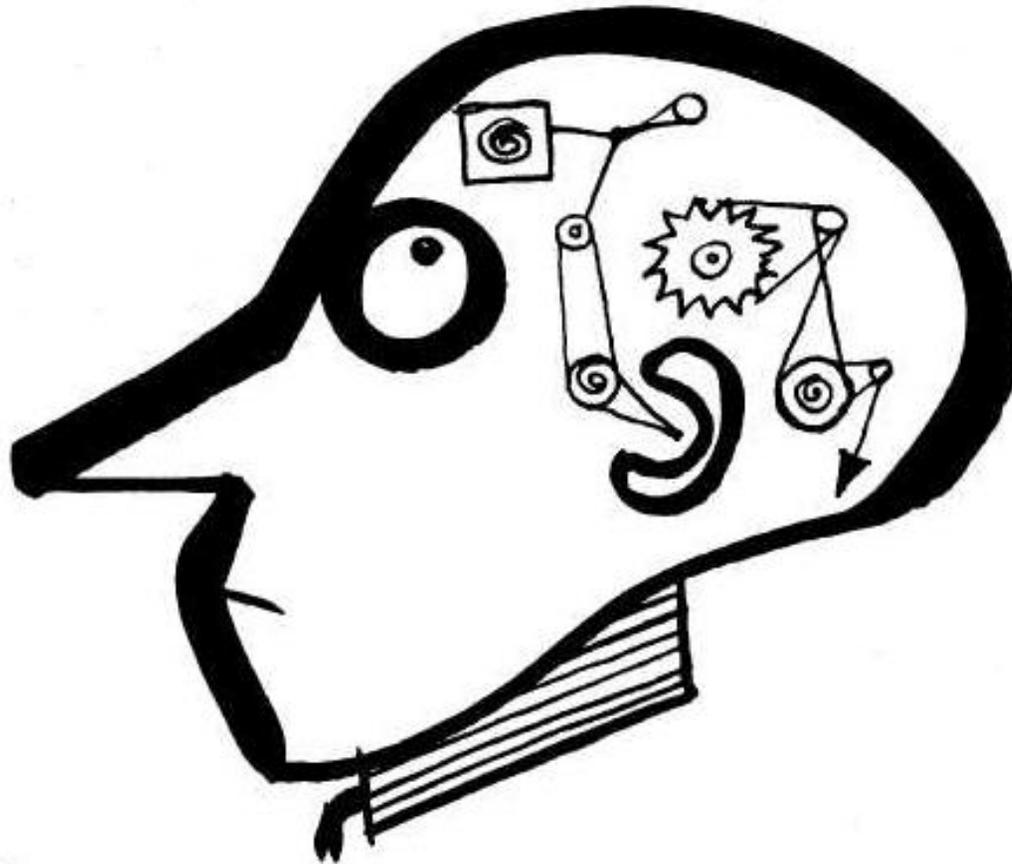


*Division of Juvenile Justice
State of Alaska, DHSS*

FY2013 DSM-IV-TR Summary



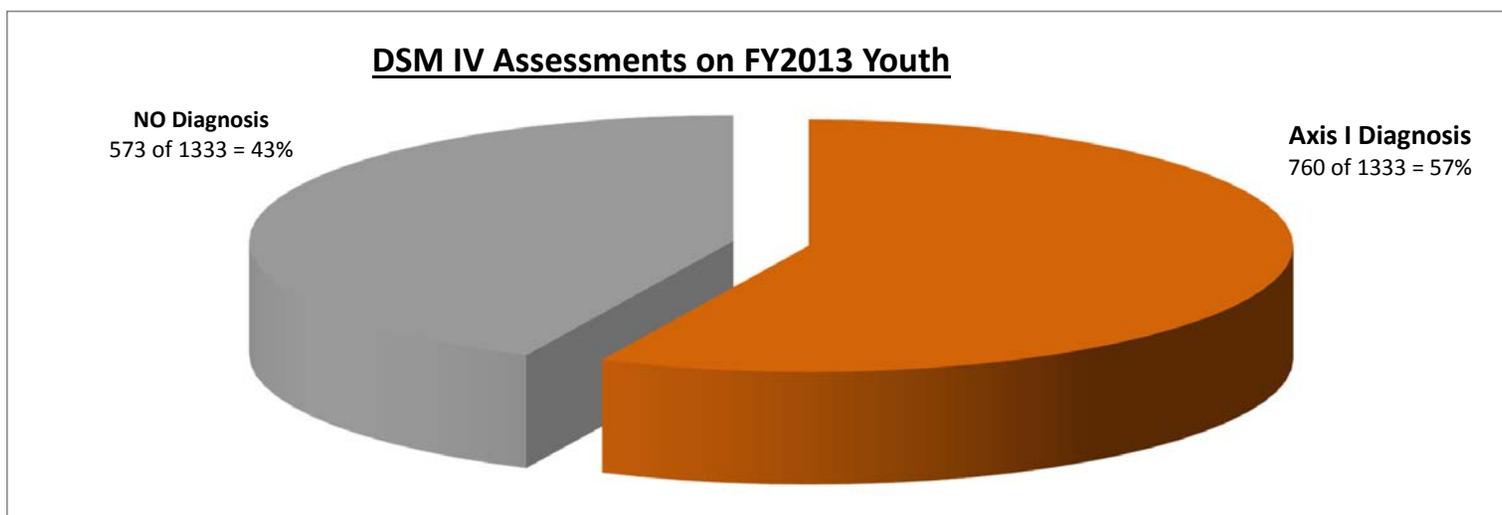
Summary Results of DSM IV Diagnosis Information for DJJ Clients

Table of Contents ~ Graphs

<u>Graph #</u>	<u>Graph Description</u>
1	<i>How Many Juveniles have a Behavioral Health Diagnosis?</i>
2	<i>Clients with a Co-Occuring Disorder (Diagnosis by category)</i>
3	<i>Axis I Primary Diagnosis by Category</i>
4	<i>PTSD focus</i>
5	<i>Number of Axis I Diagnoses per client</i>
6	<i>Gender Comparison</i> (Diagnosis vs. No Diagnosis)
7	<i>Race Comparison</i> (Diagnosis vs. No Diagnosis)
8	<i>Institutional status of clients with DSM IV Diagnosis (placed in a facility vs. not)</i>
9	<i>Accumulated # of Referrals</i> (Diagnosis vs. No Diagnosis)

How Many Juveniles have a Behavioral Health Diagnosis?

	FY2007	%	FY2008	%	FY2009	%	FY2010	%	FY2011	%	FY2012	%	FY2013	%
Axis I Diagnosis	981	45.6%	980	45.2%	828	46.1%	779	43.2%	767	48.4%	779	44.2%	760	57.0%
NO Diagnosis	<u>1170</u>	54.4%	<u>1189</u>	54.8%	<u>970</u>	53.9%	<u>1024</u>	56.8%	<u>818</u>	51.6%	<u>984</u>	55.8%	573	43.0%
TOTAL YOUTH IN SURVEY POOL *	2151		2169		1798		1803		1585		1763		1333	



** The DJJ Behavioral Health Survey Pool is a portion of all youth served in DJJ during a fiscal year. It is that portion that have progressed "deeper" into the juvenile justice system*

National Note:

While State of Alaska, Division of Juvenile Justice fairly consistently reports the high 40%'s and now into the 50%'s for DJJ involved juveniles with a Behavioral Health diagnosis, the National Center for Mental Health and Juvenile Justice (NCMHJJ) quotes that up to 70% of juveniles in the justice system in residential placements, and approximately 50% of the non-residential population, suffer from a mental health disorder. **The NCMHJJ blueprint for change includes stronger partnerships, better screening and assessments, enhanced diversion opportunities and increased access to mental health treatment.** *(This study was published in 2007)*

Link to NCMHJJ "Blueprint for Change" Executive Summary:

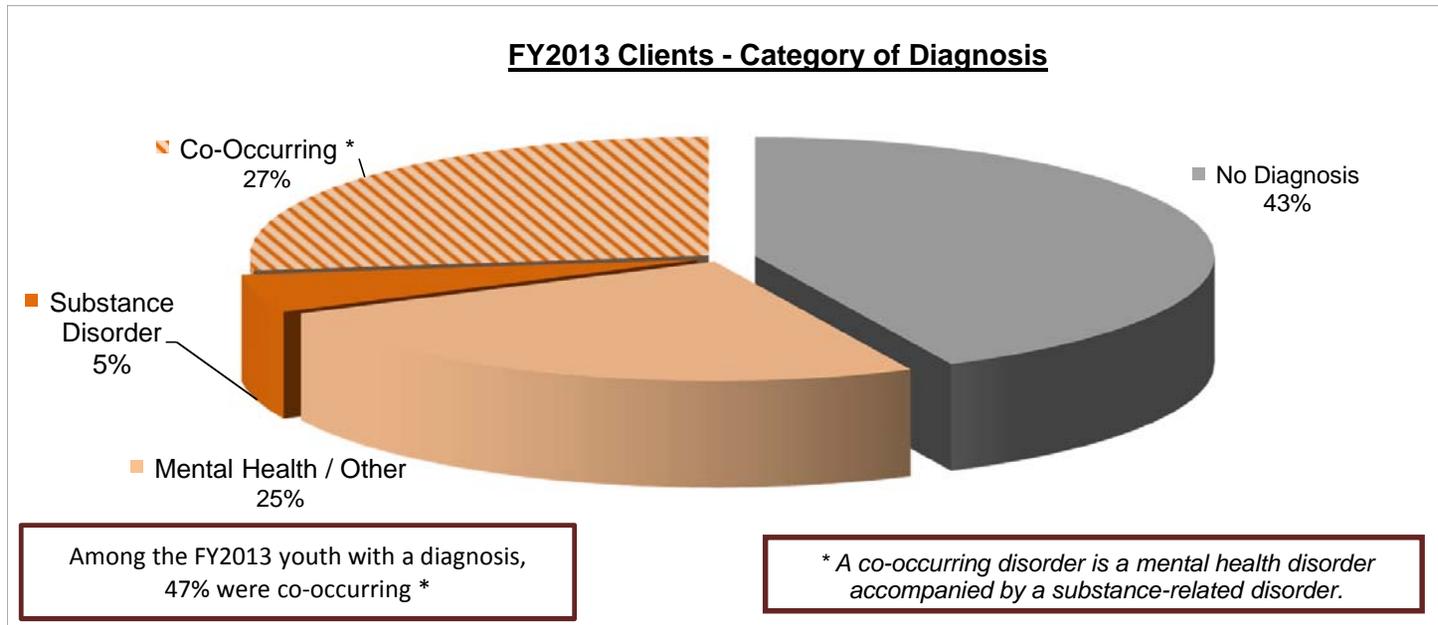
<http://www.ncmhjj.com/Blueprint/pdfs/ExecSum.pdf>

Link to NCMHJJ "Blueprint for Change: A Comprehensive Model"

<http://www.ncmhjj.com/Blueprint/default.shtml>

Clients with a Co-Occurring Diagnosis

	<u>FY2009:</u>		<u>FY2010:</u>		<u>FY2011:</u>		<u>FY2012:</u>		<u>FY2013:</u>	
NONE	970	53.9%	1024	56.8%	818	51.6%	984	55.8%	573	43.0%
Mental Health / Other	358	19.9%	316	17.5%	334	21.1%	337	19.1%	331	24.8%
Substance Disorder	100	5.6%	82	4.5%	85	5.4%	73	4.1%	69	5.2%
Co-Occurring *	370	20.6%	381	21.1%	348	22.0%	369	20.9%	360	27.0%
	1798		1803		1585		1763		1333	
<i>Of all the youth with a Diagnosis, the Co-occurring represents:</i>	44.7%		48.9%		45.4%		47.4%		47.4%	

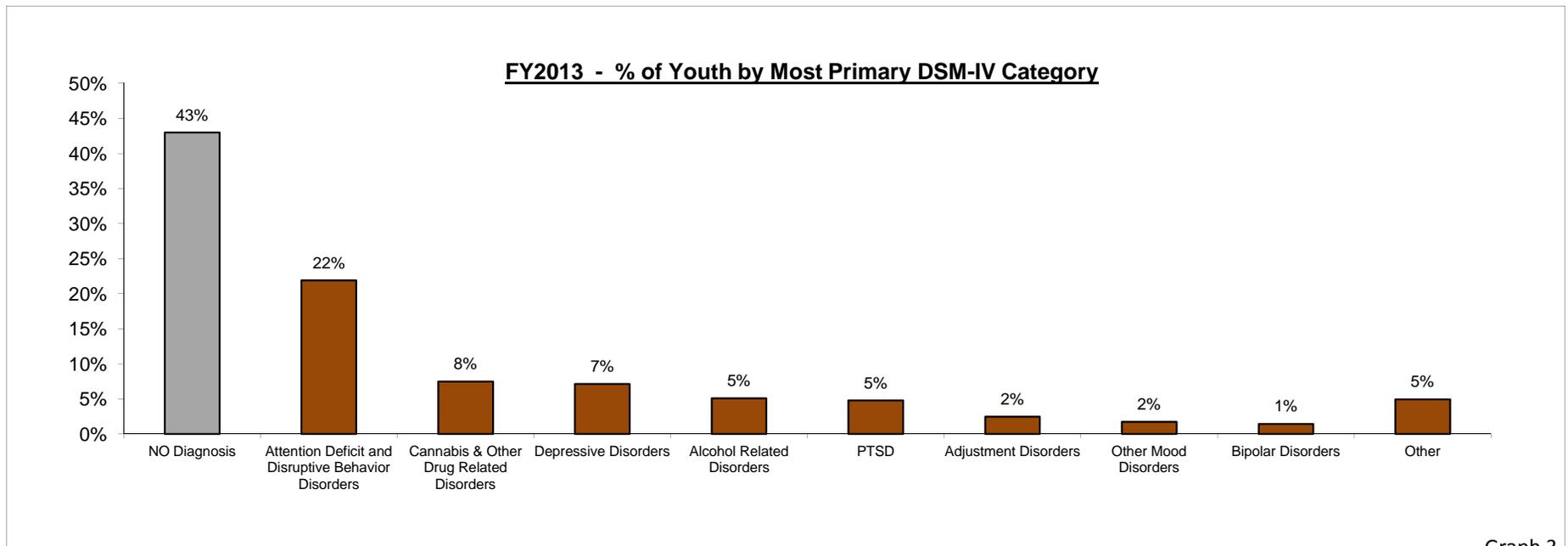


National Note:

While State of Alaska, Division of Juvenile Justice fairly consistently reports the mid-to-upper 40%'s for co-occurring diagnoses, the National Center for Mental Health and Juvenile Justice (NCMHJJ) study found that among those youth with a mental health diagnosis, 60.8% also met criteria for a substance use disorder. They found that co-occurring substance use disorders were most frequent among youth with a disruptive disorder, followed by youth with a mood disorder. **Proper response to a juvenile with these multiple needs requires increased collaboration, continuity of care, and the ability to recruit and retain providers with the ability to treat multiple needs.**

% of Youth by Most Primary DSM-IV Category

<u>Top categories in descending order:</u>	<u>FY2007</u>	<u>%</u>	<u>FY2008</u>	<u>%</u>	<u>FY2009</u>	<u>%</u>	<u>FY2010</u>	<u>%</u>	<u>FY2011</u>	<u>%</u>	<u>FY2012</u>	<u>%</u>	<u>FY2013</u>	<u>%</u>
NO Diagnosis	1170	54%	1189	55%	970	54%	1024	57%	818	52%	984	56%	573	43%
Attention Deficit and Disruptive Behavior Disorders	410	19%	430	20%	404	22%	373	21%	337	21%	317	18%	292	22%
Cannabis & Other Drug Related Disorders	114	5%	126	6%	90	5%	104	6%	116	7%	107	6%	100	8%
Depressive Disorders	92	4%	120	6%	97	5%	90	5%	81	5%	82	5%	95	7%
Alcohol Related Disorders	102	5%	109	5%	74	4%	52	3%	49	3%	64	4%	68	5%
PTSD	33	2%	31	1%	36	2%	44	2%	58	4%	62	4%	64	5%
Adjustment Disorders	51	2%	42	2%	26	1%	29	2%	31	2%	38	2%	33	2%
Other Mood Disorders	23	1%	21	1%	15	1%	9	0%	16	1%	22	1%	23	2%
Bipolar Disorders	31	1%	29	1%	31	2%	20	1%	21	1%	22	1%	19	1%
Other	<u>125</u>	6%	<u>72</u>	3%	<u>55</u>	3%	<u>58</u>	3%	<u>58</u>	4%	<u>65</u>	4%	<u>66</u>	5%
Grand Total	2151		2169		1798		1803		1585		1763		1333	

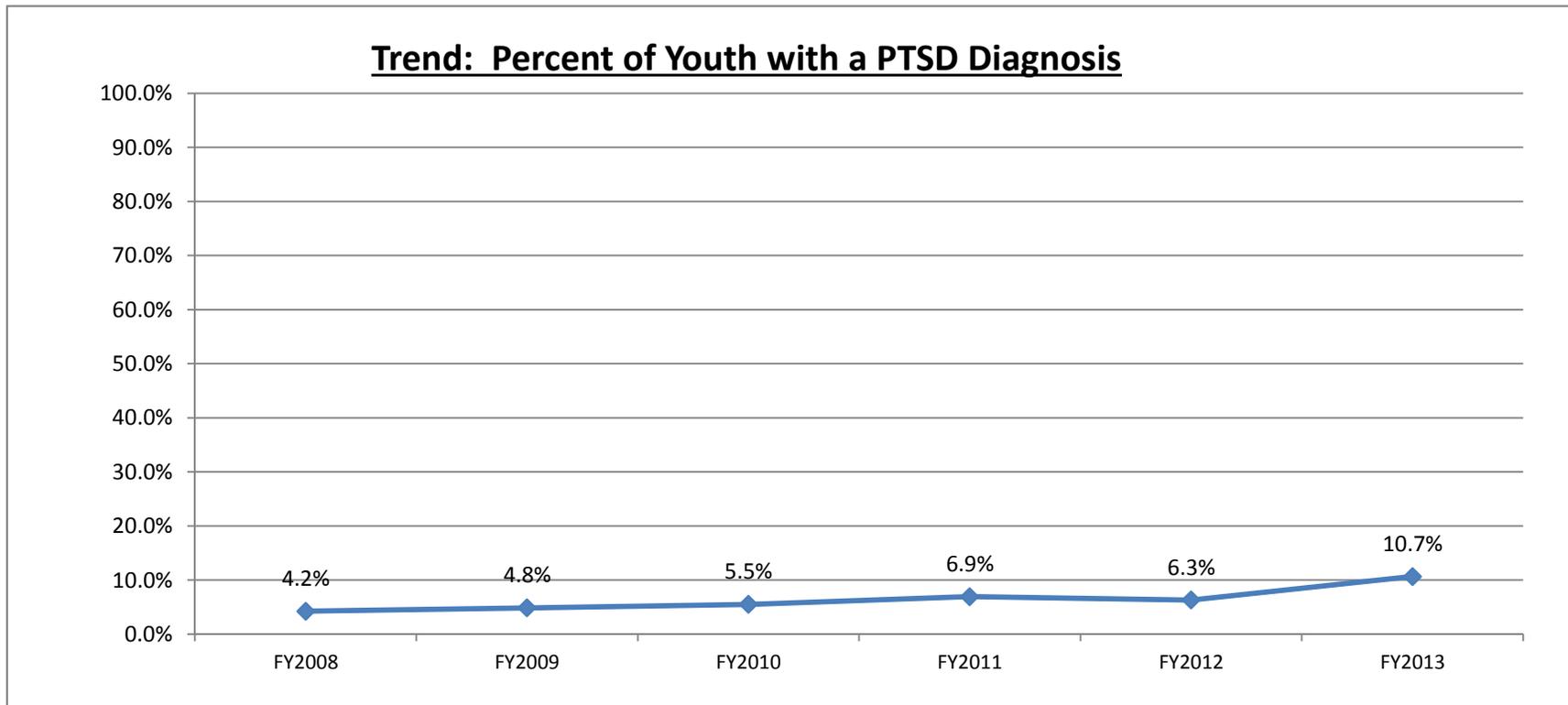


Graph 3

% of Youth with PTSD diagnosis
(in any Axis I Category: Primary, Secondary or Third Diagnosis)

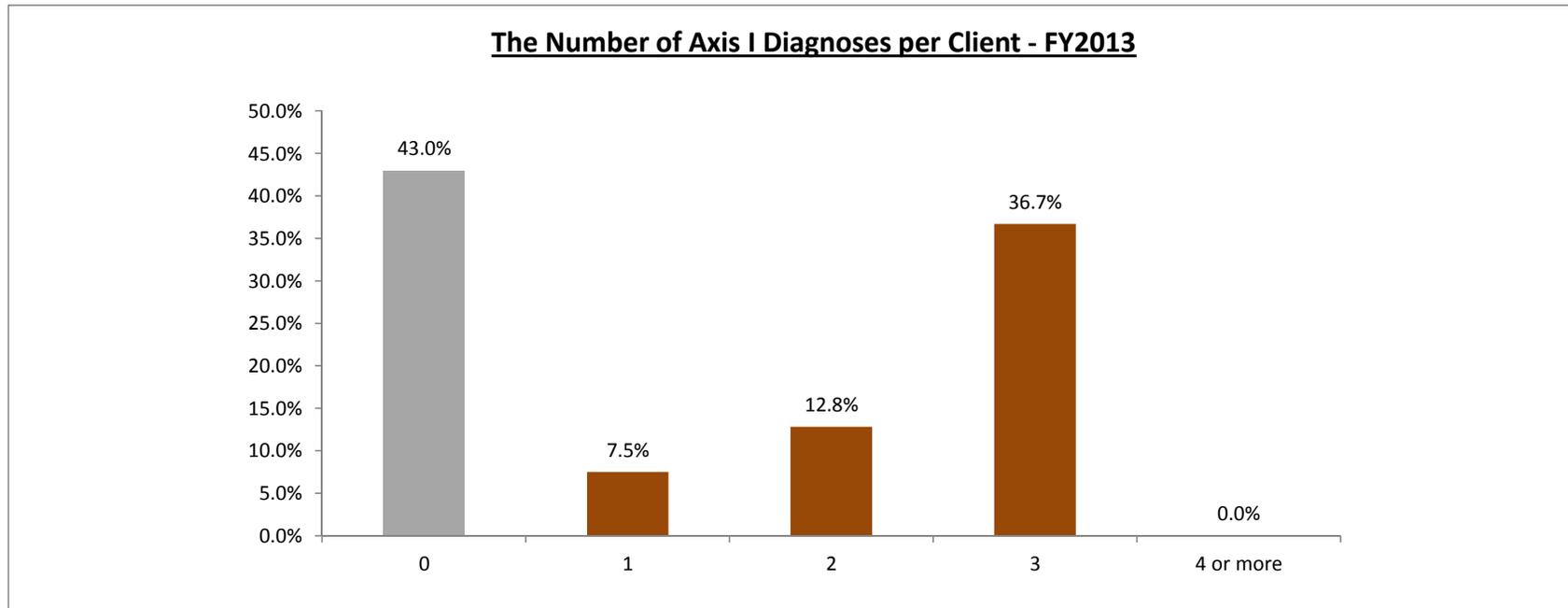
Top categories in descending order:

	<u>FY2008</u>	<u>%</u>	<u>FY2009</u>	<u>%</u>	<u>FY2010</u>	<u>%</u>	<u>FY2011</u>	<u>%</u>	<u>FY2012</u>	<u>%</u>	<u>FY2013</u>	<u>%</u>
PTSD	92	4.2%	87	4.8%	99	5.5%	110	6.9%	111	6.3%	142	10.7%
Grand Total	2169		1798		1803		1585		1763		1333	



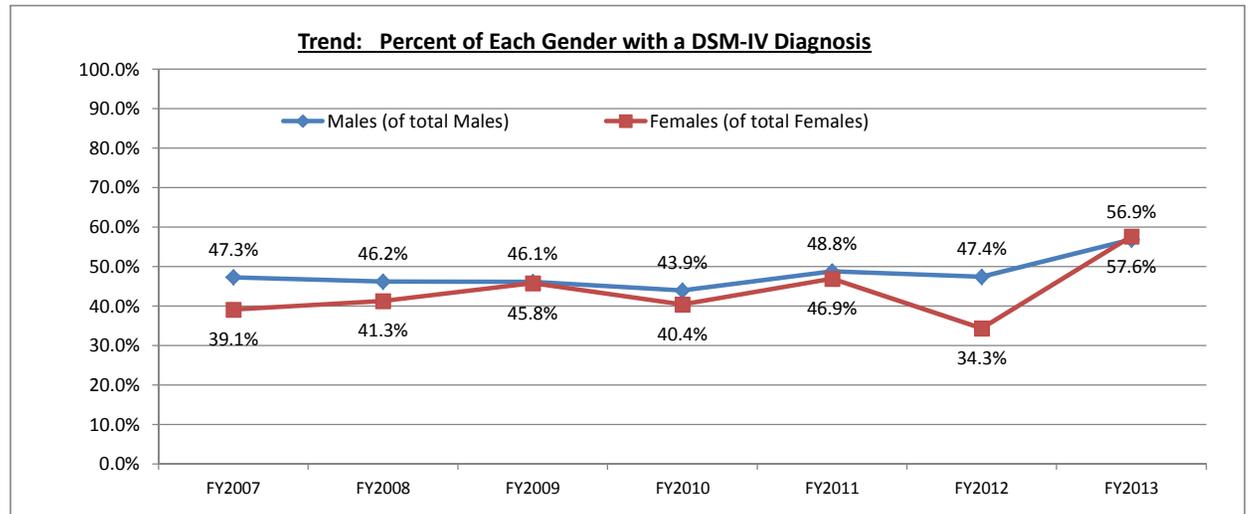
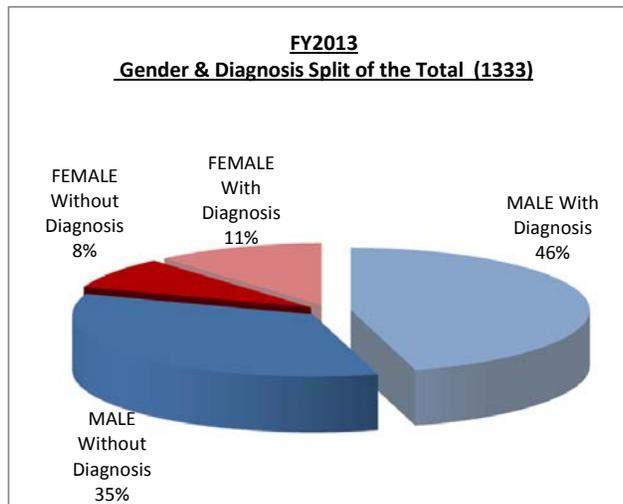
Count of Axis I Diagnoses per Client

# of Diagnoses	FY2007		FY2008		FY2009		FY2010		FY2011		FY2012		FY2013	
	Juveniles	%												
0	1170	54.4%	1189	54.8%	970	53.9%	1024	56.8%	818	51.6%	984	55.8%	573	43.0%
1	182	8.5%	158	7.3%	128	7.1%	103	5.7%	110	6.9%	122	6.9%	100	7.5%
2	238	11.1%	250	11.5%	206	11.5%	172	9.5%	198	12.5%	199	11.3%	171	12.8%
3	520	24.2%	295	13.6%	484	26.9%	504	28.0%	457	28.8%	455	25.8%	489	36.7%
4 or more	41	1.9%	277	12.8%	10	0.6%	0	0.0%	2	0.1%	3	0.2%	0	0.0%
Total	2151		2169		1798		1803		1585		1763		1333	



Gender Comparison

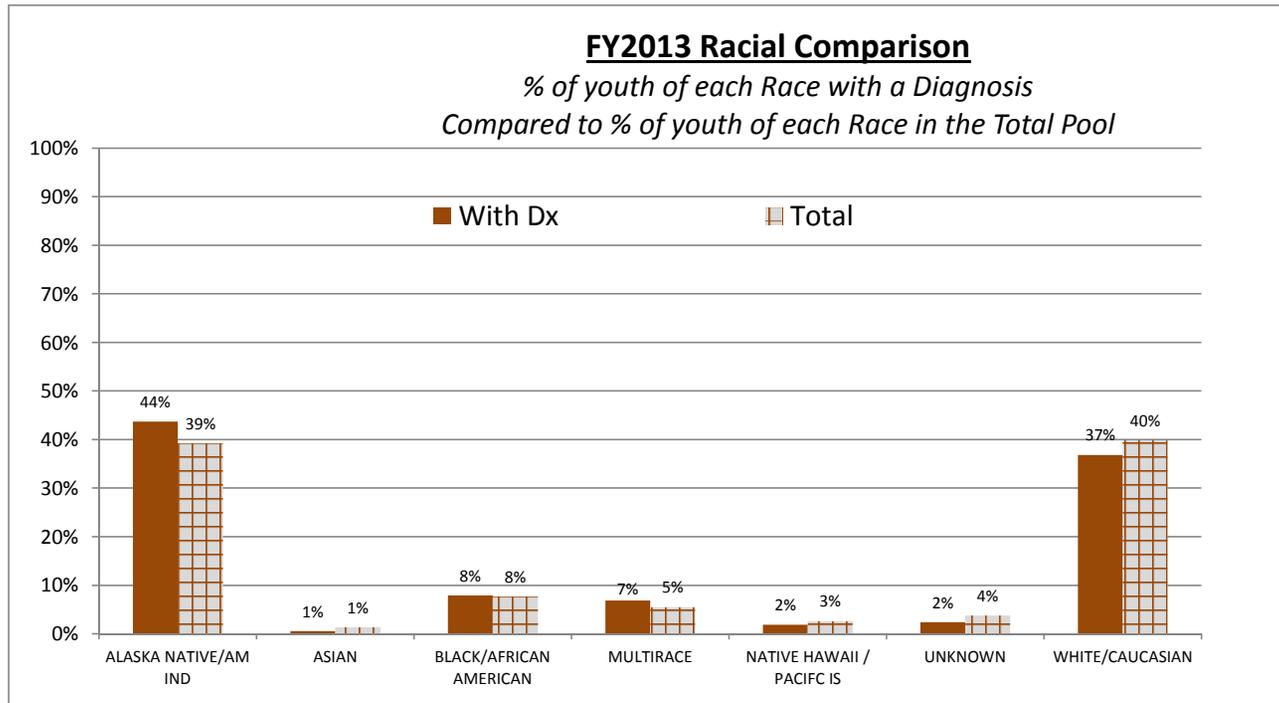
	<u>FY2007</u>		<u>FY2008</u>		<u>FY2009</u>		<u>FY2010</u>		<u>FY2011</u>		<u>FY2012</u>		<u>FY2013</u>	
	<u>Count</u>	<u>% of the Total</u>												
MALE With Diagnosis	809	37.6%	795	36.7%	666	37.0%	628	34.8%	609	38.4%	630	35.7%	609	45.7%
MALE Without Diagnosis	902	41.9%	926	42.7%	778	43.3%	801	44.4%	639	40.3%	699	39.6%	462	34.7%
FEMALE Without Diagnosis	268	12.5%	263	12.1%	192	10.7%	223	12.4%	179	11.3%	285	16.2%	111	8.3%
FEMALE With Diagnosis	<u>172</u>	8.0%	<u>185</u>	8.5%	<u>162</u>	9.0%	<u>151</u>	8.4%	<u>158</u>	10.0%	<u>149</u>	8.5%	<u>151</u>	11.3%
TOTAL	2151		2169		1798		1803		1585		1763		1333	
Those With Diagnosis	981		980		828		779		767	48.4%	779	44.2%	760	57.0%
<i>Males (of total Males)</i>	809	47.3%	795	46.2%	666	46.1%	628	43.9%	609	48.8%	630	47.4%	609	56.9%
<i>Females (of total Females)</i>	172	39.1%	185	41.3%	162	45.8%	151	40.4%	158	46.9%	149	34.3%	151	57.6%
Those Without Diagnosis	1170		1189		970		1024		818	51.6%	984	55.8%	573	43.0%
<i>Males (of total Males)</i>	902	52.7%	926	53.8%	778	53.9%	801	56.1%	639	51.2%	699	52.6%	462	43.1%
<i>Females (of total Females)</i>	268	60.9%	263	58.7%	192	54.2%	223	59.6%	179	53.1%	285	65.7%	111	42.4%
Gender Split of Total Pool	2151		2169		1798		1803		1585		1763		1333	
<i>Total Males</i>	1711	79.5%	1721	79.3%	1444	80.3%	1429	79.3%	1248	78.7%	1329	75.4%	1071	80.3%
<i>Total Females</i>	440	20.5%	448	20.7%	354	19.7%	374	20.7%	337	21.3%	434	24.6%	262	19.7%



Race Comparison

	<u>FY2007</u>		<u>FY2008</u>		<u>FY2009</u>		<u>FY2010</u>		<u>FY2011</u>		<u>FY2012</u>		<u>FY2013</u>	
	<u>With Dx</u>	<u>Total</u>												
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
# of Juveniles *														
ALASKA NATIVE/AM IND	40%	36%	40%	34%	41%	34%	41%	34%	41%	37%	41%	33%	44%	39%
ASIAN	2%	3%	2%	3%	1%	3%	1%	2%	1%	2%	1%	2%	1%	1%
BLACK/AFRICAN AMERICAN	6%	7%	6%	7%	6%	7%	6%	7%	7%	8%	8%	9%	8%	8%
MULTIRACE	9%	9%	10%	10%	10%	10%	9%	7%	7%	7%	9%	7%	7%	5%
NATIVE HAWAII / PACIFIC IS	1%	2%	2%	2%	2%	2%	2%	2%	2%	3%	2%	4%	2%	3%
OTHER	1%	2%	1%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
UNKNOWN	1%	2%	1%	2%	1%	2%	1%	3%	2%	3%	2%	4%	2%	4%
WHITE/CAUCASIAN	39%	39%	39%	40%	38%	41%	39%	43%	39%	40%	37%	39%	37%	40%

* Juvenile counts are unduplicated within each Fiscal Year but the same juvenile may be represented in more than one Fiscal Year



Placement Status of Youth with a Diagnosis

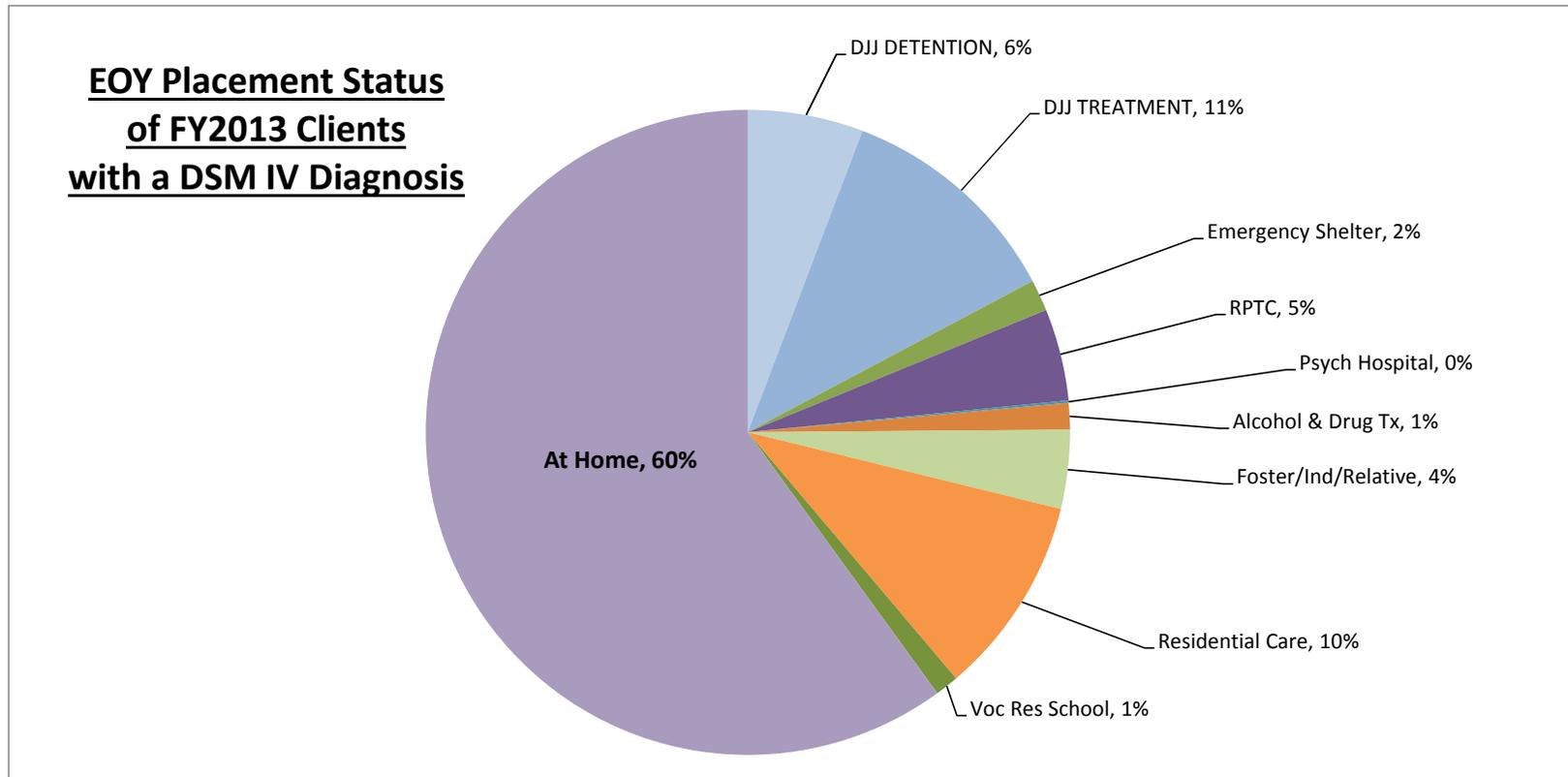
Snapshot as of the end of the Fiscal Year)

<u>6/30/2013 Placements</u>	<u>Youth with a Diagnosis</u>		<u>Youth without a Diagnosis</u>	
	<u>Count</u>	<u>%</u>	<u>Count</u>	<u>%</u>
DJJ DETENTION	44	6%	21	4%
DJJ TREATMENT	87	11%	1	0%
Emergency Shelter	12	2%	4	1%
RPTC	35	5%	0	0%
Psych Hospital	1	0%	0	0%
Alcohol & Drug Tx	10	1%	6	1%
Foster/Ind/Relative	30	4%	15	3%
Residential Care	76	10%	1	0%
Voc Res School	9	1%	8	1%
<u>At Home</u>	<u>456</u>	<u>60%</u>	<u>517</u>	<u>90%</u>
Total	760		573	

<u>Breakout: DJJ Detention Details</u>		
	<u>with Dx</u>	<u>w/o Dx</u>
BYF Detention	2	1
FYF Detention	4	5
JYC Detention	6	1
KPYF Detention	6	0
KRYF Detention	1	1
MSYF Detention	5	3
MYC Detention	15	7
<u>NYF Detention</u>	<u>5</u>	<u>3</u>
DETENTION	44	21

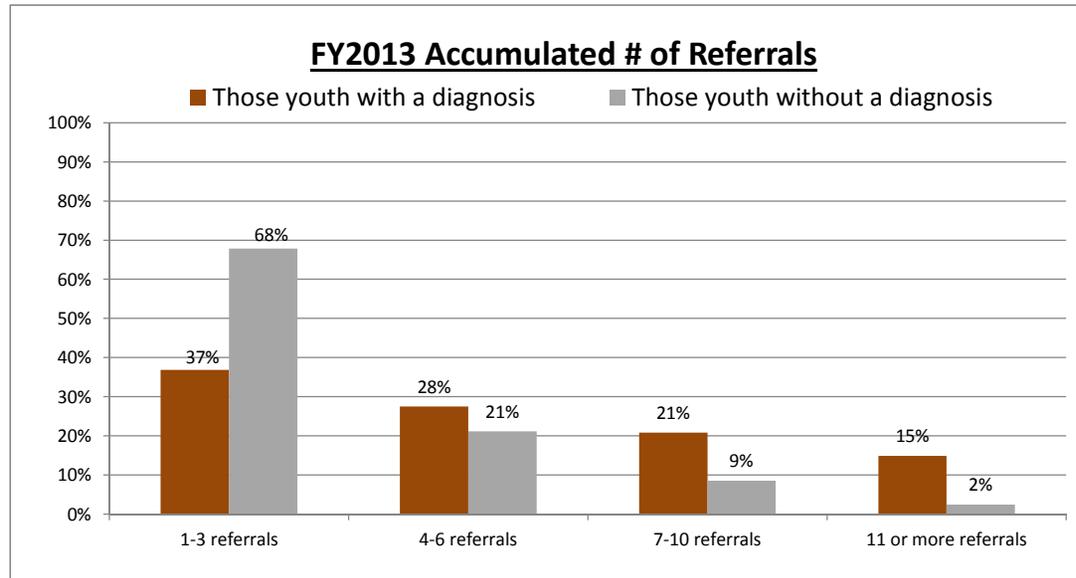
<u>Breakout: DJJ Treatment Details</u>		
	<u>with Dx</u>	<u>w/o Dx</u>
BYF Tx	7	0
FYF Tx	9	0
JYC Tx	9	0
MYC Tx	62	1
TREATMENT	87	1

60% of youth with a diagnosis being at home is very consistent with the previous snapshots



Number of Accumulated Referrals Ever, per Unduplicated Juvenile

	# of referrals	FY2007		FY2008		FY2009		FY2010		FY2011		FY2012		FY2013:	
		Total	%												
Those youth with a diagnosis	1-3 referrals	262	27%	262	27%	207	25%	209	27%	225	29%	264	34%	280	37%
	4-6 referrals	277	28%	294	30%	241	29%	218	28%	220	29%	205	26%	209	28%
	7-10 referrals	226	23%	231	24%	211	25%	200	26%	190	25%	180	23%	158	21%
	11 or more referrals	184	19%	193	20%	169	20%	152	20%	132	17%	130	17%	113	15%
Total with Diagnosis		981		980		828		779		767		779		760	
Those youth without a diagnosis	1-3 referrals	698	60%	754	63%	600	62%	657	64%	529	65%	739	75%	389	68%
	4-6 referrals	284	24%	294	25%	243	25%	246	24%	181	22%	167	17%	121	21%
	7-10 referrals	113	10%	112	9%	101	10%	97	9%	86	11%	61	6%	49	9%
	11 or more referrals	44	4%	29	2%	24	2%	23	2%	22	3%	17	2%	14	2%
Total with No Diagnosis		1170		1189		970		1024		818		984		573	
Grand Total Juvenile Count		2151		2169		1798		1803		1585		1763		1333	



State of Alaska Note:

It is clear that those with a Behavioral Health Diagnosis are referred more frequently to DJJ than those without a diagnosis.

National Note: National Center for Mental Health and Juvenile Justice (NCMHJJ) "Blueprint for Change" It is now well established that the vast majority of youth in the juvenile justice system, approximately 70%, suffer from mental disorders, with 25% experiencing disorders so severe that their ability to function is significantly impaired. For some youth contact with the juvenile justice system is often their first and only chance to get help. For others, it is the last resort after being bounced from one system to another. All too frequently, however, the opportunity to intervene early is wasted and youth end up in a system that is ill-equipped to help them, frustrating JJ administrators and leaving youth without access to the treatment they need to get better. The crisis is real and the need to respond is more pressing than ever.

Back-up Information

Tab

- A** *What is DSM-IV-TR?*
- B** *Axis I: Clinical Disorder Categories*
- C** *Population Pool Selection Criteria*
- D** *Who made the diagnosis ?*

What is DSM-IV-TR?

Diagnostic and Statistical Manual of Mental Disorders, 4th Edition , Text Revision

- The DSM IV is a classification system of mental disorders which is universally recognized.
- The DSM IV is a multi-axial system that allows for assessments in five different domains:
 - Axis I: Clinical Disorders (& Other Conditions That May Be a Focus of Clinical Attention)
 - Axis II: Personality Disorders & Mental Retardation
 - Axis III: General Medical Conditions
 - Axis IV: Psychosocial and Environmental Problems
 - Axis V: Global Assessment of Functioning

*** The data in this report focuses primarily on Axis I diagnoses ***

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). DSM-IV has been designed for use across settings, inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care, and with community populations and by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals. It is also a necessary tool for collecting and communicating accurate public health statistics. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text.

http://psyweb.com/Mdisord/DSM_IV/jsp/dsm_iv.jsp

Axis I: Clinical Disorder Categories

- *Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence*
- *Delirium, Dementia, and Amnesic and Other Cognitive Disorders*
- *Mental Disorders Due to a General Medical Condition Not Elsewhere Classified*
- *Substance Related Disorders*
- *Schizophrenia and Other Psychotic Disorders*
- *Mood Disorders*
- *Anxiety Disorders*
- *Somatoform Disorders*
- *Factitious Disorders*
- *Dissociative Disorders*
- *Sexual And Gender Identity Disorders*
- *Eating Disorders*
- *Sleep Disorders*
- *Impulse Control Disorders Not Elsewhere Classified*
- *Adjustment Disorders*
- *Other Conditions That May Be a Focus of Clinical Attention*

As listed on page 28 of the DSM-IV-TR manual

Axis II: Personality Disorders - Mental Retardation Categories

- *These disorders are not consistently noted in JOMIS due to the fact that the Axis II personality disorders are not normally diagnosable in adolescents. Therefore, they are not counted in this report*

Population Pool Selection Criteria

For each Fiscal Year, the Population Pool is based on unduplicated juveniles who had one or more of the following:

- 1a Referrals with dispositions of Adjudicated, Petitioned, Informal Probation only** (*JOMIS Referrals / Case Action Modules*)
- 1b Referrals with a disposition of Adjusted, if a Diagnosis is already in the system** (*JOMIS Referrals / Case Action Modules*)
- 2 B1 and B3 custody cases** (*JOMIS Custody Module*)
- 3 DJJ Institutional Treatment** (*JOMIS Placement Module*)
- 4 Non-DJJ placements, all except for 'Relative Home' placements** (*JOMIS Placement Module*)
- 5 DJJ Probation Supervision** (*JOMIS Supervision Module, see note below*)

ALL types except for Diversion Supervision, Absconder, Conditions/Conduct/Release, Interstate In and Detained Pending Court.

** The criteria for determining the population pool has remained the same for the annual studies since FY2007 **

Who made the diagnosis ?

A qualified professional must have made each diagnosis. A qualified mental health professional includes a medical or mental health professional as defined by State law AS 47.30.915(C)(11)

(AS 47.30.915(C)(11)) defines a "mental health professional" as

- a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government;
- a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners;
- a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners;
- a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing;
- a marital and family therapist licensed by the Board of Marital and Family Therapy;
- a professional counselor licensed by the Board of Professional Counselors;
- a clinical social worker licensed by the Board of Social Work Examiners;
- a person who: (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph;