

DIVISION OF CHILD AND FAMILY SERVICES DESCRIPTIVE SUMMARY OF MENTAL HEALTH SERVICES FY 07

Nevada children's mental health services in concept and philosophy are based upon System of Care values and principles. System of Care incorporates a comprehensive spectrum of mental health and other necessary services for children with emotional and behavioral disorders. These services are organized into a coordinated network to meet the multiple and changing needs of children and their families. Services offered under System of Care need be responsive to the cultural context and characteristics of the populations they serve. It is imperative that DCFS know the children and families for whom it cares.

The following is the descriptive summary of the children who were admitted to the Division of Child and Family Services (DCFS) Children's Mental Health Services in Fiscal Year 2007 from July 1, 2006 through June 30, 2007.

This descriptive report summarizes the demographic and clinical characteristics of the 1608 children admitted for mental health services across the state of Nevada in DCFS Children's Mental Health programs statewide.

Of the 1608 children admitted to DCFS programs, 1121 (69.7%) were served in the southern region (Clark County), 419 (26.1%) were served in the northern region (Washoe County), and 68 (4.2 %) were served in the rural counties.

CHILDREN'S MENTAL HEALTH ADMISSIONS

Community-Based Outpatient Services

Southern Region: Of the total number of mental health admissions statewide, Children's Clinical Services accounted for 22.6% (n=363); Early Childhood Mental Health Services (ECMHS) accounted for 22.6 % (n= 364) and Wraparound in Nevada for Children and Their Families (WIN) accounted for 12.2% (n= 196).

Northern Region: Of the total number of mental health admissions statewide, Outpatient Services accounted for 10.1% (n=163); Early Childhood Services accounted for 8.9% (n= 143) and the WIN program admissions accounted for 3.7% (n=59).

Rural Region: The WIN program accounted for 4.2% (n=68) of total statewide admissions.

Residential and Psychiatric Inpatient Services

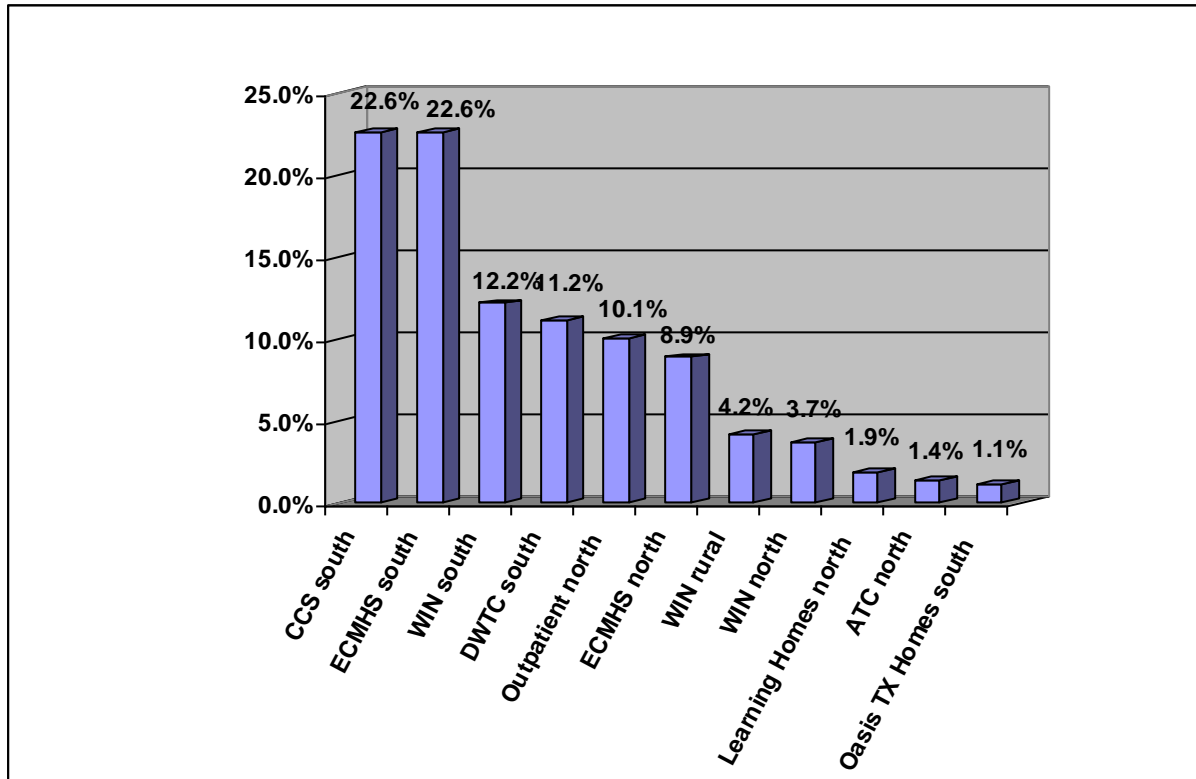
Southern Region: Desert Willow Treatment Center (DWTC) inpatient services accounted for 11.2% (n=180) and OASIS treatment homes accounted for 1.1% (n=18) of the statewide admissions.

Northern Region: Family Learning Homes accounted for 1.9% (n=31) and the Adolescent Treatment Center (ATC) accounted for 1.4% (n=23) of the statewide admissions.

Relative to admissions in FY06, WIN in the Southern Region, showed a 4% increase in 2007 admissions and Children’s Clinical Services in the Southern Region showed an increase of 3.5%.

Graph 1 reflects the FY07 statewide admissions by program.

Mental Health Service Admissions by Program



CHILDREN’S DEMOGRAPHIC CHARACTERISTICS

The 1608 children admitted statewide for mental health services in FY 07 reflected the following demographic characteristics

Age

At admission, the age of children ranged from 2 months through 20 years of age. Seven were older than 18 years of age at the time of admission. The mean age of all the children admitted in FY07 was 10.47 and the median age was 10.81 years old. The following is the percent of admissions by age group.

- 0-5 year old: 27.2% of total admissions

- 6-12 year old: 32.6% of total admissions
- 13-20 year old: 40.1% of total admissions

The distribution of age groups reflect that although the majority of children admitted in FY 07 are 13 years or older, the 12 year and younger group represents 59.8% of the total admissions. There was a slight increase in the number of children admitted in the age group 6-12 from FY06 to FY07.

The following is the regional breakdown of the ages of children admitted to DCFS mental health services in FY07:

Southern Region: Of the 1121 children admitted to mental health services, the percent of admissions by age group are:

- 0-5 year old: 30.9 %
- 6-12 year old: 32.0%
- 13- 18 year old: 37.1%

Northern Region: Of the 419 children admitted to mental health services, the percent of admissions by age group are:

- 0-5 year old: 21.6%
- 6-12 year old: 34.4%
- 13-18 year old: 44%

Rural Region: Of the 68 children admitted to Wraparound In Nevada services, the percent of admissions by age group are:

- 0-5 year old: 1.5%
- 6-12 year old: 35.8%
- 13-18 year old: 62.7%

Gender

Males accounted for 59.5% of the statewide admissions and females the remaining 40.5%. The number of females admitted increased slightly relative to males from FY06 to FY07.

Regional breakdown of the gender of children and youth admitted to DCFS mental health services is as follows:

- Southern Region: 38.9% females and 61% males (n=1121)
- Northern Region: 44% females and 56.0% males (n=419)
- Rural Region: 45.6% females and 54.4% males (n=68)

Race

- Caucasians made up the majority of statewide admissions accounting for 70.1% (n=1067) of children whose race was known.
- African-Americans accounted for 21.0% (n=320)
- Mixed Races accounted for 5.7% (n=87)

- American Indian/Alaskan Natives accounted for 1.7% (n=26)
- Native Hawaiian/ Pacific Islanders accounted for 0.8% (n=12)
- Asians accounted for 0.4% (n=6)
- Other races accounted for 0.3% (n=5)

Not included in the race break down were 85 children. 67 had no entry for race, 14 had no one to identify race, 3 had race unknown and 1 declined to answer.

The relative proportion of Caucasian admissions increased nearly 10% from last fiscal year and the proportion of other races decreased 9%. This reflects a systematic change made in mental health data entry protocol so as to be consistent with child welfare reporting of Hispanics. In FY06, mental health data system reports classified certain Hispanics as Other race while the child welfare data system classified them as Caucasian. For FY07, the classification of race and ethnicity for these children was consistent in both data systems.

The regional breakdown of the children served by race is as follows:

Southern Region: 59.8% of the children admitted were Caucasian; 25.6% were African American; 4.4% were Mixed Race; 1.4% were American Indian/Alaskan Native; .8% were Native Hawaiian/Pacific Islander and .4% were Asian.

Northern Region: 81.6% of the children admitted were Caucasian; 7.1% were African American; 9.1% were Mixed Race; 1.2% were American Indian/Alaskan Native and .7% were Native Hawaiian/Pacific Islander.

Rural Region: 83.3% of the children admitted were Caucasian; 1.5% were African American; 7.4% were Native American; and 1.5% were Asian.

Ethnic Origin

Children of Hispanic origin accounted for 20% (n=321) of those admitted to DCFS mental health services statewide. There has not been a significant change statewide from FY06 to FY07 in the number of children admitted to mental health services among this group.

A regional breakdown of ethnicity of children reveals that in the Southern Region 20.8% of children admitted to services were Hispanic, the Northern Region had 19.1% and the Rural Region had 11.1%.

Custody Status

Two-thirds (66.3%) of the children admitted to mental health services statewide in FY07 were in the custody of their parent or family, 28.9% were in Child Welfare custody, 1.8% were in Youth Parole custody and 3.0% were in "Other" custody status. Children and their families involved with Child Protective Services or County Juvenile Probation were counted as being in the custody of their parents or family.

A breakdown of the custody status of the children and youth admitted by region is as follows:

Custody Type	Southern Region (n=572)	Northern Region (n=335)
Parent/Family	58.2%	87.0%
Child Welfare	37.1%	8.1%
Youth Parole	2.0%	1.0%
Other	2.7%	3.9%

Rural Region custody status was not included in this report. However, the WIN program is designed to serve children in child welfare custody and is the only DCFS program in the Rural Region that provides targeted case management.

CHILDREN’S CLINICAL CHARACTERISTICS

Presenting Problems at Admission

At admission, parents and caregivers are asked to identify problems their child has encountered. Of the 45 problems listed, the five problems identified below accounted for one-third (33.7%) of all problems reported.

- Adjustment Problems (8.4%)
- Depression (7.4%)
- Physical Aggression (6.6%)
- Child Neglect Victim (6.3%)
- Suicide Attempt/Threat (5.1%)

Due to the increase in the number of presenting problems between FY06 (n=38) and FY07 (n=45), admitting problems identified were much more varied in FY07. In FY06 four identified problems accounted for nearly half of all admitting problems. In FY07 five identified problems account for only one-third of admitting problems. In FY07 adjustment problems accounted for 8.4% as the highest problem area identified, in contrast to FY06 where it held the highest ranking at 17.2%.

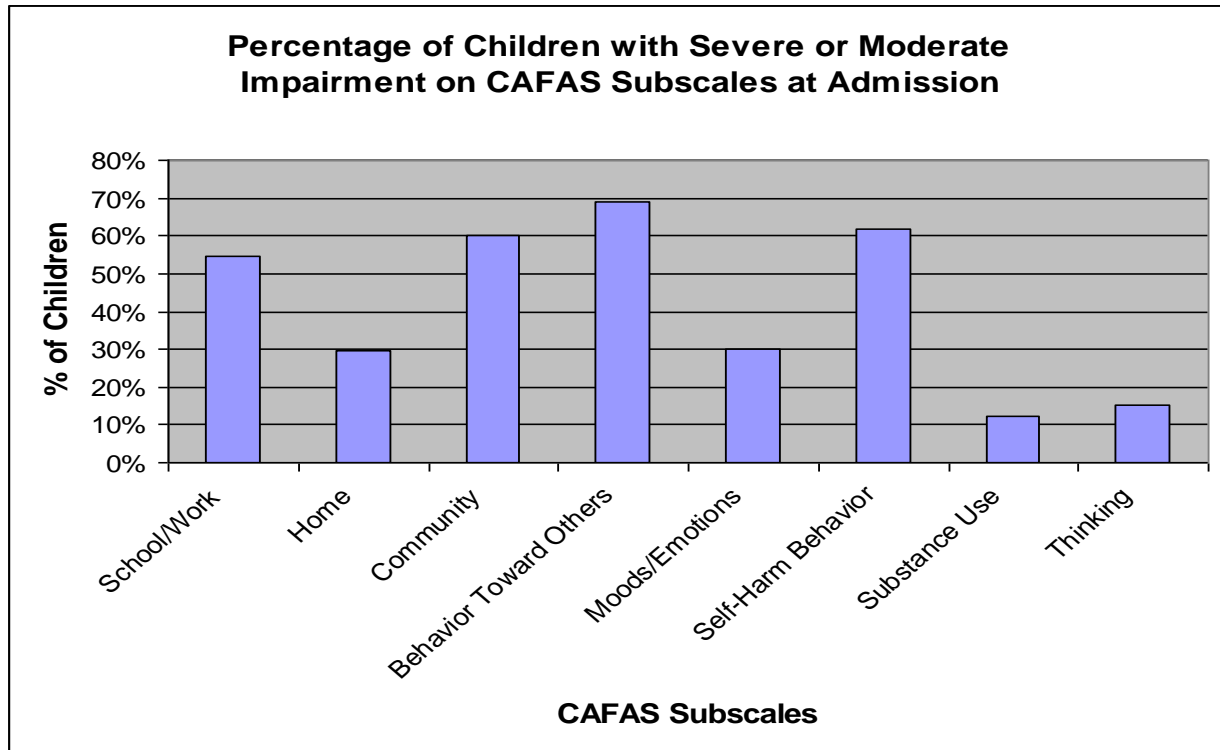
When analyzed by region, the two most frequent admitting problems were Adjustment Problems and Depression in each. Physical Aggression is the third most frequently reported problem in the Southern Region while Parent-Child Problems was the most frequently reported problem in the Northern Region.

Child and Adolescent Functional Assessment

The Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1999) was designed to assess in children ages 6 to 18 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.

Children ages 6 through 18 (n=571) that entered DCFS Children's Mental Health programs in FY 07 had a mean total CAFAS score of 106.25 at admission. The FY06 mean CAFAS total score at admission was 109. There was no significant difference in the mean 1st evaluation CAFAS scores from FY06 to FY07, indicating that children admitted to mental health services at intake are impaired in their overall functioning.

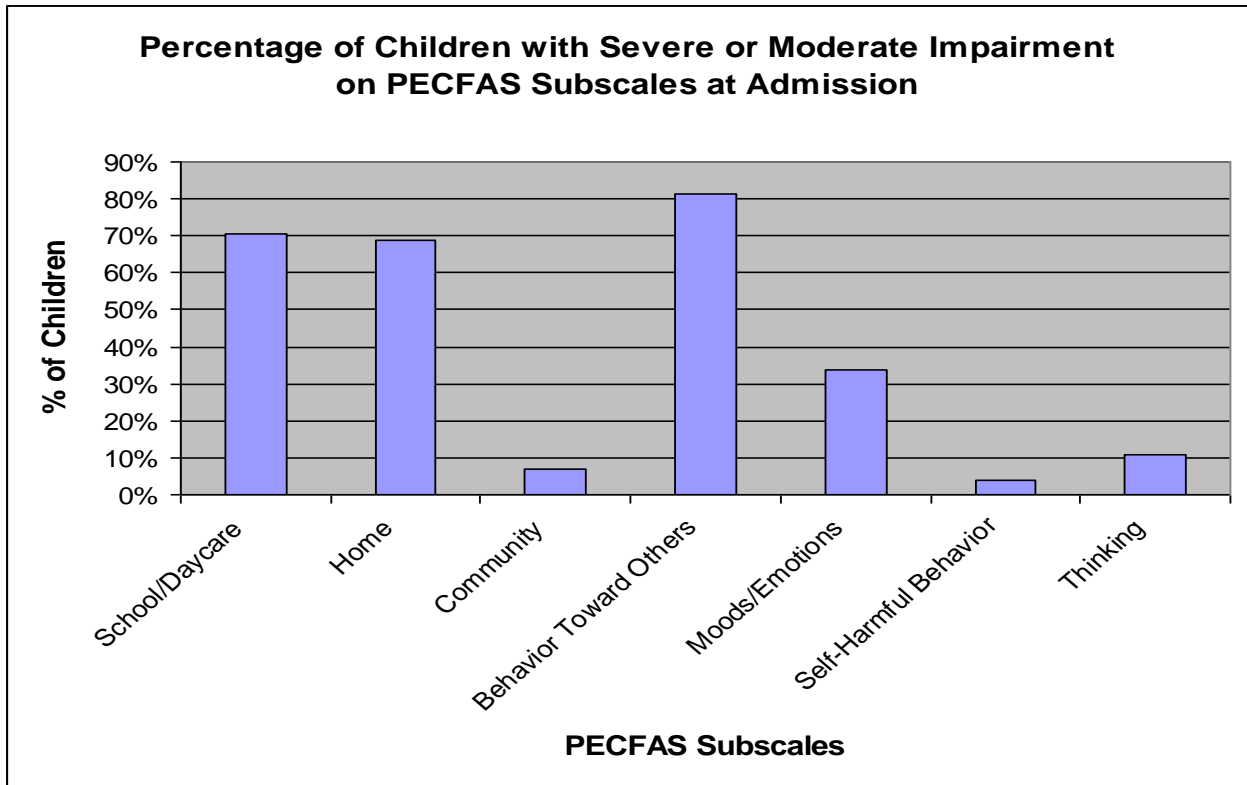
The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on the CAFAS at admission. The subscales can be used to determine the community partners that may be enlisted in the child's care coordination.



Preschool and Early Childhood Functional Assessment

Preschool and Early Childhood Functional Assessment Scale (PECFAS) (Hodges, 2000), was also designed to assess degree of impairment of functioning of children ages 3-7 with behavioral, emotional, psychological or psychiatric problems. PECFAS scores range from 0 to 210 with a higher score indicating greater impairment. In FY07, mean total PECFAS score of 247 children admitted to mental health services statewide was 68.29.

The graph below reflects the percentage of children who received a score of 20 (moderate impairment) or 30 (severe impairment) on the PECFAS at admission. As with the CAFAS, PECFAS subscales might suggest community partners when formulating the child's treatment plan.



Diagnosis at Admission

Nearly 40% of the FY 07 children had more than one diagnosis at admission. The most prevalent Axis I diagnoses of children at admission are reflected in the following age group categories.

Age Group 0-5

- Disruptive Behavior Disorder
- Deprivation/Maltreatment Disorder
- Adjustment Disorders

The most prevalent diagnosis for age group 0-5 in FY06 was Reactive Attachment Disorder.

Age Group 6-12

- Adjustment Disorder
- Attention Deficit Hyperactivity Disorder
- Posttraumatic Stress Disorder

These were also the most prevalent diagnoses in FY06 for age group 6-12.

Age Group 13-18

- Bipolar I Disorder
- Major Depressive Disorder
- Attention Deficit Hyperactivity Disorder

As was the case in FY 06, Major Depressive Disorder remains the most prevalent FY 07 admission diagnosis among the 13-18 age group.

Posttraumatic Stress Disorder

It is estimated that in the United States each year over 5 million children experience some form of extreme trauma. Nearly half of these children go on to develop neuropsychiatric problems sufficiently severe as to impair emotional, behavioral, academic and social functioning. Most of these problems result in anxiety disorder diagnoses, the most prominent being Posttraumatic Stress Disorder.

Posttraumatic Stress Disorder (PTSD) is characterized by impaired functioning following exposure to severe traumatic events. For all DCFS statewide mental health admissions in FY 07, PTSD accounts for 11.9% (101 males and 90 females). The breakdown of this diagnosis according to age group and gender is as follows:

Age Group	Total Number	Percent Within Age Group	Percent Within Total
0-5	22		11.5
	15 males	68.2	
	7 females	31.8	
6-12	88		46.1
	49 males	55.7	
	39 females	44.3	
13-18	81		42.4
	37 males	45.7	
	44 females	54.3	

It is of interest to note that statewide, PTSD diagnosis among the age groups and gender of the children admitted to DCFS mental health services in FY07 shows that there are twice as many males for age group 0 -5 and slightly higher number of males for age group 6- 12 with a slight increase in females in age group 13 to 18 year olds.

A regional breakdown of children diagnosed with PTSD according to their age group and gender is as follows:

Northern Region:

In the northern region 61 children received a diagnosis of PTSD at admission.

Age Group	Total Number	Percent Within Age Group	Percent Within Region
0-5	6	27.3	9.8
6-12	25	28.4	41.0
13-18	30	37.0	49.2

Age group 13-18 received the most frequent PTSD diagnosis at admission in the northern region.

Southern Region:

In the southern region 112 children received a diagnosis of PTSD at admission.

Age Group	Total Number	Percent Within Age Group	Percent Within Region
0-5	16	72.7	14.3
6-12	56	63.6	50.0
13-18	40	49.4	35.7

Age group 6-12 received the most frequent PTSD diagnosis at admission in the southern region.

Rural Region:

In the rural region 18 children received the diagnosis of PTSD at admission.

Age Group	Total Number	Percent Within Age Group	Percent Within Region
0-5	-	-	-
6-12	7	8.0	38.9
13-18	11	13.6	61.1

Age group 13-18 received the most frequent PTSD diagnosis at admission in rural region.

Posttraumatic Stress Disorder by Program and Age Group

	Total Number	Number in Age Group 0-5	Number in Age Group 6-12	Number in Age Group 13-18
SOUTHERN REGION				
DWTC	15	-	4	11
OASIS	4	-	1	3
WIN	38	2	27	9
CCS	37	-	20	17
ECS	13	9	4	-
TOTAL	117	11	56	40

WIN and CCS in the Southern Region 6-12 year olds have the most frequent PTSD.

	Total Number	Number in Age Group 0-5	Number in Age Group 6-12	Number in Age Group 13-18
NORTHERN REGION				
Learning Homes	5	-	3	2
ATC	3	-	-	3
ECMHS	18	11	7	-
WIN	19	-	3	16
Outpatient Services	20	-	11	9
TOTAL	65	11	24	30

	Total Number	Number in Age Group 0-5	Number in Age Group 6-12	Number in Age Group 13-18
RURAL REGION				
WIN	19	-	8	11

WIN (both Northern and Rural Regions) shows most frequent PTSD diagnosis for age group 13-18. ECMHS has the most frequent PTSD for age group 0-5 and Outpatient Services in the Northern region has the most frequent Posttraumatic Stress diagnosis for age group 6-12.

Diagnoses by Race and Ethnicity

Together, Caucasian and African-American youth make up over 90% of children's mental health admissions statewide. Children of Hispanic origin make up 20% of the children's mental health admissions statewide. What clinical characteristics did these three predominate groups manifest when initiating their treatment services?

Of 1608 children statewide, **African-American** (200 males and 120 females) children represent 21.0% of the statewide admissions to DCFS mental health services in FY07. The following table illustrates the most prevalent admission diagnosis of African American children by gender and age group.

Age Group	Male = 200			Female = 120		
	0-5 = 68	6-12 = 69	13-18+ = 63	0-5 = 38	6-12 = 33	13-18+ = 49
Diagnosis	Disruptive Behavior Disorder NOS (16)	Attention-Deficit/Hyperactivity Disorder (16)	Bipolar Disorders (14)	Disruptive Behavior Disorder NOS (8)	Adjustment Disorder (10)	Major Depression (10)
	Deprivation/Maltreatment Disorder (11)	Posttraumatic Stress Disorder (12)	Attention-Deficit/Hyperactivity Disorder (13)	Deprivation/Maltreatment Disorder (6)	Posttraumatic Stress Disorder (7)	Depressive Disorder NOS (8)
	Sensory Stimulation-Seeking/Impulsive (11)	Impulse-Control Disorder NOS (11)	Posttraumatic Stress Disorder (9)	Adjustment Disorder (5)	Attention-Deficit/Hyperactivity Disorder (5)	Bipolar Disorders (7)
		Disruptive Behavior Disorder NOS (11)			Attention-Deficit/Hyperactivity Disorder NOS (5)	

Although the number of African American males among the 6-12 age group is double the number of females in the same age group, the diagnoses signified by externalizing behavioral problems are reflected by both genders. In the 6-12 age group 23% account for ADHD diagnosis among males and 30% account for ADHD diagnosis among females. However, among the 13-18 age group there is a difference between genders. Females are diagnosed with a depressive disorder while male children are diagnosed with ADHD, PTSD and Bipolar Disorder.

Although the number of African American males among the Age Group 0-5 is nearly double the number of females in the same age group, both genders are represented equally with Disruptive Behavior Disorder and Deprivation/Maltreatment Disorder diagnoses. For the third most prevalent diagnosis, 16% of the African American males in the 0-5 age range are diagnosed with Sensory Stimulation Seeking/Impulsive diagnosis while 13% of the females exhibit Adjustment Disorders.

Of 1608 children statewide, **Caucasian children** (635 males and 432 females) represent 70.1% of the total statewide mental health admissions in FY07. The following table illustrates the most prevalent admission diagnoses of Caucasian children by gender and age group.

	Male = 635			Female = 432		
Age Group	0-5 = 177	6-12 = 216	13-18+ = 242	0-5 = 107	6-12 = 123	13-18+ = 202
Diagnosis	Adjustment Disorder (51)	Attention-Deficit/Hyperactivity Disorder (75)	Bipolar Disorders (64)	Adjustment Disorder (29)	Adjustment Disorder (50)	Major Depression (75)
	Disruptive Behavior Disorder NOS (51)	Adjustment Disorder (63)	Attention-Deficit/Hyperactivity Disorder (63)	Deprivation/Maltreatment Disorder (28)	Posttraumatic Stress Disorder (38)	Bipolar Disorders (48)
	Deprivation/Maltreatment Disorder (34)	Posttraumatic Stress Disorder (49)	Major Depression (40)	Disruptive Behavior Disorder NOS (26)	Attention-Deficit/Hyperactivity Disorder (18)	Posttraumatic Stress Disorder (43)
	Sensory Stimulation-Seeking/Impulsive (25)					Depressive Disorder NOS (43)

In the 0-5 age group, the most prevalent diagnosis of both genders is Adjustment Disorders. Disruptive Behavior Disorder diagnosis among males accounts for 29% while 24% of the females of the same age group share the same diagnosis. 19% of the males in this age group are diagnosed with Deprivation/Maltreatment Disorder while 26% of the females in the same age group share the same diagnosis. On the other hand, Sensory Stimulation-Seeking/Impulsive diagnosis among males in 0-5 age group account for 14%. Absence of this diagnosis among same age group Caucasian females is consistent with the African American female children of the same age group.

In the 13-18 age group, depressive disorder spectrum (major depression and depressive disorder NOS) accounts for 58.4% of the females as compared to 16.5% of the males. Bipolar Disorders diagnosis for males accounts for 26.4% and females account for 23.7% of the children in the 13-

18 age group. Males in 6-12 age group are diagnosed with ADHD (n=75) four times more frequently than females (n=18) in the same age group.

Twelve percent of Caucasian children (n=130) are diagnosed with PTSD. Among the 6-12 Age Group, PTSD diagnosis accounts for 25% (n=87) of all the Caucasian children of that age group. Statewide, 16% of all the children in 6-12 Age group are diagnosed with PTSD. Among the 13-18 age group, female Caucasians with PTSD accounted for 19% (n=43) of all the Caucasian children in that age range. This is 12% of all the admission diagnosis statewide within the same age range.

Of 1608 children statewide, **Hispanic children** (187 males and 134 females) represent 20% of the total statewide admissions to DCFS mental health services in FY 07. The following table illustrates the most prevalent admission diagnoses of Hispanic children by gender and age group.

Age Group	Male = 187			Female = 134		
	0-5 = 67	6-12 = 67	13-18+ = 53	0-5 = 47	6-12 = 25	13-18+ = 62
Diagnosis	Disruptive Behavior Disorder NOS (14)	Attention-Deficit/Hyperactivity Disorder (18)	Major Depression (11)	Adjustment Disorder (10)	Posttraumatic Stress Disorder (8)	Major Depression (27)
	Sensory Stimulation-Seeking/Impulsive (7)	Adjustment Disorder (13)	Bipolar Disorders (8)	Deprivation/Maltreatment Disorder (7)	Adjustment Disorder (7)	Posttraumatic Stress Disorder (11)
	Sleep-Onset Disorder (6)	Impulse-Control Disorder NOS (8)	Depressive Disorder NOS (7)	Reactive Attachment Disorder (5)	Reactive Attachment Disorder (3)	Oppositional Defiant Disorder (7)
			Attention-Deficit/Hyperactivity Disorder (7)		Depressive Disorder NOS (3)	Depressive Disorder NOS (7)

21% of the males in the 0-5 age group are diagnosed with Disruptive Behavior Disorder while 21% of the females of the same age group are diagnosed with Adjustment Disorders. Absence of Disruptive Behavior Disorders diagnosis only among Hispanic females of the same age group is of interest as Reactive Attachment Disorder diagnosis represents 11% of the Hispanic females of the same age group.

Twice as many Hispanic males as compared to females among the 6-12 age group have been admitted to mental health services statewide in FY 07. The diagnoses of the males in this age group reflect clusters of externalizing behaviors while females of the same age group show diagnostic clusters of internalizing behaviors. However, among the 13-18 age group, 50% of both males and females are diagnosed with depressive disorders.