- ▶ Estimates of Juveniles Mentally ill
- ▶ Juveniles reported to have Mental Health Needs
- ▶ Filling out the Behavioral Health tab
- ▶ MAYSI Results, Reporting, and Rules
- ▶ Need for Substance Abuse Services

Estimates of Juveniles Mentally ill

Criteria

- ▶ Juveniles under deferred prosecution or probation supervision in FY 2008
- ▶ Had a registration date with MHMR prior to or within 91 days of starting supervision
- ▶ Started SNDP prior to or within 91 days of starting supervision

Estimates of Juveniles Mentally ill

Criteria

- ▶ Started a mental health program in the programs table (not including counseling) prior to or within 91 days of starting supervision
- ▶ Started a mental health placement prior to or within 91 days of starting supervision
- ▶ Indicated Y under Mental Health Needs in the child table.

Estimated To Be Mentally ill, FY 2008

Juveniles Supervised	Number Est Mentally ill	Percent Est Mentally ill
69,451	23,039	33.2%

Est. Mentally ill by Gender & Race

Gender	Est. Ment ill
Female	34%
Male	33%
Race	
African American	39%
Caucasian	33%
Hispanic	31%
Other	22%

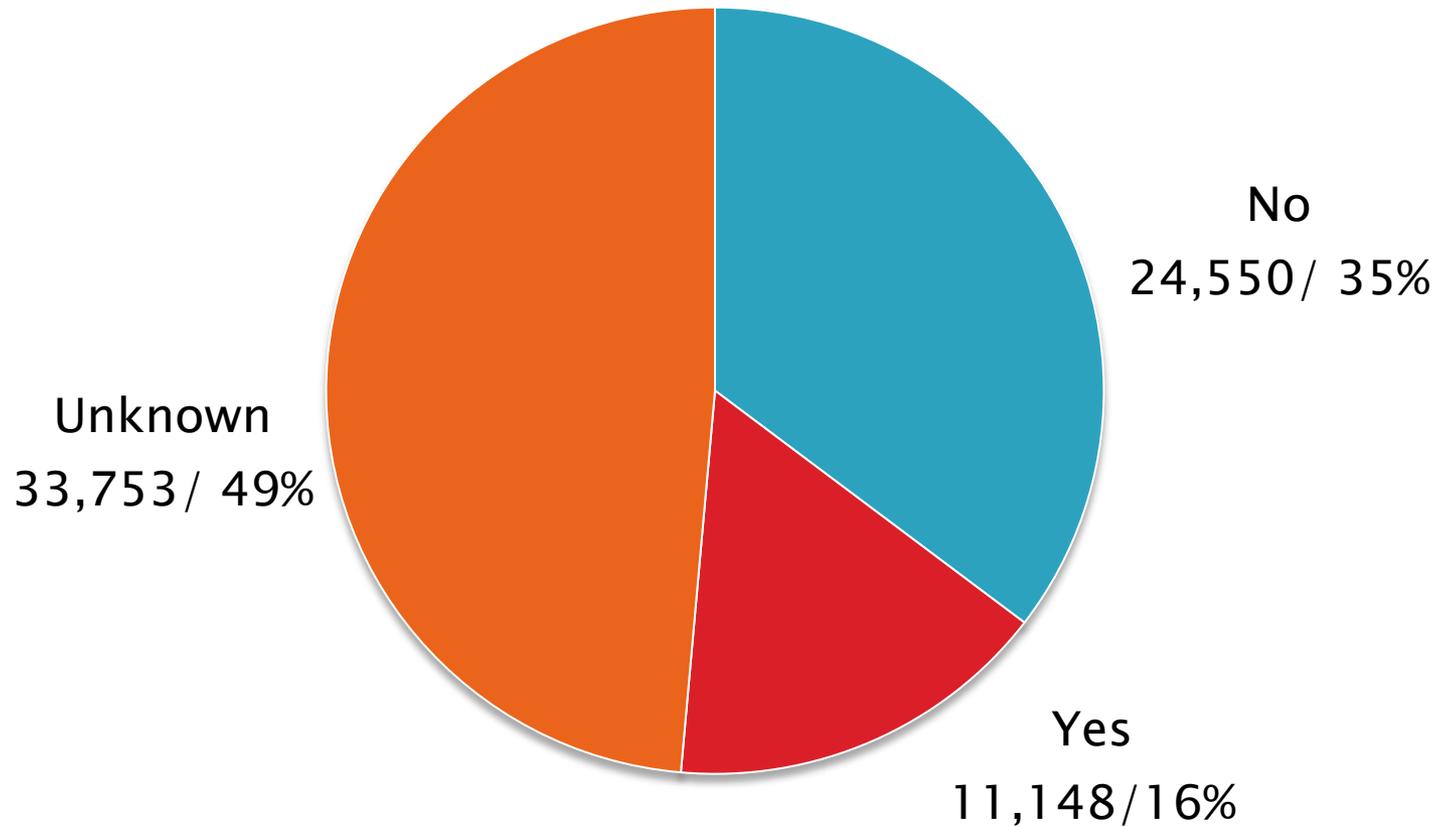
Est. Mentally ill by Age & Population

Age	Est. Ment ill
10 years old	39%
11 years old	38%
12 years old	33%
13 years old	34%
14 years old	34%
15 years old	34%
16 years old	32%
17 years old	32%
Juvenile Population	
0 - 1,000	25%
1,001 - 7,000	31%
7,001 - 70,000	28%
70,000 and more	37%

Juveniles reported to have Mental Health Needs, FY 2008

- ▶ Juveniles under deferred prosecution or probation supervision in FY 2008
- ▶ Indicated Y under Mental Health Needs in the child table.
- ▶ In most cases, rates are about half of those estimated to be mentally ill

Juveniles Reported to have Mental Health Needs, FY 2008



Mental Health Needs by Gender & Race

Gender	Mental Health Needs
Female	18%
Male	16%
Race	
African American	20%
Caucasian	17%
Hispanic	13%
Other	12%

Mental Health Needs by Age & Population

Age	Est. Ment ill
10 years old	20%
11 years old	20%
12 years old	16%
13 years old	17%
14 years old	17%
15 years old	17%
16 years old	15%
17 years old	15%
Juvenile Population	
0 - 1,000	5%
1,001 - 7,000	9%
7,001 - 70,000	10%
70,000 and more	21%

Of 58,303 Juveniles With No or Unknown Mental Health Needs...

- ▶ 11,427 or 20% were currently or previously involved with MHMR
- ▶ 1,515 or 3% were currently or previously involved with SNDP or some other mental health program
- ▶ 55 were currently or previously in residential placement for mental health services

Filling out the Behavioral Health Tab

Behavioral Health Tab

JIMINEZ, LISA JOE (2071) Last Changed by NARRIGONA on 2/02/2009 3:57 pm

Current Child

Last Name: JIMINEZ First Name: LISA Middle Name: JOE

Race: HISPANIC Sex: FEMALE DOB: 2/26/1995 (14 yrs 6 mos) Primary Language: []

Contents

CSR, JJAEPs, Placements, Victims, Chronos, Hearings, Offenses, Supervisions, Associates, Fees, Non-Residential, Referrals, **Child**, Detentions, MAYSIs, Programs

Mental Health Needs: YES Date Determined Mentally Ill: 8/28/2009 Treatment Prior to Juvenile Involvement: UNKNOWN

IQ Test Scores: Verbal: 0 Nonverbal: 0 Full: 15 Test Used: WECHSLER ADULT INTELLIGENCE SCALE (WAIS)

MH / MR, Referrals, Testing, Treatment

General Abuse Addresses Aliases Drug Tests Empl. Finan. Med. **Behav. Health** Schools User Def.

Alert Print History

Mental Health Needs

- ▶ Does the child have mental health needs?
- ▶ Answer “Yes” if the child is mentally ill with a DSM diagnosis other than substance abuse
- ▶ Or if there is reason to believe that the child has mental health needs.

Other Mental Health Needs Examples

- ▶ A child is in special education with a disability of emotional disturbance
- ▶ Child is taking psychotropic medications
- ▶ Parent says child is currently or previously seen a mental health counselor
- ▶ Child has previously been involved with MHMR
- ▶ Child is in a mental health program
- ▶ Child is in placement for mental health needs

Mental Health Needs

- ▶ Do not enter “Yes” for Mental Health Need based solely on the score of the MAYSI scales until a further assessment is completed except for suicide risk.
- ▶ Suicide risk should be entered as “Yes” for Mental Health Needs.
- ▶ Y – Yes
- ▶ N – No
- ▶ U – Unknown

Date Determined Mentally ill

- ▶ This is the date the department determined that the juvenile had Mental Health Needs.
- ▶ This determination does not have to be made by a mental health professional.
- ▶ It should be the date the department was provided information about the child.
- ▶ Or the date the department made the determination that the child was mentally ill or in need of mental health services.

Date Determined Mentally ill

- ▶ This date may not be the date the child was diagnosed with a mental illness.
- ▶ This data field can be updated at any time during a child's supervision, but once completed, this date should not change.

Example

- ▶ Child was formally referred to the department on March 1, 2006.
- ▶ The child is mentally ill and was diagnosed as Bipolar on January 15, 2004.
- ▶ During intake on March 1, 2006, the department determines that the child has Mental Health Needs.
- ▶ Date determined Mentally Ill will be March 1, 2006.

In Treatment

- ▶ Is the child currently in mental health treatment?
- ▶ If Mental Health Needs is Y, answer must be Y – Yes N – No U – Unknown
- ▶ If Mental Health Needs is N or U, answer may be blank
- ▶ Supervised in FY '08 w/ Mental Health Needs = Y
 - 11,148 juveniles
 - Of these, 3,842 or 34 % had U for In Treatment

IQ Tests Scores

- ▶ Not in EDI, but may be useful for departments
- ▶ Enter the IQ verbal, non-verbal and full scores.
- ▶ It is possible to have a full score without having a verbal/non-verbal score.
 - Verbal
 - Non-Verbal
 - Full

IQ Test Used

- ▶ CTONI Comprehensive Test of Nonverbal Intell
- ▶ CULTFAIR Culture Fair
- ▶ KABC Kaufman Assessment Battery for Child.
- ▶ KBIT Kaufman Brief Intelligence Test
- ▶ STANBINE Stanford Binet
- ▶ TONI Test of Nonverbal Intelligence
- ▶ WAIS Wechsler Adult Intelligence Scale
- ▶ WASI Wechsler Abbreviated Scale of Intell
- ▶ WISC Wechsler Intelligence Scale for Child.
- ▶ WOODJOHN Woodcock Johnson

DSM Diagnosis

JIMINEZ, LISA JOE (2071) Last Changed by NARRIGONA on 2/02/2009 3:57 pm

Current Child

Last Name: JIMINEZ First Name: LISA Middle Name: JOE

Race: HISPANIC

Contents

New Psychological Test

Test Date: 9/24/2009 Primary Diagnosis: CONDUCT DISORDER

Secondary Diagnosis: DISRUPTIVE DISORDER

Save Close

	Primary	Secondary	Diagnosis 3	Diagnosis 4	Diagnosis 5
Axis I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axis II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axis III	<input type="checkbox"/>	<input type="checkbox"/>			
Axis IV	<input type="checkbox"/> Economic <input type="checkbox"/> Educational <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Occupational <input type="checkbox"/> Social/Environmental <input type="checkbox"/> Support Group <input type="checkbox"/> Other				
Axis V GAF	<input type="checkbox"/>				

General Abuse Addresses Aliases Drug Tests Empl. Finan. Med. Behav. Health Schools User Def.

Alert Print History

DSM Diagnosis

- ▶ Substance abuse may not be entered as a primary diagnosis. For juveniles with a primary substance abuse diagnosis and a secondary MH diagnosis, enter MH diagnosis as primary here.
- ▶ Diagnosis should be updated when the information becomes available.
- ▶ The DSM diagnosis does not have to be current.
- ▶ Supervised in FY '08 w/ Mental Health Needs = Y
 - 11,148 juveniles
 - Of these, 6,428 or 58 % had Unknown diagnosis

DSM Diagnoses

- ▶ AJ–Adjustment Disorder
- ▶ AD–Attention Deficit Hyperactivity Disorder
- ▶ BP–Bipolar
- ▶ CD–Conduct Disorder
- ▶ CG–Cognitive Disorder
- ▶ DA–Dissociative Disorder
- ▶ DD–Disruptive Disorder
- ▶ DF–Oppositional Defiant Disorder
- ▶ DN–Depression Not Otherwise Specified
- ▶ ED–Eating Disorder
- ▶ GA–Generalized Anxiety
- ▶ IC–Impulse Control Disorder
- ▶ MD–Major Depression

DSM Diagnoses

- ▶ MR–Mental Retardation
- ▶ OA–Other Anxiety Disorder
- ▶ OC–Other Childhood Disorder
- ▶ OM–Other Mood Disorder
- ▶ OP–Other Psychotic Disorder
- ▶ OT–Other Disorder
- ▶ PD–Personality Disorder
- ▶ PS–Post Traumatic Stress Disorder
- ▶ PV–Pervasive Developmental Disorder
- ▶ SA–Schizoaffective
- ▶ SZ–Schizophrenia
- ▶ UN–Unknown
- ▶ Blank fill if not applicable.

Behavioral Health Referral Tab

Behavioral Health Referral Last Changed by RDYER on 2/12/2006 10:59 am

Referral Date: 2/12/2006

Presenting Problem: SUBSTANCE ABUSE

Referred For: SCREENING

Referred To: MARY SMITH, MD

Outcome: NOT COMPLETED

Cost: \$125.00

Save

Close

Delete



Behavioral Health Referral Date

- ▶ Date referred for behavioral health services.
- ▶ Behavioral health services include mental health and substance abuse services only.

Presenting Problem

- ▶ This is the type of behavioral health service to which the juvenile is being referred.
 - ▶ M– Mental Health
 - ▶ S – Substance Abuse
- ▶ You cannot add to the above two choices.
- ▶ Only 9% of juveniles supervised in FY '08 had a referral for a mental health service

Behavioral Health Referred For

- ▶ **Assessment/Evaluation (A)**
 - The process of determining a juvenile's clinical diagnosis and/or level of chemical dependency.
 - The assessment/evaluation should be completed by a licensed mental health or chemical dependency professional and should result in the development of a treatment plan.
- ▶ **Crisis Intervention (C)**
 - A short-term service to intervene in situations w/ participants that involve mental health or substance abuse issues which may result in a crisis if immediate attention is not provided.
 - Examples of these services include face to face interviews, telephone contacts, information and referral services to appropriate community resources and short-term crisis counseling when appropriate.

Behavioral Health Referred For

- ▶ Screening (E)
 - The process of determining the possible presence of mental health or chemical dependency issues.
 - The outcome of a mental health or chemical dependency screening may lead to an in-depth assessment or evaluation.

- ▶ Service (S)
 - A type of support or clinical intervention, other than crisis intervention, designed to address the special mental health and/or substance abuse needs of a juvenile.
 - A service could be provided only one time or repeated over a course of time and may include medication management.

- ▶ Other (O) – Service does not meet any of the other “Referred For” criteria.

Type of Provider Referred To

▶ Contract Provider (C)

- A provider under contract with the department to provide services to juveniles under the department's jurisdiction.
- The contract should include an agreement to provide services, but services may be provided at no charge.
- This also includes agencies the department partner's with as a result of a grant.

▶ In-house Staff (I)

- An employee of the juvenile probation department.

Type of Provider Referred To

- ▶ **Local MH/MR Substance Abuse Provider (M)**
 - The local mental authority or the local governmental agency responsible for providing state/county funded substance abuse treatment.
- ▶ **Private Provider (P)**
 - A mental health/chemical dependency provider to which a juvenile has been referred but who is not under contract with the department (will not be paid by the department for the service) and/or is not working for the local MH/MR Substance Abuse provider.
- ▶ **Other (O)** – A service provider not meeting any of the criteria described above.

Behavioral Health Referral Outcome

- ▶ The outcome information should reflect the outcome of the referral – not the outcome of the specific evaluation or service to which the juvenile was referred.
- ▶ Completed (C) – Child referred to service; child attended and service delivered.
- ▶ Not Completed (N) – Child referred to service; child did not attend and/or service was not delivered.
- ▶ Pending (P) – Outcome is pending.
- ▶ Unknown (U) – Unknown Outcome.

Outcome Example

- ▶ If the referral is for a service, the outcome should reflect whether the child attended/participated in the service.
- ▶ If the child was referred to counseling and the child attended (no matter how many times or the ultimate success in counseling) the outcome should be coded as “completed”.
- ▶ If the child was referred to counseling and never attended, the outcome should be coded as “not completed”.

Behavioral Health Referrals, FY '08

Presenting Problem	Percent
Mental Health	69%
Substance Abuse	31%
Total	100%
Referred For	
Assessment/ Evaluation	52%
Crisis Intervention	3%
Screening	9%
Service	35%
Other	1%
Total	100%

Behavioral Health Referrals, FY '08

Referred To	Percent
Contract Provider	40%
In-house Staff	27%
Local Mh/ Sub Abuse Provider	20%
Private Provider	4%
Other	9%
Total	100%
Referral Outcome	
Completed	59%
Not Completed	16%
Pending	10%
Unknown	15%
Total	100%

MAYSI

MAYSI Last Changed by RDYER on 2/27/2006 2:58 pm

Screening Date: 2/28/2004 Administered?: YES

Reason Not Administered: [Empty]

MAYSI Scores

	Score	
Alcohol/Drug Use	3	
Angry-Irritable	7	Caution
Depressed-Anxious	3	Caution
Somatic Complaints	6	WARNING
Suicide Ideation	1	
Thought Disturbance (Boys)	5	WARNING
Traumatic Experiences		

Was the child referred to a mental health professional for a subsequent assessment based on the MAYSI results? YES

Referred To Where: CONTRACT PROVIDER

Did the child receive a subsequent assessment by a health care professional? YES

Attach To: 01/11/2003 PROH WEAPON SWITCHBLADE/KNUCKLE WEAPONS FREE Z (c) (MA)

Buttons: Save, Close, Delete

MAYSI Results

- ▶ Of those taking a MAYSI from CY '06 – '08
 - 14% of results recommended a need for further assessment
 - Of those, recommended for a further assessment, 64% were referred for a subsequent assessment
 - 86% were completed within the required time range
 - 14% were not completed within the required time range

MAYSI Rules for Time of Screening

- ▶ <http://www.tjpc.state.tx.us/publications/Standards/TAC341CRM.pdf>
- ▶ Referrals Without Detention: shall be administered no later than 14 calendar days from the first face-to-face contact between the juvenile and a juvenile probation officer.
- ▶ Referrals With Detention: shall be administered within 48 hours from the time the juvenile is admitted into detention.

Breakdown of MAYSI Errors

Detained	Percent of Errors
No	18%
Yes	8%
Referral Type	
Formalized	7%
Paper Formalized	22%
Gender	
Female	13%
Male	14%

Substance Abuse

- ▶ “In Need” – means current use or has had known history of substance use or abuse.
- ▶ “In Need” – does not mean “at risk” (i.e., family members have history, friends have history, etc).
- ▶ If the juvenile has prior use but no longer using – code as “No”.

Coding Substance Abuse Needs

- ▶ Ways to determine “In Need”
 - Assessment
 - Self Report
 - Parent Report

- ▶ Answer may change during the course of the case and with more knowledge of the juvenile.
 - Y–Yes, Not Being Treated
 - T–Yes, Being Treated
 - N–No
 - S–Suspected
 - U–Unknown

Substance Abuse Need Reports

- ▶ Of 102,763 referrals in FY 2008, 15,768 (15%) were coded yes; 21,950 (21%) were coded no; and 65,045 (63%) were unknown
- ▶ Of those coded no or unknown
 - 1,806 (2%) were referred for a felony drug offense
 - 5,535 (6%) were referred for a misdemeanor drug offense
 - 874 (1%) were in a drug treatment or drug court program
 - 599 (1%) were in placement for a substance abuse service

For More Information

- ▶ John Posey 512-424-6681
john.posey@tjpc.state.tx.us