

Mental Health and Juvenile Justice in Texas

Texas Juvenile Probation Commission
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Executive Summary



Recognition of the mental health needs of youth in the juvenile justice system has grown recently in Texas and across the nation. National estimates of youth in the juvenile justice system with diagnosable mental health disorders range from 50% to 75%, with approximately 20% having a serious mental health disorder. The Texas Criminal Justice Policy Council (CJPC) estimated the population of offenders under direct supervision of a juvenile probation agency in the state of Texas with mental health needs was 22.4% during fiscal year 2001.

The following analysis by the Texas Juvenile Probation Commission (TJPC) provides a comprehensive examination of mental health and juvenile justice in Texas, exploring both the prevalence of mental health problems among this special population as well as describing a program that has begun to fill a service gap for juveniles with mental health needs in the probation system.

National estimates of youth in the juvenile justice system with diagnosable mental health disorders range from 50% to 75%, with approximately 20% having a serious mental health disorder.

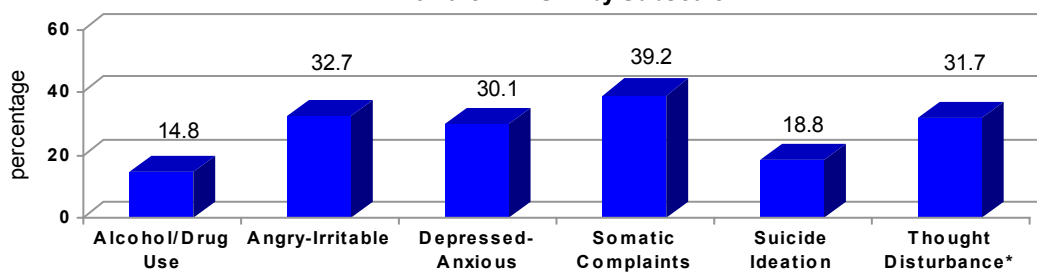
- Part I of this analysis examines the results of the **Massachusetts Youth Screening Instrument, Second Version (MAYSI-2)**, a brief screening tool that is used to assist in the identification of various types of reported and current mental/emotional disturbance, distress or patterns of problem behavior. In 2001, the 77th Texas Legislature mandated the use of a mental health screening instrument, and TJPC selected the MAYSI-2 after extensive research.
- Part II explores the prevalence of mental health needs among Texas juvenile justice youth by presenting findings from the Present State voice format of the **Diagnostic Interview Schedule for Children (Voice DISC-IV)**, a family of highly structured psychiatric interviews that provides diagnoses of most common child/adolescent mental disorders.
- Part III describes the **Special Needs Diversionary Program (SNDP)**, an initiative of the 77th Texas Legislature aimed at increasing the availability and intensity of effective services for juvenile offenders with mental health needs.

Findings from the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2)

The primary goals of the MAYSI-2 are to alert the administrator of the tool to potential needs and triage for high-priority immediate response. The instrument consists of 52 Yes/No questions self-administered by the juveniles and takes only eight to ten minutes to complete. The MAYSI-2 identifies potential problems in the following areas: *Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance and Traumatic Experiences*. The instrument's results indicate whether the juvenile has scored at a level that can be said to have possible clinical significance, which is referred to as the caution cutoff.

Less than half of the fiscal year 2002 referrals to juvenile probation that were included in this analysis (n=62,821) reached the clinical significance level across any subscale (see Figure ES 1). Nearly two fifths scored at or above the caution cutoff on the *Somatic Complaints* subscale.

Figure ES 1
Percentage of Referrals with Scores At or Above Caution
on the MAYSI-2 by Subscale



*The *Thought Disturbance* subscale applies to males only.

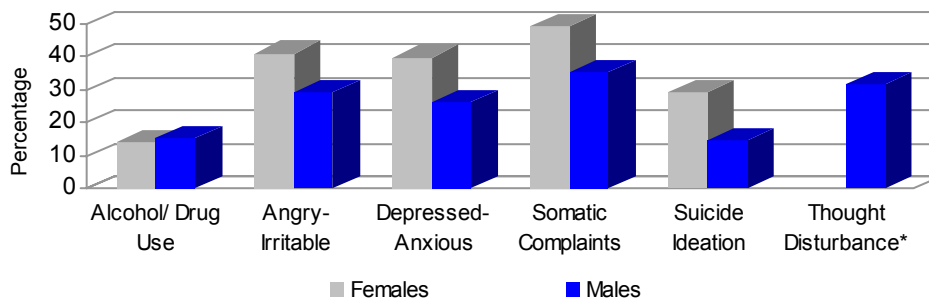


Over one third scored at the caution cutoff on multiple MAYSI-2 subscales. Females had a slightly higher rate of multiple caution cutoffs compared to males. Juveniles who were committed to TYC possessed the highest rate of multiple mental health needs using caution scores.

Many researchers believe that on a national level females have higher rates of mental health problems and receive fewer mental health services than their male counterparts. With the exception of the *Thought Disturbance* (which pertains to males only) and *Alcohol/Drug Use* subscales, females scored higher proportions of caution or above on each subscale compared to males (see Figure ES 2).

Females generally scored higher proportions of caution or above on each subscale compared to males.

Figure ES 2
Percentage of Referrals by Gender with Scores At or Above Caution on the MAYSI-2 by Subscale



*The *Thought Disturbance* subscale applies to males only.

Research also indicates that minorities are at a higher risk of mental health problems and lack services to address these problems. With the exception of the *Depressed-Anxious* subscale, a higher proportion of non-minority juveniles reached the caution or above cutoff level compared to minority juveniles (combined). African American juveniles had the highest proportion of caution or above scores in the *Thought Disturbance* (which pertains to males only), *Angry-Irritable* and *Depressed-Anxious* areas.

In the *Alcohol/Drug Use* subscale, as age increased so did the proportion of juveniles attaining caution or above cutoff levels. In the *Angry-Irritable* subscale, as age increased, the percentage of juveniles reaching caution or above cutoffs decreased. The percentage of referrals at or above caution was generally greater for Conduct Indicating Need for Supervision (CINS) or violation of probation offenses as compared to felony or misdemeanor offenses. For the *Alcohol/Drug Use*, *Angry-Irritable* and *Depressed-Anxious* and *Somatic Complaints* subscales, higher proportions of juveniles attaining the caution cutoff levels were associated with greater numbers of prior referrals.

Almost one fifth of the referrals (19.5%) warranted an assessment based on the results of the MAYSI-2 according to TJPC recommended guidelines.

TJPC established a policy of recommended actions as a means of guiding local probation departments in making decisions regarding when to refer juveniles for assessment by a mental health professional based on the results of the MAYSI-2. Almost one fifth of the referrals (19.5%) warranted an assessment based on the results of the MAYSI-2 using those guidelines.

A direct comparison to national estimates of mental disorders cannot be made because the MAYSI-2 is a screening tool, not an assessment instrument providing diagnoses of psychiatric disorders. Still, 60.3% of the sample reached the caution cutoff level on at least one subscale, thus indicating how widespread potential mental health problems are among this sample of juveniles referred to probation.



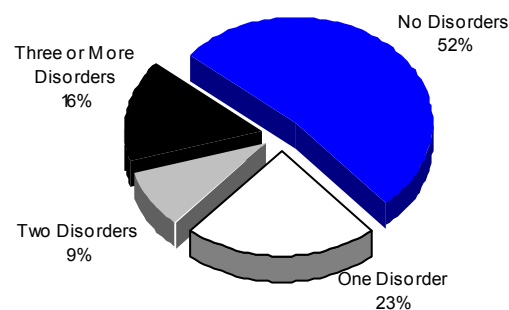
Findings from the Diagnostic Interview Schedule for Children (DISC)

The DISC was used to investigate the prevalence of mental health disorder among justice youth. Juveniles in the prevalence sample were drawn from eight urban counties (Bexar, Cameron, Dallas, El Paso, Harris, Hidalgo, Tarrant and Travis), which together comprised over half of the juvenile population in Texas. TJPC believes this sample was representative of the statewide juvenile probation system. Twenty-one disorders, grouped into diagnostic clusters (*Anxiety, Affective, Disruptive* and *Substance Use* disorders) as well as suicide ideation/attempt, were assessed using the DISC.

Almost half of the sample (47.5%) reported at least one disorder using the DISC (see Figure ES 3). This rate approximates the ranges offered nationally (50% to 75%). More than one fifth reported one disorder, and one quarter reported two or more disorders.

Almost half of the sample (47.5%) reported at least one disorder using the DISC.

Figure ES 3
Prevalence of Multiple Disorders Using the DISC

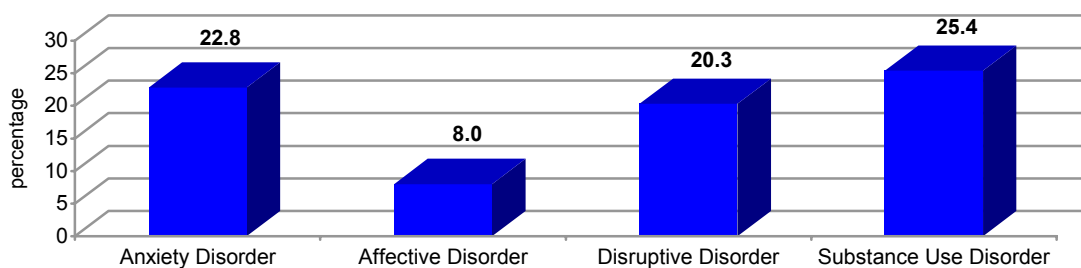


Not considering impairment, one quarter of the sample had *Substance Use* disorders, one fifth reported *Anxiety* disorders (excluding Separation Anxiety) or *Disruptive* disorders and less than one tenth reported *Affective* disorders (see Figure ES 4).

By far, the most frequently reported disorder was Separation Anxiety followed by Conduct disorder and Marijuana Dependence. Fourteen percent of the sample reported having made a suicide attempt in their entire life.

Fourteen percent of the sample reported having made a suicide attempt in their entire life.

Figure ES 4
Prevalence of Mental Health Disorders Using the DISC





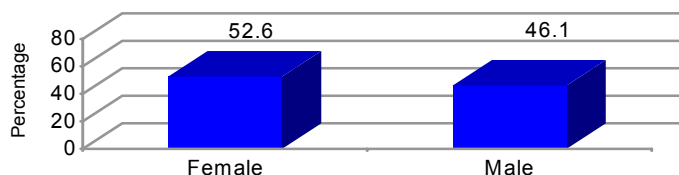
A slightly higher proportion of females than males reported a disorder (see Figure ES 5). Females were more likely to report recent and lifetime suicide risk—almost one quarter of the females had attempted suicide (lifetime), compared to only 11% of the males. Nearly three fifths of Anglos, half of Hispanics and two fifths of African Americans reported having a disorder.

Generally as age increased so did the proportion of juveniles reporting any given disorder. More than three fifths of the juveniles referred for violation of probation reported having at least one disorder. Half of the juveniles whose dispositions were adjudicated to probation, committed to TYC or certified as adult reported a disorder. In every disorder cluster, juveniles with prior referrals were more likely to report a

Less than one fifth of the sample (18.1%) reported a mental health contact in the last year.

disorder than juveniles without prior referrals. Juveniles with prior referrals reported suicide ideation and attempts at higher rates than juveniles without prior referrals. Less than one fifth of the sample reported contact with a professional for a mental health need in the last year (18.1%).

Figure ES 5
Prevalence of Mental Health Disorders
by Gender Using the DISC



Findings from the Special Needs Diversionary Program (SNDP)

The Special Needs Diversionary Program (SNDP), which was initiated by the 77th Legislature, was designed to prevent the removal of juveniles with mental health needs from the home and further involvement with the juvenile justice system. Eight urban sites began providing services in September of 2001 and were joined by eleven medium-sized, rural sites in January of 2002. The basic programmatic structure included a specialized juvenile probation officer teamed with a licensed mental health practitioner carrying a caseload of 12 to 15 youth, identified as meeting the TDMHMR's standard for Priority Population diagnosis (see definition below), between the ages of 10 and 18, involved with the juvenile justice system and at risk of removal, and providing services for a period of four to six months.

Juveniles were required to meet certain screening criteria in order to be enrolled in the SNDP. A clinical assessment establishing priority population was conducted. Priority Population refers to a juvenile with a DSM-IV Axis I diagnosis, other than or in addition to substance abuse, mental retardation, autism or pervasive development disorder, AND either

- a Global Assessment of Functioning (GAF) score of 50 or less; OR
- risk of removal from a preferred living environment due to psychiatric symptoms; OR
- a determination of special education by the school system due to emotional disturbance.

After verification that the juvenile met Priority Population criteria, a family suitability interview was conducted to determine if the juvenile had a family member or other adult who was interested in actively participating in the program.

In fiscal year 2002, the first year of the SNDP, 764 juveniles were enrolled in the program. Of those juveniles who were enrolled in the SNDP, nearly ninety percent had a GAF score of 50 or less. Two thirds of enrolled juveniles were at risk of removal from a preferred living environment due to psychiatric symptoms, and over two fifths of enrollees had been determined by the school system to be in special education due to serious emotional disturbance.



Females comprised one third of the enrollees. Minority (African American, Hispanic and 'Other' combined) juveniles constituted two thirds of enrollees. Hispanics comprised the largest percentage of enrollees with two fifths (see Figure ES 6). One half of the enrollees was 15 or 16 years of age, and less than fifteen percent of the enrollees were 10 to 12 years old (see Figure ES 7).

Figure ES 6
Race Distribution of SNDP Enrollees

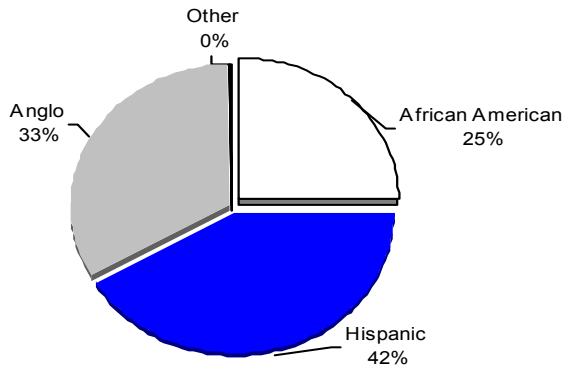
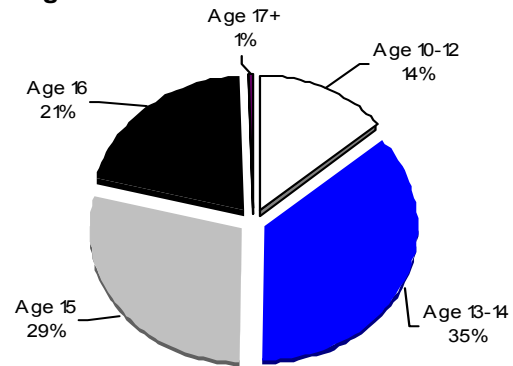


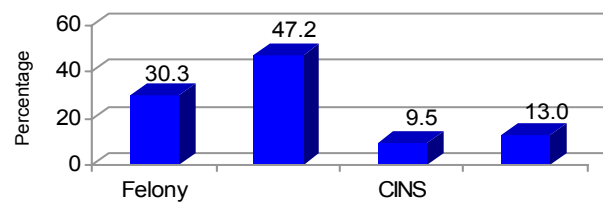
Figure ES 7
Age Distribution of SNDP Enrollees



Almost half of the juveniles who were enrolled was referred to probation for misdemeanor offenses. Nearly one third of the enrollees committed a felony offense (see Figure ES 8).

One third of enrollees had no prior referrals. One quarter of enrolled juveniles had one prior referral, and two fifths had two or more prior referrals. A staggering 37.6% of juveniles scored at the warning level on the MAYSI-2 *Suicide Ideation* subscale.

Figure ES 8
Offense Distribution of SNDP Enrollees



Of the 764 juveniles enrolled, approximately ten percent (n=65) did not report having an existing DSM-IV Axis I diagnosis. The most frequently reported mental disorder among this sample was Major Depression/ Dysthymic disorder with one fifth of enrollees reporting this disorder. Other frequently reported disorders were Oppositional Defiant and Conduct disorders (see Figure ES 9). Nearly one fifth (17.6%) reported a co-occurring substance use disorder.

Figure ES 9
Primary Diagnoses of Juveniles Enrolled in the SNDP

Primary DSM-IV Axis I Diagnosis	Number	Percent
Major Depression/Dysthymic Disorder	152	21.7%
Oppositional Defiant Disorder	132	18.9%
Conduct Disorder	126	18.0%
'Other' DSM-IV Axis I Diagnosis*	289	41.3%
Total**	699	99.9%

*' Other' diagnoses may include substance abuse/dependence, attention deficit hyperactivity disorder and general anxiety disorder, among numerous others.

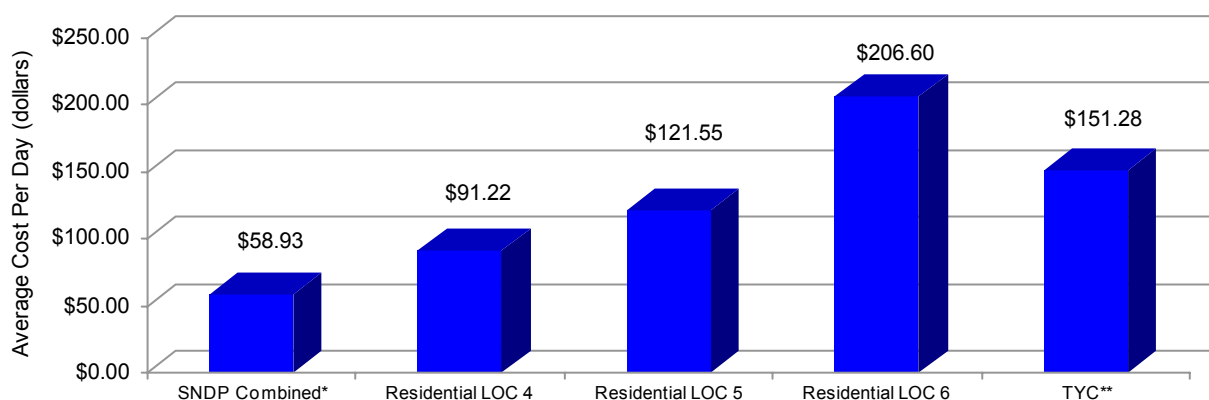
** Total does not equal 100.0% due to rounding.



Of the 764 juveniles enrolled in the SNDP in fiscal year 2002, 361 juveniles ended the program during this period. The average length of stay was 133.6 days, approximately 4 ½ months. The average cost per day was \$58.93, a substantially lower rate compared to TYC and residential level of care rates of 4, 5 and 6 which are indicative of the types of juveniles served by the SNDP program (see Figure ES 10).

The average cost per day was \$58.93, a substantially lower rate compared to TYC and residential level of care rates.

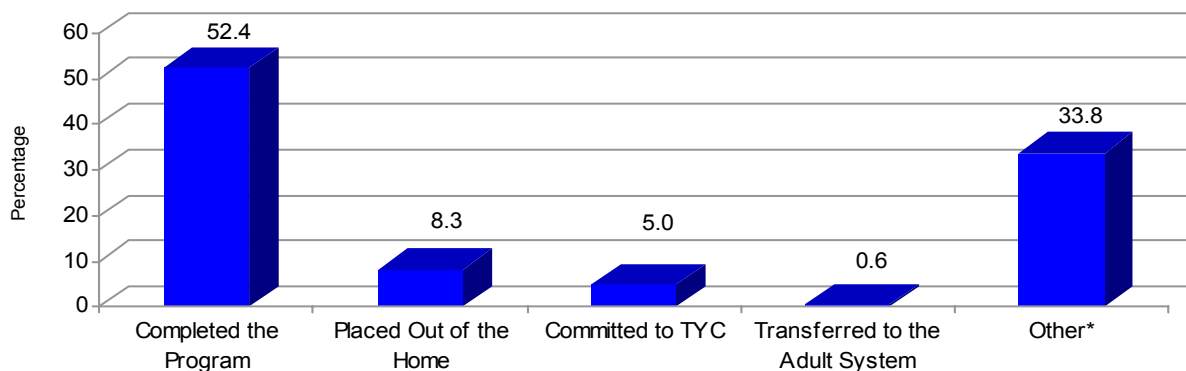
Figure ES 10
Comparison of Average Cost Per Day of SNDP,
Residential Level of Care Rates and TYC



*SNDP Combined includes the cost per day per youth after combining the expenditures per juvenile from TJPC and the projected expenditure per juvenile for TCOMI for FY 2002. **The TYC cost per day figure represents the cost per day in FY 2002 reported by CJPC (*Mangos to Mangos: Comparing the Operational Costs of Juvenile and Adult Correctional Programs in Texas*).

Over half of the juveniles completed the SNDP. Less than ten percent were placed out of home, and five percent were committed to TYC (see Figure ES 11). In addition, one third was under regular probation after their participation in the program followed by almost one fifth whose supervision was completed. More than sixteen percent was under intensive supervision probation following their time in the program.

Figure ES 11
Outcomes of Juveniles Completing the SNDP



NOTE: Categories do not total 100.0% due to rounding.

*Other includes Absconded, Discharged Early/Moved to Another Program and Transferred Out of Jurisdiction/Deceased among other outcomes.

Introduction



Recognition of the mental health needs of youth in the juvenile justice system has grown recently in Texas and across the nation. Prior to the 1990s, the mental health issues of juveniles in the justice system were not given much consideration. However, national concern, as a result of the media, national associations, legal and advocacy organizations and federal, state and local agencies, has increased (Cocozza & Skowrya 2000). Adequate data and research on the prevalence and types of mental health disorders among youth are extremely limited, and the information which does exist has been found to be methodologically flawed. Indeed one author writes that “although mental health professionals posit that a significant percentage of youth involved in the juvenile justice system have unmet needs for mental health and substance abuse services, few empirical data exist to support this contention” (Teplin 2001).

National and Texas Rates of Mental Health Needs among Juvenile Justice Youth

Several general conclusions have been drawn in the mental health and juvenile justice literature and among practitioners. First, it is widely held that juvenile justice youth have higher rates of mental health disorders than general population youth—even two to three times higher (Cocozza & Skowrya 2000). Twenty percent of youth in the general population have some kind of mental health problem, and 9% to 13% of these youth have a serious emotional disturbance (Hubner & Wolfson 2000, 8). Estimates of youth in the juvenile justice system with diagnosable mental health disorders range from 50% to 75% (Hubner & Wolfson 2000, 8). Moreover, at least one out of every five youth in the juvenile justice system has a serious mental health disorder (Cocozza & Skowrya 2000).¹ Second, some individuals estimate that half of juvenile justice youth with a mental health disorder also have a co-occurring substance abuse disorder (Cocozza & Skowrya 2000, Hubner & Wolfson 2000, 11). One preliminary study found that two thirds of youth who were administered a mental health assessment had one or more alcohol, drug and mental disorders with females possessing greater mental health needs and risk factors than males (Teplin 2001).

In a recent publication, the Texas Criminal Justice Policy Council (CJPC) estimated the population of offenders under direct supervision of a probation agency in the state of Texas with mental health needs was 22.4% during fiscal year 2001. Moreover, they estimated that 35.9% of these juveniles received services from the Community Mental Health and Mental Retardation system and less than one percent received mental health services funded by the juvenile justice system (Martinez, Brown & Arrigona 2002, 6).

Lack of Service Provision for Justice Juveniles with Mental Illness

In addition to a lack of information about the prevalence and type of mental health disorders among juvenile justice youth, inadequate data exist regarding the quality and impact of the services provided (Cocozza & Skowrya 2000). Many believe that the juvenile justice system is unprepared to adequately treat or manage juveniles with mental health problems (Hubner & Wolfson 2000, overview). Minorities and females are the most vulnerable among this population. According to the National Mental Health Association, only one third of youth who need mental health intervention receives it (Hubner & Wolfson 2000, 18). “Schools, family and social service organizations, law enforcement agencies and medical institutions—whole communities—lack integrated plans and programs designed to handle mental health problems with care” (Hubner & Wolfson 2000, overview). For years, practitioners and researchers have documented the need to carefully assess juveniles when they first enter the justice system, to increase the number of quality treatment programs in the community and juvenile institutions and to work across disciplines through partnerships (Bilchik 1998, Hubner & Wolfson 2000).

¹ “Youth with a diagnosable mental health disorder are those that meet the formal criteria for any of the disorders listed in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition, DSM-IV...The terms ‘serious mental health disorder’ and ‘SED’—defined and measured in a number of different ways—are used to identify youth experiencing more severe conditions that substantially interfere with their functioning” (Cocozza & Skowrya 2000).

Emerging strategies and models to treat this population include collaboration across mental health, social service and juvenile justice systems (strategic planning, cross-training and providing services), diversion of youth from the juvenile justice system, screening of all youths who come into contact with the juvenile justice system, use of community-based alternatives and appropriate treatment of juveniles placed in correctional facilities (Cocozza & Skowrya 2000). Concepts such as Youth Villages, Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Wraparound Milwaukee have received recognition as promising approaches (Hubner & Wolfson 2000).²

A Comprehensive Examination by the Texas Juvenile Probation Commission

The following analysis by the Texas Juvenile Probation Commission (TJPC) provides a comprehensive examination of mental health and juvenile justice in Texas, exploring both the prevalence of mental health problems among this special population as well as describing a program that has begun to fill a service gap for juveniles with mental health needs in the probation system. (For readers who are unfamiliar with juvenile justice terminology unique to Texas, consult the glossary located in the appendix.)

Part I of this analysis explores mental health needs in the Texas juvenile probation system by examining the results of the Massachusetts Youth Screening Instrument, *Second Version* (MAYSI-2), a brief screening tool that is used to assist in the identification of various types of reported and current mental/emotional disturbance, distress or patterns of problem behavior. The MAYSI identifies potential problems in the following areas: *Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance and Traumatic Experiences*. Administration of a mental health screening instrument was mandated by the 77th Texas Legislature in 2001, and the TJPC selected the MAYSI-2 after extensive research. Results of the screening instrument are presented, comparing juvenile's scores on a wide range of demographic and justice variables.

Part II undertakes additional exploration of the prevalence of mental health problems among Texas juvenile justice youth by presenting findings from the Present State voice format of the Diagnostic Interview Schedule for Children (Voice DISC-IV), a family of highly structured psychiatric interviews that provides diagnoses of most common child/adolescent mental disorders. It is the most extensively tested child and adolescent diagnostic interview and has been evaluated in both clinical and community samples. The Voice DISC-IV was administered to a random sample of juveniles in urban counties in the first half of 2002. Results from the Voice DISC-IV are presented by comparing juveniles on the basis of gender, race, age, offense, disposition and referral history.

Part III describes the Special Needs Diversionary Program (SNDP), an initiative of the 77th Texas Legislature aimed at increasing the availability and intensity of effective services for juvenile offenders with mental health needs. Working in coordination with the Texas Council on Offenders with Mental Impairment (TCOMI) and the Texas Department of Mental Health and Mental Retardation (TDMHMR), nineteen programs have been implemented to provide services to juveniles under the jurisdiction of local juvenile probation departments. Results from the first-year implementation of the program compare juveniles who were enrolled versus those who were not, depict juveniles who were enrolled and describe aspects of program implementation.

² For more information about these promising approaches, see the publication by Hubner & Wofson (2000).

Massachusetts Youth Screening Instrument

Second Version (MAYSI-2)



History of the Implementation of the MAYSI-2 in Texas

In 1995, the 74th Texas Legislature required the TJPC to develop a standard assessment tool for the initial assessment of juveniles under the jurisdiction of probation departments. The goal of the instrument, which was recommended but not mandated by the TJPC, was to assess the following three areas: the juvenile's mental health (and the need for a comprehensive psychological evaluation), family background and level of education. Four years later during the 76th Texas Legislative session, the COMPASS (Comprehensive Assessment of Juvenile Risk and Needs), a standard assessment instrument, was mandated.³ Finally, the 77th Texas Legislature mandated the use of a mental health screening instrument, no longer requiring the COMPASS. After extensive research, the TJPC selected the Massachusetts Youth Screening Instrument-2 (MAYSI-2) for the initial screening of juveniles who had been formally referred to the department.⁴ Local juvenile probation departments began using the instrument on September 1, 2001.

About the MAYSI-2

The MAYSI-2 is a brief screening tool used to assist in the identification of various types of reported and current mental/emotional disturbance, distress or patterns of problem behavior (Grisso & Barnum 2000, 13). The primary goals of the tool are to alert the administrator to potential needs and triage for high-priority immediate response. According to its developers, the MAYSI-2 is not intended to render diagnoses but merely to identify youths who may have special mental health needs. Like any other screening instrument, the MAYSI-2 "serves as a first look at the possibility of a youth's special mental health needs, but [typically] it does not seek to diagnose mental disorders or to provide information on which important and long-term interventions should be decided" (Grisso & Barnum 2000, 11). It is intended to be used at any entry or transitional placement point in the juvenile justice system (Grisso & Barnum 2000, 2, 8).

The MAYSI was developed in 1994, and refinements were made as a result of research studies, thus necessitating a revised version, the MAYSI-2.⁵ The instrument consists of 52 Yes/No questions self-administered by the juveniles and takes only eight to ten minutes to complete. The MAYSI-2 identifies potential problems in the following areas: *Alcohol/Drug Use*, *Angry-Irritable*, *Depressed-Anxious*, *Somatic Complaints*, *Suicide Ideation*, *Thought Disturbance* and *Traumatic Experiences* (Grisso & Barnum 2000, 9).

The *Alcohol/Drug Use* scale is intended to identify youth who are using alcohol or drugs to a significant degree and who are therefore at risk of substance dependence and/or abuse.⁶ The *Angry-Irritable* scale is intended to assess explicit feelings of preoccupying anger and vengefulness as well as a general tendency towards irritability, frustration and tension related to anger. The *Depressed-Anxious* scale is intended to elicit symptoms of mixed depression and anxiety. The *Somatic Complaints* scale includes items that ask about various bodily aches and pains that may affect the youth along with specific bodily expressions of anxiety. The *Suicide Ideation* scale addresses thoughts and intentions about self-harm as well as depressive symptoms that may present an increased risk for suicide. The *Thought Disturbance* scale is intended to indicate the possibility of serious mental disorder involving problems with reality orientation. The *Traumatic Experiences* scale is intended to identify whether a youth has a greater exposure to traumatic events compared to other youth (over the youth's entire lifetime).

³ A similar assessment tool approved by the TJPC could be used in place of the COMPASS.

⁴ If the MAYSI-2 had been administered within the last 14 days of referral, it was not required to be administered again.

⁵ Although the MAYSI-2 "fares quite well with regard to reliability and internal consistency" compared to other instruments for assessing mental disorders, it is not likely ever to be able to "demonstrate the degree of validity of some of the more comprehensive instruments that assess mental and emotional disorder of adolescence" because of its intended purpose and design (Grisso & Barnum 2000, 14-15). The MAYSI-2 has been normed on samples of juveniles whose ages were 12 and above (Grisso & Barnum 2000, 59).

⁶ The descriptions of the MAYSI-2 subscales were taken verbatim from the *MAYSI-2 User's Manual and Technical Report* (Grisso & Barnum 2000, 17-22).

Developers of the MAYSI-2 have determined caution and warning cutoffs (in all but the *Traumatic Experiences* subscale).⁷ The caution cutoff indicates that “the youth has scored at a level that can be said to have possible clinical significance” (Grisso & Barnum 2000, 27).⁸ The warning cutoff indicates that “the youth has scored exceptionally high in comparison to other youths in the [Massachusetts] juvenile justice system” (Grisso & Barnum 2000, 28).⁹ (A copy of the MAYSI-2 Reference Card, developed by the TJPC, which contains the MAYSI-2 scales, their descriptions and the questions within each scale as well as recommended actions and services based on MAYSI-2 results, is located in Figure A1 of the appendix.)¹⁰

Description of MAYSI-2 Sample: Demographic and Justice Data

Fiscal Year 2002¹¹ was the first year of the mandatory use of the MAYSI-2. Although all juveniles formally referred to local juvenile probation departments should have received the MAYSI-2, not all results reached the TJPC. The following analysis is based on the majority of the referrals in FY 2002 which had MAYSI-2 results.¹² Table 1 presents the demographic, offense, disposition and referral history distribution of this sample. In this sample of referrals, 71.2% were males, and 28.8% were females. Hispanics comprised the largest proportion of referrals (42.1%), followed by Anglos (34.5%) and then African Americans (22.5%). Nearly 90% of the sample was in the age range of 13 to 16 with 13 and 14 year-old juveniles constituting the largest proportion (31.6%), followed closely by juveniles 16 years of age (30.1%). More than half of the offenses for which juveniles were referred to probation was misdemeanors (50.5%), and nearly one quarter was for felony offenses (24.0%). Regarding disposition activity, one quarter of the cases was disposed as either deferred prosecution (26.8%) or adjudicated probation (24.2%). More than two fifths of the sample (43.2%) had prior referrals.

The gender, race, age, offense and disposition distributions of this sample of referrals with MAYSI-2 results in FY 2002 were similar to the distribution of referrals in 2001 with several exceptions. The proportion of deferred prosecution dispositions in this sample was slightly higher (27% compared to 20%); the percentages of misdemeanors was greater in this sample (51% compared to 45%); the proportion of CINS offenses was less in this sample (15% compared to 22%); and the percentage with prior referrals was lower in this sample (43% compared to 54%) (TJPC 2002, 18-27). As a result, this sample is very representative of the statewide juvenile probation system. (See Table A1 in the appendix for a side-by-side comparison.)

⁷ According to the authors, “Scores on this [*Traumatic Experiences*] scale are intended to provide staff additional information, but currently there is no way to determine the degree of exposure to traumatic events that warrants special attention” (Grisso & Barnum 2000, 27).

⁸ The caution cut-off was derived from comparisons to the Millon Adolescent Clinical Inventory (MACI) and the Child Behavior Checklist Youth Self-Report (YSR). These two assessment instruments were normed on community youths and have cut-offs that indicate when youth are reporting ‘clinically significant’ levels of symptoms or syndromes. As a result, the juveniles who score at or above caution on the MAYSI-2 would likely score in the clinically significant range on the MACI or YSR.

⁹ The warning cut-off was derived by identifying the top 10% of scorers in the Massachusetts sample, from which the MAYSI-2 was normed. As a result, the warning cut-off has the potential to change across locations.

¹⁰ For detailed information about the MAYSI-2, please consult the *MAYSI-2 User’s Manual and Technical Report*. To obtain MAYSI-2 materials, contact Judith Quinlan, Project Manager of the National Youth Screening Assistance Project at nysap@umassmed.edu.

¹¹ Hereafter, Fiscal Year is denoted as FY.

¹² In FY 2002, 99,593 referrals should have received the MAYSI-2 screen with complete data submitted to the TJPC. However, results from only 63.1% (62,821) of these referrals were completed and submitted at the time this analysis was undertaken; 36.9% (36,772) of these referrals did not have results from the MAYSI-2. The following analysis was based on these 62,821 referrals. This study was initiated on November 20, 2002. The last referrals included for this study occurred on the last day of FY 2002 (August 31, 2002)—approximately three months earlier. It is possible that some MAYSI-2 scores had not reached the TJPC. According to TJPC standards, data are required by the 10th of the month following the reporting period (i.e., August’s report should be reported by September 10th).

Table 1
Description of MAYSI-2 Sample
(Gender, Race, Age, Offense, Disposition and Referral History)

Variable	n	%
Gender		
Female	18,088	28.8%
Male	44,733	71.2%
Race		
African American	14,132	22.5%
Hispanic	26,422	42.1%
Anglo	21,661	34.5%
Other ^a	606	1.0%
Age^b		
10-12	5,810	9.2%
13-14	19,859	31.6%
15	16,608	26.4%
16	18,879	30.1%
17+	1,664	2.7%
Offense^c		
Felony	15,068	24.0%
Misdemeanor	31,713	50.5%
CINS	9,101	14.5%
Violation of Probation	6,939	11.0%
Disposition		
Supervisory Caution	13,217	21.0%
Deferred Prosecution	16,835	26.8%
Adjudicated to Probation	15,210	24.2%
Committed to TYC	1,291	2.1%
Certified as Adult	99	0.2%
Other ^d	16,169	25.7%
Prior Referrals^e		
No Prior Referrals	35,696	56.8%
One Prior Referral	10,702	17.0%
Two Prior Referrals	5,622	9.0%
Three Prior Referrals	3,577	5.7%
Four or More Prior Referrals	7,201	11.5%
	Mean	Std Deviation (Range)
Age	14.6	1.4 (10-17)
Number of Prior Referrals ^e	1.2	2.2 (0-36)

NOTE: Percentages may not total 100.0% due to rounding.

^a The 'Other' category consisted of American Indian, Asian American and other race classifications. ^b One case had inaccurate age data (n=62,820). ^c Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. ^d 'Other' dispositions included pending, dismissed, not guilty and consolidated. ^e Twenty-three cases were missing data for the referral history computation (n=62,798). The referral history computations included formal referrals to probation since January 1, 1999 only.

Results from the MAYSI-2

As was previously noted, the MAYSI-2 results in caution and warning cutoffs in six of the seven subscales. Caution scores demonstrate a finding of possible clinical significance, and warning scores indicate the juvenile scored exceptionally high compared to other youth in the Massachusetts juvenile justice system.

Table 2 presents the range of multiple mental health problems using caution and warning cutoffs for referrals in FY 2002. Of the entire sample, 60% reached the caution cutoff on at least one subscale, and one quarter achieved the warning cutoff on at least one subscale. One quarter of the sample had one caution score, and nearly 15% received a single warning score. One third of the sample attained multiple caution cutoffs, and only 11% reached multiple warning cutoff levels. Less than 5% of the sample reached the cautionary level on four or more of the six subscales. Less than 2% of the sample had warning scores on four or more of the six subscales.

Table 2
Degree of Multiple Mental Health Problems
Using Caution and Warning Cutoffs for Referrals in FY 2002

Number of Cautions/Warnings	Caution (n=62,821)		Warning (n=62,821)	
	n	%	n	%
0	24,955	39.7%	46,646	74.3%
1	16,411	26.1%	9,296	14.8%
2	12,007	19.1%	3,893	6.2%
3	6,789	10.8%	1,828	2.9%
4	2,279	3.6%	850	1.4%
5	352	0.6%	246	0.4%
6	28	0.1%	62	0.1%

NOTE: Percentages may not total 100.0% due to rounding.

Table 3 presents the frequency of caution and warning cutoffs resulting from the MAYSI-2 for FY 2002 referrals, thus demonstrating an indication of potential mental health problems among juveniles referred to probation departments. (Tables A2-A7 in the appendix provide the number and percentage of caution, warning and at or above caution scores by county.) Overall, the majority of the referrals in FY 2002 did not reach the caution or warning cutoff level in any of the subscales. With the singular exception of the *Suicide Ideation* subscale, higher proportions of referrals had results of caution as compared to results of warning. Still, two fifths of the sample scored at or above a caution score on the *Somatic Complaints* subscale, and one third scored a caution or above on the *Angry-Irritable* subscale. The highest rates of caution cutoffs were for *Somatic Complaints* (33.9%) followed by *Angry-Irritable* (24.5%) and *Depressed-Anxious* (23.3%). The largest proportion of warning cutoffs for the sample was in the *Suicide Ideation* subscale (13.3%).

Table 3
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002

MAYSI-2 Subscale	Referrals (n=62,821)			
	Yes		No	
	n	%	n	%
Alcohol/Drug Use				
Caution	7,790	12.4%	55,031	87.6%
Warning	1,535	2.4%	61,286	97.6%
At or Above Caution	9,325	14.8%	53,496	85.2%
Angry-Irritable				
Caution	15,361	24.5%	47,460	75.5%
Warning	5,151	8.2%	57,670	91.8%
At or Above Caution	20,512	32.7%	42,309	67.3%
Depressed-Anxious				
Caution	14,668	23.3%	48,153	76.7%
Warning	4,272	6.8%	58,549	93.2%
At or Above Caution	18,940	30.1%	43,881	69.9%
Somatic Complaints				
Caution	21,327	33.9%	41,494	66.1%
Warning	3,318	5.3%	59,503	94.7%
At or Above Caution	24,645	39.2%	38,176	60.8%
Suicide Ideation				
Caution	3,479	5.5%	59,342	94.5%
Warning	8,340	13.3%	54,481	86.7%
At or Above Caution	11,819	18.8%	51,002	81.2%
Thought Disturbance (males only)^a				
Caution	9,211	20.6%	35,522	79.4%
Warning	4,952	11.1%	39,781	88.9%
At or Above Caution	14,163	31.7%	30,570	68.3%

^a The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample size for this subscale is 44,733.

Results from the MAYSI-2 by Gender

Many researchers believe that on a national level females have higher rates of mental health problems and receive fewer mental health services than their male counterparts. Table 4 provides the frequency and percentage of referrals with caution and warning cutoffs in each of these subscales by gender. With the exception of the *Alcohol/Drug Use* and *Thought Disturbance* (which pertains to males only) subscales, females scored higher proportions of warning and caution cutoffs on each subscale. Half of females and more than one third of males had results at or above the caution cutoff point on the *Somatic Complaints* subscale. Two fifths of females scored at or above the cautionary level on the *Angry-Irritable* and *Depressed-Anxious* subscales. Over 20% of females scored in the warning range for *Suicide Ideation* compared to less than 10% of males. The *Thought Disturbance* subscale attained the highest proportion for males (11.1%) in the warning category.

Table 4
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Gender

MAYSI-2 Subscale	Female Referrals (n=18,088)		Male Referrals (n=44,733)	
	n	%	n	%
Alcohol/Drug Use				
Caution	2,103	11.6%	5,687	12.7%
Warning	440	2.4%	1,095	2.4%
At or Above Caution	2,543	14.1%	6,782	15.2%
Angry-Irritable				
Caution	5,358	29.6%	10,003	22.4%
Warning	2,055	11.4%	3,096	6.9%
At or Above Caution	7,413	41.0%	13,099	29.3%
Depressed-Anxious				
Caution	5,249	29.0%	9,419	21.1%
Warning	1,949	10.8%	2,323	5.2%
At or Above Caution	7,198	39.8%	11,742	26.3%
Somatic Complaints				
Caution	7,407	40.9%	13,920	31.1%
Warning	1,449	8.0%	1,869	4.2%
At or Above Caution	8,856	49.0%	15,789	35.3%
Suicide Ideation				
Caution	1,325	7.3%	2,154	4.8%
Warning	3,941	21.8%	4,399	9.8%
At or Above Caution	5,266	29.1%	6,553	14.6%
Thought Disturbance (males only)^a				
Caution	--	--	9,211	20.6%
Warning	--	--	4,952	11.1%
At or Above Caution	--	--	14,163	31.7%

NOTE: Percentages may not total due to rounding.

^a The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21).

Results from the MAYSI-2 by Race

Research also indicates that minorities are at higher risk of mental health problems and lack of service provision for these problems. Table 5 provides the frequency and percentage of referrals with MAYSI-2 results in the cautionary and warning areas within each subscale by race. With the exception of the *Depressed-Anxious* subscale, a higher proportion of non-minority (Anglo, n=21,661) juveniles reached the caution or above cutoff level compared to minority (African American, Hispanic and 'Other' combined, n=41,160) juveniles. Still, African American juveniles had the highest proportion of caution or above scores in the *Angry-Irritable*, *Depressed-Anxious* and *Thought Disturbance* areas and the highest proportion of warning scores on the *Depressed-Anxious* and *Thought Disturbance* subscales. The race categories were similar regarding caution scores on the *Suicide Ideation* subscale. The most prevalent mental health subscale for any race using the caution cutoff was *Somatic Complaints*. The most prevalent mental health problem area using the warning criteria was split—*Thought Disturbance* for the African American and 'Other' categories and *Suicide Ideation* for both the Hispanic and Anglo categories.

Table 5
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Race

MAYSI-2 Subscale	African American Referrals (n=14,132)		Hispanic Referrals (n=26,422)		Anglo Referrals (n=21,661)		Other Referrals ^a (n=606)	
	n	%	n	%	n	%	n	%
Alcohol/Drug Use								
Caution	1,010	7.1%	3,633	13.7%	3,114	14.4%	33	5.4%
Warning	142	1.0%	734	2.8%	648	3.0%	11	1.8%
At or Above Caution	1,152	8.2%	4,367	16.5%	3,762	17.4%	44	7.3%
Angry-Irritable								
Caution	3,780	26.7%	6,005	22.7%	5,472	25.3%	104	17.2%
Warning	1,247	8.8%	1,833	6.9%	2,029	9.4%	42	6.9%
At or Above Caution	5,027	35.6%	7,838	29.7%	7,501	34.6%	146	24.1%
Depressed-Anxious								
Caution	3,758	26.6%	6,083	23.0%	4,713	21.8%	114	18.8%
Warning	1,108	7.8%	1,741	6.6%	1,396	6.4%	27	4.5%
At or Above Caution	4,866	34.4%	7,824	29.6%	6,109	28.2%	141	23.3%
Somatic Complaints								
Caution	4,959	35.1%	8,248	31.2%	7,926	36.6%	194	32.0%
Warning	626	4.4%	1,194	4.5%	1,477	6.8%	21	3.5%
At or Above Caution	5,585	39.5%	9,442	35.7%	9,403	43.4%	215	35.5%
Suicide Ideation								
Caution	779	5.5%	1,467	5.6%	1,201	5.5%	32	5.3%
Warning	1,703	12.1%	3,201	12.1%	3,372	15.6%	64	10.6%
At or Above Caution	2,482	17.6%	4,668	17.7%	4,573	21.1%	96	15.8%
Thought Disturbance (males only)^b								
Caution	2,315	22.8%	3,849	20.1%	2,949	19.7%	98	22.8%
Warning	1,310	12.9%	2,052	10.7%	1,539	10.3%	51	11.9%
At or Above Caution	3,625	35.7%	5,901	30.8%	4,488	29.9%	149	34.7%

NOTE: Percentages may not total due to rounding.

^a The 'Other' category consisted of American Indian, Asian American and other race classifications. ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category in this subscale included: African American (n=10,152), Hispanic (n=19,164), Anglo (n=14,988) and Other (n=429).

Results from the MAYSI-2 by Age

Table 6 presents the number and proportion of FY 02 referrals whose MAYSI-2 results attained the caution or warning cutoff levels within each subscale by age. The most prevalent mental health problem for all juveniles, no matter what age, using the caution or above criteria was *Somatic Complaints*. Using the warning scores, the most prevalent mental health problem was *Suicide Ideation* for all juveniles (excluding the *Thought Disturbance* subscale which applied only to males). In the *Alcohol/Drug Use* subscale, as age increased so did the proportion of juveniles attaining caution or warning cutoff levels. In the *Angry-Irritable* subscale, as age increased, the percentage of juveniles reaching caution or warning cutoffs decreased. In both the *Depressed-Anxious* and *Thought Disturbance* subscales, as age increased the percentages attaining caution or warning levels decreased except for a slight increase in warning scores only for juveniles 17 years or older. Proportions of juveniles at or above the cautionary level for the *Somatic Complaints* and *Suicide Ideation* subscales remained relatively constant across the different age categories with slightly fewer among juveniles 17 years of age or older.

Table 6
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Age^a

MAYSI-2 Subscale	Age 10 to 12 ^b Referrals (n=5,810)		Age 13 to 14 Referrals (n=19,859)		Age 15 Referrals (n=16,608)		Age 16 Referrals (n=18,879)		Age 17+ Referrals (n=1,664)	
	n	%	n	%	n	%	n	%	n	%
Alcohol/Drug Use										
Caution	190	3.3%	2,080	10.5%	2,371	14.3%	2,828	15.0%	321	19.3%
Warning	37	0.6%	370	1.9%	482	2.9%	574	3.0%	72	4.3%
At or Above Caution	227	3.9%	2,450	12.3%	2,853	17.2%	3,402	18.0%	393	23.6%
Angry-Irritable										
Caution	1,591	27.4%	5,242	26.4%	4,067	24.5%	4,141	21.9%	320	19.2%
Warning	569	9.8%	1,858	9.4%	1,331	8.0%	1,283	6.8%	110	6.6%
At or Above Caution	2,160	37.2%	7,100	35.8%	5,398	32.5%	5,424	28.7%	430	25.8%
Depressed-Anxious										
Caution	1,593	27.4%	4,865	24.5%	3,833	23.1%	4,036	21.4%	341	20.5%
Warning	494	8.5%	1,411	7.1%	1,103	6.6%	1,143	6.1%	121	7.3%
At or Above Caution	2,087	35.9%	6,276	31.6%	4,936	29.7%	5,179	27.4%	462	27.8%
Somatic Complaints										
Caution	2,019	34.8%	6,988	35.2%	5,633	33.9%	6,197	32.8%	490	29.4%
Warning	289	5.0%	951	4.8%	928	5.6%	1,048	5.6%	102	6.1%
At or Above Caution	2,308	39.7%	7,939	40.0%	6,561	39.5%	7,245	38.4%	592	35.6%
Suicide Ideation										
Caution	331	5.7%	1,145	5.8%	912	5.5%	1,014	5.4%	77	4.6%
Warning	735	12.7%	2,796	14.1%	2,319	14.0%	2,294	12.2%	196	11.8%
At or Above Caution	1,066	18.3%	3,941	19.8%	3,231	19.5%	3,308	17.5%	273	16.4%
Thought Disturbance (males only)^c										
Caution	929	21.6%	2,825	20.9%	2,392	20.5%	2,801	20.2%	264	19.7%
Warning	735	17.1%	1,578	11.7%	1,194	10.2%	1,311	9.4%	134	10.0%
At or Above Caution	1,664	38.6%	4,403	32.6%	3,586	30.7%	4,112	29.6%	398	29.7%

NOTE: Percentages may not total due to rounding.

^a One case had inaccurate age data. ^b The MAYSI-2 has been normed on samples whose ages were 12 and above (Grisso & Barnum 2000, 59). ^c The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category in this subscale included: Age 10 to 12 (n=4,308), Age 13 to 14 (n=13,526), Age 15 (n=11,666), Age 16 (n=13,891) and Age 17+ (n=1,341).

The MAYSI-2 was normed on juveniles ages 12 to 17+. Table A8 in the appendix presents a comparison of juveniles aged 10 to 11 and juveniles aged 12 to 17+. Overall, the proportions of juveniles reaching the caution and warning cutoffs for the two groups were not vastly different. However, juveniles who were 10 or 11 years of age had a substantially higher proportion of caution or above scores on the *Depressed-Anxious* and *Thought Disturbance* subscale (males only) subscales. In contrast, juveniles who were 12 years of age or older had a substantially higher percentage of caution or above scores on the *Alcohol/Drug Use* subscale.

Results from the MAYSI-2 by Offense

Table 7 presents the prevalence of mental health problems by comparing different offenses. Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. The percentages of caution and warning cutoffs for felony and misdemeanor referrals were similar (within two percentage points) across the subscales. Likewise, the CINS and violation of probation referral offense categories had similar scores (within three percentage points) using either the caution and warning criteria in each subscale except for *Alcohol/Drug Use* and *Thought Disturbance* (caution only). The percentage of referrals at or above caution was generally greater for CINS or violation of probation offenses as compared to felony or misdemeanor offenses.

Table 7
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Offense^a

MAYSI-2 Subscale	Felony Referrals (n=15,068)		Misdemeanor Referrals (n=31,713)		CINS Referrals (n=9,101)		Violation of Probation Referrals (n=6,939)	
	n	%	n	%	n	%	n	%
Alcohol/Drug Use								
Caution	1,742	11.6%	3,388	10.7%	1,163	12.8%	1,497	21.6%
Warning	339	2.2%	592	1.9%	222	2.4%	382	5.5%
At or Above Caution	2,081	13.8%	3,980	12.6%	1,385	15.2%	1,879	27.1%
Angry-Irritable								
Caution	3,409	22.6%	7,399	23.3%	2,676	29.4%	1,877	27.1%
Warning	1,109	7.4%	2,305	7.3%	1,000	11.0%	737	10.6%
At or Above Caution	4,518	30.0%	9,704	30.6%	3,676	40.4%	2,614	37.7%
Depressed-Anxious								
Caution	3,494	23.2%	6,926	21.8%	2,388	26.2%	1,860	26.8%
Warning	989	6.6%	1,845	5.8%	747	8.2%	691	10.0%
At or Above Caution	4,483	29.8%	8,771	27.7%	3,135	34.4%	2,551	36.8%
Somatic Complaints								
Caution	5,191	34.5%	10,640	33.6%	3,125	34.3%	2,371	34.2%
Warning	778	5.2%	1,411	4.4%	590	6.5%	539	7.8%
At or Above Caution	5,969	39.6%	12,051	38.0%	3,715	40.8%	2,910	41.9%
Suicide Ideation								
Caution	756	5.0%	1,687	5.3%	590	6.5%	446	6.4%
Warning	1,797	11.9%	3,733	11.8%	1,704	18.7%	1,106	15.9%
At or Above Caution	2,553	16.9%	5,420	17.1%	2,294	25.2%	1,552	22.4%
Thought Disturbance (males only)^b								
Caution	2,686	21.3%	4,428	19.9%	868	19.3%	1,229	22.7%
Warning	1,487	11.8%	2,323	10.5%	529	11.8%	613	11.3%
At or Above Caution	4,173	33.0%	6,751	30.4%	1,397	31.1%	1,842	34.0%

NOTE: Percentages may not total due to rounding.

^a Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category in this subscale included: Felony (n=12,632), Misdemeanor (n=22,196), CINS (n=4,494) and Violation of Probation (n=5,411).

Results from the MAYSI-2 by Disposition

Table 8 provides a description of the prevalence of mental health problems by disposition type using both cautionary and warning cut-offs. As the results demonstrate, no pattern was readily apparent. Generally, the highest proportions of caution or above scores were for referrals that were disposed of as TYC commitments or adult certification. In contrast, typically the smallest percentages of caution or warning scores were for referrals that were disposed of as deferred prosecution.

Table 8
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Disposition^a

MAYSI-2 Subscale	Supervisory Caution (n=13,217)		Deferred Prosecution (n=16,835)		Adjudicated Probation (n=15,210)		Committed to TYC (n=1,291)		Certified as Adult (n=99)	
	n	%	n	%	n	%	n	%	n	%
Alcohol/Drug Use										
Caution	1,586	12.0%	1,383	8.2%	2,362	15.5%	280	21.7%	16	16.2%
Warning	319	2.4%	178	1.1%	501	3.3%	91	7.0%	6	6.1%
At or Above Caution	1,905	14.4%	1,561	9.3%	2,863	18.8%	371	28.7%	22	22.2%
Angry-Irritable										
Caution	3,425	25.9%	3,842	22.8%	3,856	25.4%	381	29.5%	19	19.2%
Warning	1,131	8.6%	1,111	6.6%	1,404	9.2%	166	12.9%	9	9.1%
At or Above Caution	4,556	34.5%	4,953	29.4%	5,260	34.6%	547	42.4%	28	28.3%
Depressed-Anxious										
Caution	3,159	23.9%	3,499	20.8%	3,796	25.0%	402	31.1%	27	27.3%
Warning	961	7.3%	831	4.9%	1,175	7.7%	161	12.5%	16	16.2%
At or Above Caution	4,120	31.2%	4,330	25.7%	4,971	32.7%	563	43.6%	43	43.4%
Somatic Complaints										
Caution	4,545	34.4%	5,696	33.8%	5,269	34.6%	491	38.0%	36	36.4%
Warning	734	5.6%	719	4.3%	897	5.9%	114	8.8%	12	12.1%
At or Above Caution	5,279	40.0%	6,415	38.1%	6,166	40.5%	605	46.9%	48	48.5%
Suicide Ideation										
Caution	751	5.7%	889	5.3%	867	5.7%	76	5.9%	8	8.1%
Warning	1,964	14.9%	1,946	11.6%	2,080	13.7%	248	19.2%	19	19.2%
At or Above Caution	2,715	20.5%	2,835	16.8%	2,947	19.4%	324	25.1%	27	27.3%
Thought Disturbance (males only)^b										
Caution	1,529	19.4%	2,118	19.1%	2,758	22.6%	293	24.7%	23	24.7%
Warning	872	11.1%	1,086	9.8%	1,456	11.9%	215	18.1%	19	20.4%
At or Above Caution	2,401	30.5%	3,204	28.9%	4,214	34.5%	508	42.9%	42	45.2%

NOTE: Percentages may not total due to rounding.

^a This table does not contain pending cases (n=5,979) or dismissed, withdrawn, not guilty, adjudicated with no disposition or consolidated cases (n=10,190). ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category in this subscale included: Supervisory Caution (n=7,865), Deferred Prosecution (n=11,083), Adjudicated Probation (n=12,220), Committed to TYC (n=1,185) and Certified as Adult (n=93).

Results from the MAYSI-2 by Referral History

Table 9 presents information on MAYSI-2 caution and warning scores and the number of prior referrals. The referral history computations included formal referrals to probation since January 1, 1999 only. For the *Alcohol/Drug Use*, *Angry-Irritable*, *Depressed-Anxious* and *Somatic Complaints* (warning only) subscales, higher proportions of juveniles attaining the caution and warning cutoff levels were associated with greater numbers of prior referrals. Despite the lack of a trend for *Somatic Complaints* (caution only), *Suicide Ideation* and *Thought Disturbance*, the largest percentages of caution and warning scores were for juveniles with more extensive referral histories (three or more prior referrals).

Table 9
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002 by Referral History^a

MAYSI-2 Subscale	No Prior Referrals (n=35,696)		One Prior Referral (n=10,702)		Two Prior Referrals (n=5,622)		Three Prior Referrals (n=3,577)		Four or More Prior Referrals (n=7,201)	
	n	%	n	%	n	%	n	%	n	%
Alcohol/Drug Use										
Caution	3,229	9.0%	1,422	13.3%	900	16.0%	647	18.1%	1,590	22.1%
Warning	502	1.4%	263	2.5%	183	3.3%	138	3.9%	449	6.2%
At or Above Caution	3,731	10.5%	1,685	15.7%	1,083	19.3%	785	22.0%	2,039	28.3%
Angry-Irritable										
Caution	8,296	23.2%	2,648	24.7%	1,418	25.2%	961	26.9%	2,031	28.2%
Warning	2,618	7.3%	881	8.2%	506	9.0%	335	9.4%	808	11.2%
At or Above Caution	10,914	30.6%	3,529	33.0%	1,924	34.2%	1,296	36.2%	2,839	39.4%
Depressed-Anxious										
Caution	7,881	22.1%	2,506	23.4%	1,370	24.4%	909	25.4%	1,995	27.7%
Warning	2,153	6.0%	684	6.4%	390	6.9%	286	8.0%	759	10.5%
At or Above Caution	10,034	28.1%	3,190	29.8%	1,760	31.3%	1,195	33.4%	2,754	38.2%
Somatic Complaints										
Caution	12,358	34.6%	3,405	31.8%	1,835	32.6%	1,214	33.9%	2,501	34.7%
Warning	1,639	4.6%	547	5.1%	319	5.7%	214	6.0%	599	8.3%
At or Above Caution	13,997	39.2%	3,952	36.9%	2,154	38.3%	1,428	39.9%	3,100	43.0%
Suicide Ideation										
Caution	1,924	5.4%	565	5.3%	300	5.3%	225	6.3%	464	6.4%
Warning	4,478	12.5%	1,431	13.4%	737	13.1%	469	13.1%	1,223	17.0%
At or Above Caution	6,402	17.9%	1,996	18.7%	1,037	18.4%	694	19.4%	1,687	23.4%
Thought Disturbance (males only)^b										
Caution	4,833	20.1%	1,622	20.5%	842	19.5%	626	22.7%	1,283	22.6%
Warning	2,611	10.9%	801	10.1%	481	11.2%	275	10.0%	783	13.8%
At or Above Caution	7,444	30.9%	2,423	30.7%	1,323	30.7%	901	32.6%	2,066	36.4%

^a Twenty-three cases were missing data for the referral history computation (n=62,798). The referral history computations included formal referrals to probation since January 1, 1999 only. ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category in this subscale included: No Prior Referrals (n=24,058), One Prior Referral (n=7,921), Two Prior Referrals (n=4,307), Three Prior Referrals (n=2,762) and Four or More Prior Referrals (n=5,674).

Potential Multiple Mental Health Problems Using MAYSI-2 Results

Table 10 presents the number and percentage of juveniles reaching the caution and warning cutoff levels on multiple subscales of the MAYSI-2 by gender, race, age, offense, disposition and referral history. Over one third of the sample had two or more caution scores, and just over ten percent had two or more warning scores. Females had a slightly higher rate of multiple caution or warning cutoffs compared to males. The proportion of multiple cautions was similar across all races; however, Anglos had a slightly higher rate of multiple warnings. The percentage of multiple cautions or warnings was similar across all age categories. Juveniles referred for violation of probation offenses had the largest rate of multiple mental health issues using either caution or warning cutoff criteria. Juveniles who were committed to TYC possessed the highest rate of multiple mental health needs using either caution or warning scores. As the number of prior referrals increased, the proportion of juveniles with multiple cautions or warnings increased.

Table 10
Prevalence of Potential Multiple Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002

Variable	Two or More Cautions		Two or More Warnings	
	n	%	n	%
Overall (n=62,821)	21,455	34.2%	6,879	11.0%
Gender				
Female (n=18,088)	6,574	36.3%	2,596	14.4%
Male (n=44,733)	14,881	33.3%	4,283	9.6%
Race				
African American (n=14,132)	5,045	35.7%	1,540	10.9%
Hispanic (n=26,422)	8,739	33.1%	2,613	9.9%
Anglo (n=21,661)	7,506	34.7%	2,670	12.3%
Other ^a (n=606)	165	27.2%	56	9.2%
Age^b				
10-12 (n=5,810)	2,036	35.0%	713	12.3%
13-14 (n=19,859)	7,008	35.3%	2,273	11.4%
15 (n=16,608)	5,700	34.3%	1,821	11.0%
16 (n=18,879)	6,173	32.7%	1,893	10.0%
17+ (n=1,664)	538	32.3%	179	10.8%
Offense^c				
Felony (n=15,068)	5,115	33.9%	1,582	10.5%
Misdemeanor (n=31,713)	10,164	32.0%	2,999	9.5%
CINS (n=9,101)	3,317	36.4%	1,248	13.7%
Violation of Probation (n=6,939)	2,859	41.2%	1,050	15.1%
Disposition				
Supervisory Caution (n=13,217)	4,546	34.4%	1,506	11.4%
Deferred Prosecution (n=16,835)	5,056	30.0%	1,421	8.4%
Adjudicated to Probation (n=15,210)	5,699	37.5%	1,892	12.4%
Committed to TYC (n=1,291)	594	46.0%	257	19.9%
Certified as Adult (n=99)	40	40.4%	17	17.2%
Other ^d (n=16,169)	5,520	34.1%	1,786	11.0%
Prior Referrals^e				
No Prior Referrals (n=35,696)	11,374	31.9%	3,455	9.7%
One Prior Referral (n=10,702)	3,641	34.0%	1,130	10.6%
Two Prior Referrals (n=5,622)	2,024	36.0%	652	11.6%
Three Prior Referrals (n=3,577)	1,373	38.4%	434	12.1%
Four or More Prior Referrals (n=7,201)	3,030	42.1%	1,207	16.8%

^a The 'Other' category consisted of American Indian, Asian American and other race classifications. ^b One case had inaccurate age data (n=62,820). ^c Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. ^d 'Other' dispositions included pending, dismissed, not guilty and consolidated. ^e Twenty-three cases were missing data for the referral history computation (n=62,798). The referral history computations included formal referrals to probation since January 1, 1999 only.

Assessment Recommendations Based on the MAYSI-2

The TJPC established a policy of recommended actions as a means of guiding local probation departments in making decisions regarding when to refer juveniles for assessment by a mental health professional based on the results of the MAYSI-2. These recommended actions included clinical consultation and evaluation referrals. Clinical consultation refers to local juvenile probation staff seeking expertise from clinical and/or mental health professionals who could intervene to provide brief evaluations or emergency care. Evaluation referrals refer to local juvenile probation staff arranging for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the juvenile's self-reported distress or disturbance. If two or more warnings OR four or more cautions occurred across the subscales OR a warning on the suicide ideation subscale resulted from the MAYSI-2 for any referral, either or both of these services was recommended by the TJPC. (See the copy of the MAYSI-2 Reference Card, developed by the TJPC, in Figure A1 in the appendix for additional information.) Using any of the aforementioned criteria, an overall category ('Any') was created to determine how many referrals warranted an assessment.

Table 11 presents the results of whether an assessment was recommended using guidelines developed by the TJPC. (Table A9 in the appendix provides the prevalence of assessment recommendations by county.) Almost one fifth of the referrals warranted an assessment based on the results of the MAYSI-2. Four percent had at least four caution scores, and eleven percent had at least two warning scores. More than 13% received a warning on the suicide ideation subscale, thus triggering a recommendation for an assessment. Indeed, suicide ideation warnings triggered an assessment more so than did four or more cautions and two or more warnings.

Table 11
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs in FY 2002

Assessment Based on	Referrals (n=62,821)	
	n	%
Number of Cautions	2,659	4.2%
Number of Warnings	6,879	11.0%
Suicide Ideation Warning	8,340	13.3%
<i>Any (Overall)</i>	<i>12,261</i>	<i>19.5%</i>

Assessment Recommendations Based on the MAYSI-2 by Gender

Table 12 presents the prevalence of assessment recommendations by gender based on the MAYSI-2 results. More than one quarter of females compared to 17% of males needed an assessment. Again, suicide ideation warning scores were higher for females than males. Higher percentages of males warranted testing because of multiple caution scores compared to females who warranted an assessment because of multiple warning or suicide ideation warning scores.

Table 12
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Gender in FY 2002

Assessment Based On	Female Referrals (n=18,088)		Male Referrals (n=44,733)	
	n	%	n	%
Number of Cautions	526	2.9%	2,133	4.8%
Number of Warnings	2,596	14.4%	4,283	9.6%
Suicide Ideation Warning	3,941	21.8%	4,399	9.8%
<i>Any (Overall)</i>	<i>4,735</i>	<i>26.2%</i>	<i>7,526</i>	<i>16.8%</i>

Assessment Recommendations Based on the MAYSI-2 by Race

Table 13 presents the race distribution of referrals that warranted an assessment according to TJPC recommended guidelines. The percentage of juveniles needing an assessment was similar across all race categories. Anglos had the highest proportion of the four groups who needed testing.

Table 13
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Race in FY 2002

Assessment Based On	African American Referrals (n=14,132)		Hispanic Referrals (n=26,422)		Anglo Referrals (n=21,661)		Other Referrals ^a (n=606)	
	n	%	n	%	n	%	n	%
Number of Cautions	558	3.9%	1,122	4.2%	964	4.5%	15	2.5%
Number of Warnings	1,540	10.9%	2,613	9.9%	2,670	12.3%	56	9.2%
Suicide Ideation Warning	1,703	12.1%	3,201	12.1%	3,372	15.6%	64	10.6%
Any (Overall)	2,659	18.8%	4,821	18.2%	4,689	21.6%	92	15.2%

^a The 'Other' category consisted of American Indian, Asian American and other race classifications.

Assessment Recommendations Based on the MAYSI-2 by Age

Table 14 presents the age distribution of referrals that warranted an assessment according to TJPC recommended guidelines which incorporated the number of MAYSI-2 caution and warning cutoffs received. The groups did not differ significantly by age, but juveniles who were 13 to 14 years old and juveniles who were 15 years of age were the two largest groups warranting testing. Juveniles who were 10 to 12 years old were the largest proportion who warranted assessment based on the number of warnings received. Juveniles who were 15 or 16 years of age had the highest percentage that needed an assessment based on the number of cautions received across the subscales. (The results for the juveniles who were 10 or 11 years old versus all other juveniles are located in Table A10 in the appendix.)

Table 14
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Age in FY 2002^a

Assessment Based On	Age 10 to 12 Referrals (n=5,810)		Age 13 to 14 Referrals (n=19,859)		Age 15 Referrals (n=16,608)		Age 16 Referrals (n=18,879)		Age 17+ Referrals (n=1,664)	
	n	%	n	%	n	%	n	%	n	%
Number of Cautions	183	3.1%	800	4.0%	750	4.5%	854	4.5%	72	4.3%
Number of Warnings	713	12.3%	2,273	11.4%	1,821	11.0%	1,893	10.0%	179	10.8%
Suicide Ideation Warning	735	12.7%	2,796	14.1%	2,319	14.0%	2,294	12.2%	196	11.8%
Any (Overall)	1,122	19.3%	4,018	20.2%	3,349	20.2%	3,477	18.4%	295	17.7%

^a One case had inaccurate age data (n=62,820).

Assessment Recommendations Based on the MAYSI-2 by Offense

Table 15 presents the offense distribution of referrals warranting assessment according to TJPC recommended guidelines. Referrals for violation of probation and CINS had the largest proportion of cases warranting an assessment using any of the three criteria (25.5% and 24.4%, respectively).

Table 15
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Offense in FY 2002

Assessment Based On	Felony Referrals (n=15,068)		Misdemeanor Referrals (n=31,713)		CINS Referrals (n=9,101)		Violation of Probation Referrals (n=6,939)	
	n	%	n	%	n	%	n	%
Number of Cautions	649	4.3%	1,202	3.8%	365	4.0%	443	6.4%
Number of Warnings	1,582	10.5%	2,999	9.5%	1,248	13.7%	1,050	15.1%
Suicide Ideation Warning	1,797	11.9%	3,733	11.8%	1,704	18.7%	1,106	15.9%
Any (Overall)	2,770	18.4%	5,495	17.3%	2,225	24.4%	1,771	25.5%

Assessment Recommendations Based on the MAYSI-2 by Disposition

Table 16 presents the prevalence of assessment recommendations by disposition based on the MAYSI-2 results. The proportions warranting an assessment differed by disposition. Nearly one third of the referrals that were disposed of as TYC commitments needed testing whereas less than one fifth of cases with a deferred prosecution disposition warranted an assessment. Moreover, more than one quarter of the adult certifications needed an examination.

Table 16
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Disposition in FY 2002^a

Assessment Based On	Supervisory Caution (n=13,217)		Deferred Prosecution (n=16,835)		Adjudicated to Probation (n=15,210)		Committed to TYC (n=1,291)		Certified as Adult (n=99)	
	n	%	n	%	n	%	n	%	n	%
Number of Cautions	515	3.9%	528	3.1%	779	5.1%	98	7.6%	4	4.0%
Number of Warnings	1,506	11.4%	1,421	8.4%	1,892	12.4%	257	19.9%	17	17.2%
Suicide Ideation Warning	1,964	14.9%	1,946	11.6%	2,080	13.7%	248	19.2%	19	19.2%
Any (Overall)	2,731	20.7%	2,727	16.2%	3,240	21.3%	390	30.2%	27	27.3%

^a This table does not contain pending cases (n=5,979) or dismissed, withdrawn, not guilty, adjudicated with no disposition or consolidated cases (n=10,190).

Assessment Recommendations Based on the MAYSI-2 by Referral History

Table 17 presents the prevalence of assessment recommendations by referral history based on the MAYSI-2 results. Juveniles with more extensive referral histories warranted an assessment at higher rates than those with less extensive referral histories. More than one quarter of those juveniles with four or more referrals needed testing compared to less than one fifth of those with no or only one prior referral.

Table 17
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs by Referral History in FY 2002^a

Assessment Based On	No Prior Referrals (n=35,696)		One Prior Referral (n=10,702)		Two Prior Referrals (n=5,622)		Three Prior Referrals (n=3,577)		Four or More Prior Referrals (n=7,201)	
	n	%	n	%	n	%	n	%	n	%
Number of Cautions	1,223	3.4%	473	4.4%	253	4.5%	220	6.2%	490	6.8%
Number of Warnings	3,455	9.7%	1,130	10.6%	652	11.6%	434	12.1%	1,207	16.8%
Suicide Ideation Warning	4,478	12.5%	1,431	13.4%	737	13.1%	469	13.1%	1,223	17.0%
<i>Any (Overall)</i>	<i>6,312</i>	<i>17.7%</i>	<i>2,071</i>	<i>19.4%</i>	<i>1,118</i>	<i>19.9%</i>	<i>786</i>	<i>22.0%</i>	<i>1,972</i>	<i>27.4%</i>

^a Twenty-three cases were missing data for the referral history computation (n=62,798). The referral history computations included formal referrals to probation since January 1, 1999 only.

A direct comparison to national estimates of mental disorders cannot be made because the MAYSI-2 is a screening tool, not an assessment instrument providing diagnoses of psychiatric disorders. Still, 60.3% of the sample had at least one caution on any one subscale, and 25.7% had at least one warning on one subscale, thus indicating how widespread potential mental health problems are among this sample of juveniles referred to probation. Moreover, based on the results of the MAYSI-2, 19.5% of the sample warranted an assessment according to TJPC guidelines.¹³

¹³ This figure was in alignment with the CJPC estimation of 22.4% offenders with mental health needs who were under direct supervision of a probation agency in this state.

Diagnostic Interview Schedule for Children (Voice DISC-IV)



Background on the DISC

The Diagnostic Interview Schedule for Children (DISC) is a family of highly structured psychiatric interviews with parent and child versions that includes the most common child/adolescent mental disorders.¹⁴ It is the most extensively tested child and adolescent diagnostic interview (Shaffer et al. 1996, Shaffer et al. 2000) and has been evaluated in both clinical and community samples. The DISC has been validated on diagnosis (Shaffer et al. 2000) and on future suicide attempts (Shaffer et al. 1998). It covers DSM-IV, DSM-III-R and ICD-10 diagnostic criteria and includes a detailed assessment of impairment attributed to symptoms in six domains (problems with relationships or activities at home, at school or with peers). The Present State voice format of the DISC (Voice DISC-IV), the version of the instrument used in this analysis, generates disorders present in the past month, reflecting an interest in identifying youth needing immediate treatment.

The DISC has long been used in research investigating the prevalence of mental disorder among justice youth (Atkins et al. 1999, Duclos et al. 1998, Garland et al. 2001, Randall et al. 1999, Teplin et al. 2002). Developed originally to estimate rates of disorder among child and adolescent populations, new advances render the DISC particularly useful for clinical applications in justice settings (Wasserman et al. 2002). Among justice youth, the DISC's validity and reliability have been demonstrated (Friman et al. 2000, Lucas et al. 2002, Shaffer et al. 2000, Wasserman et al. 2002).¹⁵ Moreover, a recent study demonstrated that the Voice DISC-IV provides provisional psychiatric diagnoses at rates generally comparable to those of prior investigations (Wasserman et al. 2002).

Sampling Method

The DISC was chosen as an assessment instrument to explore the prevalence of mental health problems among Texas juvenile justice youth. Juveniles in the prevalence sample were drawn from eight urban counties which together comprised over half of the overall juvenile population in Texas. The eight counties that participated in this study were Bexar, Cameron, Dallas, El Paso, Harris, Hidalgo, Tarrant and Travis. Each county was randomly assigned a day of the week to administer the DISC: Monday (Hidalgo), Tuesday (Harris), Wednesday (Cameron and El Paso), Thursday (Dallas), Friday (Travis), Saturday (Bexar) and Sunday (Tarrant). In this analysis, the Voice DISC-IV was self-administered to juveniles who had a potential disposition of deferred prosecution or higher within 14 days of their formal referral to the juvenile probation department during a six-month time period (January 1 through August 28, 2002).¹⁶ Only youth who were referred on the randomly assigned day and who were formal referrals were included in subsequent tables of this report. In addition, juveniles who were administered the DISC due to results of an initial screening assessment (e.g., MASYI-2), which was used to identify the Special Needs Diversionary Program's (SNDP) target population, were excluded from this prevalence sample.

¹⁴ The TJPC acknowledges the assistance of Gail A. Wasserman Ph.D. (Director), Larkin S. McReynolds MPH (Senior Data Analyst) and Laura M. Katz MPH (Data Analyst) at the Center for the Promotion of Mental Health in Juvenile Justice (CPMHJJ) at Columbia University. As part of a collaborative agreement with the TJPC, Dr. Wasserman and her associates provided training and technical assistance on the use of the Voice DISC-IV, supplied consultation on the design of the prevalence study and assisted with preliminary scoring, data reduction and analysis. In addition, Ms. McReynolds provided background information for the DISC and assistance in editing this report.

¹⁵ Among justice youth, the DISC's validity has been demonstrated against externalizing disciplinary problems (Friman et al. 2000) and offense history (Wasserman et al. 2002). Preliminary data show no significant differences in the one-month reliability of diagnoses between self- and interviewer-administered versions and most Kappas range between 0.5 and 0.7 (Lucas et al. 2002). Test-retest reliability is as good as, or better than, previous versions (Shaffer et al. 2000).

¹⁶ Hereafter, DISC refers to the Voice DISC-IV.

DISC Disorders Assessed

This report presents prevalence data collected using the Present State voice format of the DISC-IV. This format generates disorders present in the past month; although consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) logic, some diagnoses are based on symptoms that may have been present across a longer time frame. The Voice DISC-IV was administered directly to the youth using a computer and headphones. Twenty-one disorders were assessed with the DISC and were grouped into four diagnostic clusters for analytic purposes (Wasserman et al. 2002): *Anxiety* disorders included Agoraphobia, Post-Traumatic Stress (PTSD), Social Phobia, Specific Phobia, Generalized Anxiety, Panic, Obsessive-Compulsive and Separation Anxiety disorder; *Affective* disorders included Mania, Hypomania, Major Depressive and Dysthymia; *Disruptive* disorders included Attention-Deficit Hyperactivity, Oppositional Defiant and Conduct disorder; and *Substance Use* disorders included Abuse/Dependence of Alcohol, Marijuana and Other Substances. Suicide risk was assessed using youth responses to individual items in the Major Depression module; recent risk indicated symptom(s) that occurred within the past month.¹⁷

Following DSM-IV logic, the impairment score for each diagnosis was based upon six impairment questions, which inquired about the degree to which endorsed symptoms affected juveniles' relationships or activities with caretakers, peers, or at school/work. Although impairment was included in one of the diagnostic tables that follow (Table 20), reliance on self-judgments of youth, with likely limitations in insight, empathy and remorse, to indicate whether a diagnosis was *impairing may be questionable*, especially for disruptive behavior and substance use disorders (Wasserman et al. 2002).

Description of the DISC Prevalence Sample: Demographic and Justice Data

Of the 1,300 juveniles who were randomly administered the DISC, 1,009 of them had complete or partial data (77.6%). DISC data were not received from county departments for 14.8% of the juveniles (n=193), and 7.5% of randomly sampled youth did not take the DISC for the following reasons: juvenile refusal (2.0%), scheduling conflict (0.8%), language barrier (0.6%), technical difficulties (0.2%), youth misbehavior (0.2%) and 'Other,' such as youth released or transferred (3.7%).

Table 18 presents descriptive demographic (county, gender, race and age) and justice (offense, disposition and referral history) information about the DISC prevalence sample. Two fifths of juveniles sampled were located in Harris County (39.5%). Four fifths of the sample were male (79.1%). More than one half was Hispanic (51.3%), and more than one quarter was African American (28.6%). Nearly three fifths were 15 or 16 years of age (57.4%), and only 8.3% was comprised of juveniles who were 10 to 12 years old. The average age was 15 years. Most of the juveniles were referred for misdemeanor offenses (46.2%) followed by felony offenses (36.8%), violations of probation (13.5%) and CINS (3.6%). Reflecting the study's sampling method and inclusion criteria, approximately two fifths were on adjudicated probation (38.5%), and 17.4% of the juveniles were on deferred prosecution. Around 5% of the DISC sample had been committed to TYC or certified as an adult. Almost half of the juveniles who were administered the DISC as part of this random sample had no prior referrals. Still, 14.6% had extensive referral histories—with four or more prior referrals. The average number of prior referrals was 1.5, and the average age at first referral for this sample was 14 years.

¹⁷ In order to minimize administration time, disorders that were expected to be extremely rare (e.g., trichotillomania, pica) were not assessed.

Table 18
Description of the DISC Prevalence Sample
(County, Gender, Race, Age, Offense, Disposition and Referral History)

Variable	n	%
County (referral day)		
Bexar (Saturday)	62	6.1%
Cameron (Wednesday)	137	13.6%
Dallas (Thursday)	178	17.6%
El Paso (Wednesday)	49	4.9%
Harris (Tuesday)	399	39.5%
Hidalgo (Monday)	31	3.1%
Tarrant (Sunday)	70	6.9%
Travis (Friday)	83	8.2%
Gender		
Female	211	20.9%
Male	798	79.1%
Race		
African American	289	28.6%
Hispanic	518	51.3%
Anglo	190	18.8%
Other ^a	12	1.2%
Age		
10-12	84	8.3%
13-14	307	30.4%
15	276	27.4%
16	303	30.0%
17+	39	3.9%
Offense^b		
Felony	371	36.8%
Misdemeanor	466	46.2%
CINS	36	3.6%
Violation of Probation	136	13.5%
Disposition		
Supervisory Caution	71	7.0%
Deferred Prosecution	176	17.4%
Adjudicated to Probation	388	38.5%
Committed to TYC	43	4.3%
Certified as Adult	8	0.8%
Other ^c	323	32.0%
Prior Referrals^d		
No Prior Referrals	470	46.6%
One Prior Referral	187	18.5%
Two Prior Referrals	116	11.5%
Three Prior Referrals	89	8.8%
Four or More Prior Referrals	147	14.6%
	Mean	Std Deviation (Range)
Age	14.7	1.4 (10-17)
Number of Prior Referrals ^d	1.5	2.2 (0-15)
Age at First Referral ^d	14.0	1.4 (10-19)

NOTE: Percentages may not total 100.0% due to rounding.

^a 'Other' races included American Indian, Asian American and other race classifications. ^b Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. ^c 'Other' dispositions included pending, dismissed, not guilty and consolidated. ^d The referral history computations included formal referrals to probation since January 1, 1999 only.

Of these 1,009 juveniles, 89 (8.9%) were in secure or non-secure placement for their current referral. Just over 10% were reported to be special education students. Half of the sample lived with their mother only (natural, adoptive or step), and one quarter lived with both parents (natural, adoptive or step). Nearly 90% of the sample was enrolled in regular school, compared to alternative education (2.5%), JJAEP (1.1%) and drop-outs, expulsions and suspensions (4.9%). The average completed grade was 8.

In order to determine the representativeness of the randomized DISC prevalence sample, comparisons were made to the statewide juvenile probation population (to which generalizations will ultimately be drawn) using juvenile probation statistics in 2001. (For a side-by-side comparison of these two groups, see Table B1 in the appendix.) The DISC prevalence sample included 21% females and 79% males, compared to 29% and 71% (respectively) statewide. Regarding race, the sample differed somewhat. More African Americans and Hispanics compared to Anglos were part of the random sample than in the statewide population. The age distribution of the sample was very similar to the statewide figures in 2001. Examination of the offense distribution showed that more felony offenses and fewer CINS offenses were in the DISC prevalence sample. The disposition distribution of the two groups differed substantially. The DISC prevalence sample contained a lower proportion of supervisory cautions (7% compared to 26%) but more adjudicated probations (39% compared to 24%) and more TYC commitments and adult certifications combined (5% compared to 2%). Finally, the referral histories of the two groups were very similar. The above discrepancies in offense and disposition characteristics are likely due to the employed sampling methods and inclusion criteria. The TJPC believes this sample to be fairly representative of the statewide juvenile probation system.

Results from the DISC

Table 19 presents a description of the psychiatric indicators of the DISC prevalence sample. The results of the DISC showed that nearly half of the sample reported having at least one disorder (47.5%). One fifth of the juveniles reported having a single disorder (22.8%), 8.8% reported two disorders and 15.9% reported three or more disorders. The average number of disorders reported was 1.1. Of the four diagnostic disorder clusters (*Anxiety*, *Affective*, *Disruptive* and *Substance Use*), approximately one quarter of the sample reported disorders in only one cluster (27.8%). Less than fifteen percent reported disorders in two clusters (12.4%), 5.4% reported disorders in three clusters and only 2.0% reported disorders in all four clusters. One quarter of the sample reported *Substance Use* disorders, 22.8% reported *Anxiety* disorders (excluding Separation Anxiety), 20.3% reported *Disruptive* disorders and 8.0% reported *Affective* disorders. Regarding suicide ideation/attempt, 13% reported recent suicide ideation and 13.7% reported lifetime suicide attempt.

Table 19
Psychiatric Indicators Based on the DISC of the Prevalence Sample

Variable	n	%
Comorbidity		
No Disorder	530	52.5%
One Disorder	230	22.8%
Two Disorders	89	8.8%
Three or More Disorders	160	15.9%
Number of Disorder Clusters		
No Disorder Clusters	530	52.5%
One Disorder Cluster	280	27.8%
Two Disorder Clusters	125	12.4%
Three Disorder Clusters	54	5.4%
All Four Disorder Clusters	20	2.0%
Disorder Clusters		
No Disorder	530	52.5%
Any Disorder	479	47.5%
<i>Anxiety</i> Disorder (without SA) ^a	230	22.8%
<i>Anxiety</i> Disorder (with SA) ^a	350	34.7%
<i>Affective</i> Disorder	81	8.0%
<i>Disruptive</i> Disorder	205	20.3%
<i>Substance Use</i> Disorder	256	25.4%
Suicide Ideation/Attempt		
Suicide Ideation (last 4 weeks)	131	13.0%
Suicide Attempt (last 4 weeks)	32	3.2%
Suicide Attempt (whole life)	138	13.7%

NOTE: Percentages may not total 100.0% due to rounding.

^a 'SA' stands for Separation Anxiety.

Table 20 presents the frequency and percentage of disorders based on results from the DISC. The column 'Impairment Not Considered' does not factor impairment into the diagnosis. The column 'Moderate Impairment' does account for impairment based on the juveniles' responses to impairment questions. As previously noted on page 25, the impairment score for each diagnosis was based upon six impairment questions, which inquired about the degree to which endorsed symptoms affected youths' relationships or activities with caretakers, peers, or at school/work, following DSM-IV logic.

According to Table 20, 47.5% of juveniles reported a disorder. Not considering impairment, the most frequently reported disorder was Separation Anxiety (27.4%) followed by Conduct disorder (18.1%) and Marijuana Dependence (13.0%). Considering impairment, more than one third reported some disorder that caused moderate impairment (35.8%). Almost one fifth reported having an *Anxiety* disorder with moderate impairment, excluding Separation Anxiety. Approximately 16% of the sample reported having either impairing *Substance Use* or impairing *Disruptive* disorder.

The rates demonstrated here approximate the ranges offered nationally (50% to 75%) for youth in detention (Teplin et al. 2002) and corrections (Wasserman et al. 2002). Due to the previously discussed limitations in justice youth's self-report of disorder-related impairment, the following tables present information with impairment not considered. In addition, because Separation Anxiety may reflect an appropriate reaction to youth's recent environmental changes, the following data will be presented in two ways in subsequent tables, including and excluding Separation Anxiety in the *Anxiety* disorder cluster.

Table 20
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a

Disorder	Impairment Not Considered		Moderate Impairment ^b	
	n	%	n	%
No Disorder	530	52.5%	--	--
Any Disorder	479	47.5%	361	35.8%
Any Anxiety Disorder (without SA)^c	230	22.8%	180	17.8%
Any Anxiety Disorder (with SA)^c	350	34.7%	288	28.5%
Agoraphobia	92	9.2%	60	6.0%
Generalized Anxiety Disorder	32	3.2%	30	3.0%
Obsessive-Compulsive Disorder	84	8.5%	73	7.4%
Panic Disorder	28	2.8%	27	2.7%
Post Traumatic Stress Disorder	38	3.9%	37	3.7%
Social Phobia	56	5.6%	51	5.1%
Specific Phobia	73	7.4%	54	5.5%
Separation Anxiety	220	27.4%	187	18.7%
Any Affective Disorder	81	8.0%	63	6.2%
Manic Episode	10	1.0%	10	1.0%
Hypomanic Episode	16	1.6%	--	--
Major Depressive Disorder ^d	64	6.5%	59	5.8%
Dysthymic Disorder	4	0.4%	0	0.0%
Any Disruptive Disorder	205	20.3%	167	16.6%
Attention Deficit Hyperactivity Disorder	10	1.1%	7	0.8%
Conduct Disorder ^e	176	18.1%	133	13.2%
Oppositional Defiant	69	7.1%	64	6.4%
Any Substance Use Disorder	256	25.4%	162	16.1%
Alcohol Abuse	63	6.5%	25	2.6%
Alcohol Dependence	34	3.4%	25	2.5%
Marijuana Abuse	91	9.5%	43	4.5%
Marijuana Dependence	125	13.0%	88	9.2%
Other Substance Abuse	29	3.0%	8	0.8%
Other Substance Dependence	35	3.7%	25	2.6%
Suicide Ideation/Attempt				
Suicide Ideation (last 4 weeks)	131	13.0%	--	--
Suicide Attempt (last 4 weeks)	32	3.2%	--	--
Suicide Attempt (whole life)	138	13.7%	--	--

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n. ^b At least one moderate level of disorder specific functional impairment, except for hypomania. ^c 'SA' stands for Separation Anxiety. ^d Present State DISC and DSM-IV criteria necessitate that youth reporting Major Depression do not also receive a disorder of Dysthymia. ^e Past six months.

Results from the DISC by Gender

Table 21 provides the distribution of psychiatric disorder clusters by gender. (Table B2 in the appendix provides the gender distribution of all disorders assessed by the DISC.) A slightly higher proportion of females than males reported a disorder (52.6% compared to 46.1%). Although the two groups reported similar proportions of *Disruptive* and *Substance Use* disorder, females were more likely to report an *Anxiety* disorder, excluding Separation Anxiety (34.6% vs. 19.7%) as well as an *Affective* disorder (14.7% vs. 6.3%) than males. Further, females were more likely to report recent and lifetime suicide risk. Almost one quarter of the females had attempted suicide (lifetime), compared to only 11% of the males. Moreover, nearly 20% of females reported thinking about committing suicide in the last four weeks, compared to just over 10% of males. Beyond Separation Anxiety and Conduct disorders, the single, most frequently reported disorder for females was Obsessive-Compulsive disorder (13.7%) and for males Marijuana Dependence (12.3%) (see Table B2 in the appendix).

Table 21
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Gender

Disorder Cluster	Impairment Not Considered			
	Females (n=211)		Males (n=798)	
	n	%	n	%
No Disorder	100	47.4%	430	53.9%
Any Disorder	111	52.6%	368	46.1%
<i>Anxiety</i> Disorder (without SA) ^a	73	34.6%	157	19.7%
<i>Anxiety</i> Disorder (with SA) ^a	91	43.1%	259	32.5%
<i>Affective</i> Disorder	31	14.7%	50	6.3%
<i>Disruptive</i> Disorder	46	21.8%	159	19.9%
<i>Substance Use</i> Disorder	51	24.2%	205	25.7%
Suicide Ideation/Attempt				
Suicide Ideation (last 4 weeks)	39	18.5%	92	11.5%
Suicide Attempt (last 4 weeks)	17	8.1%	15	1.9%
Suicide Attempt (whole life)	51	24.2%	87	10.9%

^a 'SA' stands for Separation Anxiety.

Results from the DISC by Race

Table 22 provides the distribution of psychiatric disorder clusters and suicide risk by race. (Table B3 in the appendix provides the race distribution of all disorders assessed by the DISC.) Because the 'Other' race category consisted of only twelve juveniles, disorder profiles for these youth are not discussed but are presented in the table. Nearly sixty percent of Anglos, half of Hispanics and two fifths of African Americans reported a disorder. All three races reported similar rates of *Anxiety* disorders (excluding Separation Anxiety) and *Affective* disorders. However, Anglos were more likely to report *Disruptive* disorders (27.4% compared to Hispanics with 20.3% and African Americans with 15.2%) and *Substance Use* disorders (33.7% compared to Hispanics with 29.9% and African Americans with 12.1%). African Americans were more likely to report recent suicide ideation (17.0%) whereas Anglos were more likely to report recent and lifetime suicide attempt (5.8% and 17.9%, respectively).

Table 22
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Race

Disorder Cluster	Impairment Not Considered							
	African American (n=289)		Hispanic (n=518)		Anglo (n=190)		Other ^b (n=12)	
	n	%	n	%	n	%	n	%
No Disorder	178	61.6%	266	51.4%	81	42.6%	5	41.7%
Any Disorder	111	38.4%	252	48.6%	109	57.4%	7	58.3%
<i>Anxiety</i> Disorder (without SA) ^a	66	22.8%	114	22.0%	46	24.2%	4	33.3%
<i>Anxiety</i> Disorder (with SA) ^a	114	39.4%	170	32.8%	62	32.6%	4	33.3%
<i>Affective</i> Disorder	21	7.3%	44	8.5%	16	8.4%	0	0.0%
<i>Disruptive</i> Disorder	44	15.2%	105	20.3%	52	27.4%	4	33.3%
<i>Substance Use</i> Disorder	35	12.1%	155	29.9%	64	33.7%	2	16.7%
Suicide Ideation/Attempt								
Suicide Ideation (last 4 weeks)	49	17.0%	53	10.2%	28	14.7%	1	8.3%
Suicide Attempt (last 4 weeks)	5	1.7%	16	3.1%	11	5.8%	0	0.0%
Suicide Attempt (whole life)	29	10.0%	74	14.3%	34	17.9%	1	8.3%

^a 'SA' stands for Separation Anxiety. ^b The 'Other' category consisted of American Indian, Asian American and other race classifications.

Results from the DISC by Age

Table 23 provides the distribution of psychiatric disorder clusters and suicide risk by age. (Table B4 in the appendix provides the age distribution of all disorders assessed by the DISC.) Few juveniles 17 years of age or older were administered the DISC (less than 4%) so they are not discussed at length here. Generally as age increased so did the proportion of juveniles reporting any disorder. For younger juveniles (ages 14 and younger), the most frequently reported disorder cluster was *Anxiety* disorder. However, older juveniles (ages 15 and older) were more likely to report a *Substance Use* disorder. Recent suicide ideation increased with age. However, no clear pattern was evident in the other suicide categories.

Table 23
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Age

Disorder Cluster	Impairment Not Considered									
	Ages 10-12 (n=84)		Age 13-14 (n=307)		Age 15 (n=276)		Age 16 (n=303)		Age 17+ (n=39)	
	n	%	n	%	n	%	n	%	n	%
No Disorder	55	65.5%	170	55.4%	145	52.5%	142	46.9%	18	46.2%
Any Disorder	29	34.5%	137	44.6%	131	47.5%	161	53.1%	21	53.8%
<i>Anxiety</i> Disorder (without SA) ^a	20	23.8%	78	25.4%	51	18.5%	71	23.4%	10	25.6%
<i>Anxiety</i> Disorder (with SA) ^a	34	40.5%	112	36.5%	82	29.7%	105	34.7%	17	43.6%
<i>Affective</i> Disorder	4	4.8%	20	6.5%	24	8.7%	29	9.6%	4	10.3%
<i>Disruptive</i> Disorder	9	10.7%	63	20.5%	60	21.7%	67	22.1%	6	15.4%
<i>Substance Use</i> Disorder	6	7.1%	56	18.2%	73	26.4%	108	35.6%	13	33.3%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	9	10.7%	39	12.7%	36	13.0%	40	13.2%	7	17.9%
Suicide Attempt (last 4 weeks)	2	2.4%	15	4.9%	9	3.3%	4	1.3%	2	5.1%
Suicide Attempt (whole life)	8	9.5%	46	15.0%	37	13.4%	39	12.9%	8	20.5%

^a 'SA' stands for Separation Anxiety.

Results from the DISC by Offense

Table 24 presents the number and percentage of psychiatric disorder clusters and suicide risk by offense category. (Table B5 in the appendix provides the offense distribution of all disorders assessed by the DISC.) Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. The number of CINS offenses was low in this sample due to the employed sampling method and inclusion criteria, comprising less than 4%, so these results are not discussed at great length. More than three fifths of the juveniles referred for violation of probation reported having at least one disorder. Additionally, more than two fifths of juveniles with felony and misdemeanor referrals reported a disorder. At the cluster level, juveniles with felony and violation of probation referrals were more likely to report disorders than juveniles referred for misdemeanor offenses, except for the *Substance Use* disorder cluster where rates were nearly identical for youths with felony or misdemeanor referrals.

Table 24
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Offense^a

Disorder Cluster	Impairment Not Considered							
	Felony (n=371)		Misdemeanor (n=466)		CINS (n=36)		Violation of Probation (n=136)	
	n	%	n	%	n	%	n	%
No Disorder	202	54.4%	263	56.4%	12	33.3%	53	39.0%
Any Disorder	169	45.6%	203	43.6%	24	66.7%	83	61.0%
<i>Anxiety</i> Disorder (without SA) ^b	91	24.5%	92	19.7%	12	33.3%	35	25.7%
<i>Anxiety</i> Disorder (with SA) ^b	132	35.6%	146	31.3%	14	38.9%	58	42.6%
<i>Affective</i> Disorder	37	10.0%	28	6.0%	4	11.1%	12	8.8%
<i>Disruptive</i> Disorder	77	20.8%	79	17.0%	11	30.6%	38	27.9%
<i>Substance Use</i> Disorder	85	22.9%	111	23.8%	9	25.0%	51	37.5%
Suicide Ideation/Attempt								
Suicide Ideation (last 4 weeks)	49	13.2%	60	12.9%	3	8.3%	19	14.0%
Suicide Attempt (last 4 weeks)	12	3.2%	10	2.1%	3	8.3%	7	5.1%
Suicide Attempt (whole life)	55	14.8%	52	11.2%	8	22.2%	23	16.9%

^a Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department.

^b 'SA' stands for Separation Anxiety.

Results from the DISC by Disposition

Table 25 presents the distribution of psychiatric disorder clusters and suicide ideation and attempt by disposition. (Table B6 in the appendix provides disorder-specific prevalence rates by disposition.) Half of the juveniles whose dispositions were adjudicated to probation, committed to TYC or certified as adult (50.1%) reported a disorder compared to 45.1% of juveniles whose referrals were disposed of as supervisory cautions and 36.9% who were placed on deferred prosecution. Juveniles whose dispositions were TYC commitment or adult certification were more likely to report an *Affective* disorder than other dispositions. Around 20% of supervisory caution, deferred prosecution and adjudicated probation dispositions reported an *Anxiety* disorder (excluding Separation Anxiety). Aside from those who were committed to TYC (which comprised a very small percentage of dispositions overall), juveniles placed on deferred prosecution were less likely to report a *Substance Use* disorder than other disposition categories.

Table 25
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Disposition^a

Disorder Cluster	Impairment Not Considered									
	Supervisory Caution (n=71)		Deferred Prosecution (n=176)		Adjudicated to Probation (n=388)		Committed to TYC (n=43)		Certified as Adult (n=8)	
	n	%	n	%	n	%	n	%	n	%
No Disorder	39	54.9%	111	63.1%	195	50.3%	20	46.5%	4	50.0%
Any Disorder	32	45.1%	65	36.9%	193	49.7%	23	53.5%	4	50.0%
<i>Anxiety</i> Disorder (without SA) ^b	14	19.7%	30	17.0%	85	21.9%	13	30.2%	4	50.0%
<i>Anxiety</i> Disorder (with SA) ^b	19	26.8%	42	23.9%	145	37.4%	21	48.8%	4	50.0%
<i>Affective</i> Disorder	5	7.0%	6	3.4%	30	7.7%	8	18.6%	1	12.5%
<i>Disruptive</i> Disorder	14	19.7%	22	12.5%	86	22.2%	6	14.0%	1	12.5%
<i>Substance Use</i> Disorder	18	25.4%	31	17.6%	97	25.0%	13	30.2%	1	12.5%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	8	11.3%	23	13.1%	50	12.9%	8	18.6%	1	12.5%
Suicide Attempt (last 4 weeks)	3	4.2%	4	2.3%	11	2.8%	3	7.0%	0	0.0%
Suicide Attempt (whole life)	8	11.3%	22	12.5%	49	12.6%	11	25.6%	2	25.0%

^a This table does not contain pending cases (n=95) or dismissed, withdrawn, not guilty, adjudicated with no disposition or consolidated cases (n=228).

^b 'SA' stands for Separation Anxiety.

Results from the DISC by Referral History

Table 26 provides the distribution of disorders by referral history. (Table B7 in the appendix provides the disposition distribution of all disorders assessed by the DISC.) The referral history computations included formal referrals to probation since January 1, 1999 only. Nearly two fifths of juveniles without prior referrals reported having a disorder on the DISC. Juveniles having two prior referrals were the most likely to report a disorder (62.1%). In every disorder cluster, juveniles with prior referrals were more likely to report a disorder than juveniles without prior referrals. Juveniles with prior referrals reported suicide ideation and attempts at higher rates than juveniles without prior referrals.

Table 26
Psychiatric Disorder Clusters Based on the DISC for the Prevalence Sample by Referral History^a

Disorder Cluster	Impairment Not Considered									
	No Prior Referrals (n=470)		One Prior Referral (n=187)		Two Prior Referrals (n=116)		Three Prior Referrals (n=89)		Four or More Prior Referrals (n=147)	
	n	%	n	%	n	%	n	%	n	%
No Disorder	289	61.5%	89	47.6%	44	37.9%	47	52.8%	61	41.5%
Any Disorder	181	38.5%	98	52.4%	72	62.1%	42	47.2%	86	58.5%
<i>Anxiety Disorder (without SA)</i> ^b	86	18.3%	49	26.2%	38	32.8%	18	20.2%	39	26.5%
<i>Anxiety Disorder (with SA)</i> ^b	129	27.4%	74	39.6%	51	44.0%	32	36.0%	64	43.5%
<i>Affective Disorder</i>	22	4.7%	13	7.0%	16	13.8%	8	9.0%	22	15.0%
<i>Disruptive Disorder</i>	67	14.3%	45	24.1%	29	25.0%	19	21.3%	45	30.6%
<i>Substance Use Disorder</i>	82	17.4%	63	33.7%	34	29.3%	20	22.5%	57	38.8%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	46	9.8%	33	17.6%	18	15.5%	12	13.5%	22	15.0%
Suicide Attempt (last 4 weeks)	6	1.3%	8	4.3%	7	6.0%	2	2.2%	9	6.1%
Suicide Attempt (whole life)	49	10.4%	33	17.6%	20	17.2%	10	11.2%	26	17.7%

^a The referral history computations included formal referrals to probation since January 1, 1999 only. ^b 'SA' stands for Separation Anxiety.

Results of MAYSI-2 for the DISC Prevalence Sample

Whereas the DISC provides information about mental disorders, the MAYSI-2 is a screening tool that is designed to identify, at intake, juveniles' symptoms of distress or troublesome behavior that could require further evaluation. Juveniles scoring above the caution cutoff are considered to be of possible clinical significance. The MAYSI-2 also provides an exceptionally high cutoff (warning) intended to identify the highest priority youth (Grisso and Barnum 2000, 27). (For a more detailed description of the MAYSI-2 and its subscales, see pages 9-10. For a more detailed analysis comparing MAYSI-2 and DISC data collected in a sample of incarcerated youth, see Wasserman et al. 2003).

Table 27 presents MAYSI-2 results for the DISC prevalence sample. Of the 1,009 juveniles in the sample, MAYSI-2 results were available for 842 juveniles (83.4%). More than one third of the juveniles scored at the caution cutoff on the somatic complaints subscale. One quarter scored at the caution cutoff both on the angry-irritable and depressed/anxious subscale. Fifteen percent of the juveniles had scores in the warning range on the suicide ideation subscale. TJPC's recommended guidelines based on MAYSI-2 results, indicated that only one fifth of the juveniles were in need of evaluation (see page 21 for a discussion of these guidelines).

Table 27
Description of DISC Prevalence Sample
(MAYSI-2 Caution and Warning Cutoffs and Recommendation for Assessment)

MAYSI-2 Subscales ^a	Scoring At Caution Cutoff (n=842)		Scoring At Warning Cutoff (n=842)	
	n	%	n	%
Alcohol/Drug Use	111	13.2%	28	3.3%
Angry Irritable	214	25.4%	78	9.3%
Depressed-Anxious	218	25.9%	74	8.8%
Somatic Complaints	295	35.0%	42	5.0%
Suicide Ideation	34	4.0%	127	15.1%
Thought Disturbance ^b	146	22.0%	84	12.7%

MAYSI-2 Results Recommend Assessment		
Assessment Based On	n	%
Number of Cautions	42	5.0%
Number of Warnings	114	13.5%
Suicide Ideation Warning	127	15.1%
Any (Overall)	184	21.9%

^a Only 842 of the 1,009 (83.4%) had MAYSI-2 results.

^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample size for this subscale is n=664.

Table 28 presents the percentage of juveniles who scored *below* the caution cutoff on select MAYSI-2 subscales by disorder clusters. Only juveniles with MAYSI-2 results are included in these distributions. (The first column of percentages indicates that a majority of the juveniles with the listed disorders had MAYSI-2 results.) Among those juveniles who reported a *Substance Use* disorder on the DISC, 71.1% scored *below* the MAYSI-2 *Alcohol/Drug Use* caution cutoff. Among those juveniles who reported an *Affective* disorder on the DISC, 65.6% scored *below* the MAYSI-2 *Angry-Irritable* caution cutoff and 60.7% scored *below* the MAYSI-2 *Depressed-Anxious* caution cutoff. Among those juveniles who reported a *Disruptive* disorder on the DISC, 61.0% scored *below* the MAYSI-2 *Angry-Irritable* caution cutoff. Among those juveniles who reported an *Anxiety* disorder on the DISC, 60.3% scored *below* the MAYSI-2 *Depressed-Anxious* caution cutoff. As these results show, the MAYSI-2 did not identify the majority of juveniles with corresponding psychiatric disorders.

Table 28
Juveniles Scoring Below Caution Cutoffs for Select MAYSI-2 Subscales by DISC Disorder Cluster

Disorder Cluster	n	%	Expectable MAYSI-2 Subscale(s)	n	%
<i>Substance Use</i> Disorder (n=256)	204	79.7%	Alcohol/Drug Use	145	71.1%
<i>Affective</i> Disorder (n=81)	61	75.3%	Angry-Irritable	40	65.6%
			Depressed-Anxious	37	60.7%
<i>Disruptive</i> Disorder (n=205)	164	80.0%	Angry-Irritable	100	61.0%
<i>Anxiety</i> Disorder (excluding SA) ^a (n=230)	184	80.0%	Depressed-Anxious	111	60.3%

^a'SA' stands for Separation Anxiety.

Prior Mental Health Contact in the DISC Prevalence Sample

At the end of each DISC disorder module, juveniles were asked the following question: "*Have you been to see someone at a hospital or a clinic or at their office [because of endorsed mental health symptomatology] in the past year?*" Table 29 provides a descriptive breakdown of those juveniles who had a prior mental health contact (for any disorder) in the last year. Less than 20% of the sample had a prior mental health contact. Just over one quarter of females had prior mental health contact compared to 15.8% of males. Anglos were more likely to report a prior mental health contact than other races (23.7% compared to 18.7% for Hispanics and 13.8% for African Americans). Younger juveniles (10 to 12 years) were less likely to report having a prior mental health contact than older juveniles. One quarter of juveniles who were referred for violations of probation reported a prior mental health contact. One fifth of those juveniles who were adjudicated to probation reported a mental health contact in the past year. Juveniles with prior referrals were more likely to report a prior mental health contact than those without prior referrals.

Table 29
Presence of Prior Mental Health Contact (Past Year) Based on the DISC for the
Prevalence Sample by Gender, Race, Age, Offense, Disposition and Referral History

Variable	n	%
Overall (n=1,009)	183	18.1%
Gender		
Female (n=211)	57	27.0%
Male (n=798)	126	15.8%
Race		
African American (n=289)	40	13.8%
Hispanic (n=518)	97	18.7%
Anglo (n=190)	45	23.7%
Other (n=12) ^a	1	8.3%
Age		
10-12 (n=84)	13	15.5%
13-14 (n=307)	53	17.3%
15 (n=276)	48	17.4%
16 (n=303)	59	19.5%
17+ (n=39)	10	25.6%
Offense^b		
Felony (n=371)	61	16.4%
Misdemeanor (n=466)	76	16.3%
CINS (n=36)	11	30.6%
Violation of Probation (n=136)	35	25.7%
Disposition		
Supervisory Caution (n=71)	10	14.1%
Deferred Prosecution (n=176)	27	15.3%
Adjudicated to Probation (n=388)	74	19.1%
Committed to TYC (n=43)	6	14.0%
Certified as Adult (n=8)	2	25.0%
Other ^c (n=323)	64	19.8%
Prior Referrals^d		
No Prior Referrals (n=470)	65	13.8%
One Prior Referral (n=187)	43	23.0%
Two Prior Referrals (n=116)	25	21.6%
Three Prior Referrals (n=89)	15	16.9%
Four or More Prior Referrals (n=147)	35	23.8%

^a 'Other' races included American Indian, Asian American and other race classifications.

^b Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department. ^c 'Other' dispositions included pending, dismissed, not guilty and consolidated. ^d The referral history computations included formal referrals to probation since January 1, 1999 only.

Table 30 provides a descriptive breakdown of those juveniles who reported a prior mental health contact in the last year by disorder profiles. One third of those who reported a disorder also reported having seen someone for a mental health concern. More than half of those reporting an *Affective* disorder (56.8%) had a previous mental health contact. More than two fifths of juveniles who reported recent suicide ideation/attempt and/or lifetime attempt indicated they had a mental health contact in the past year. In comparison to juveniles with a single disorder, juveniles endorsing criteria for multiple disorders were more likely to report a mental health contact in the past year.

Table 30
Presence of Prior Mental Health Contact (Past Year) Based on the DISC for the
Prevalence Sample by DISC Disorder Profiles

	n	%
Comorbidity		
No Disorder (n=530)	34	6.4%
One Disorder (n=230)	45	19.6%
Two Disorders (n=89)	29	32.6%
Three or More Disorders (n=160)	75	46.9%
Number of Disorder Clusters		
No Disorder Clusters (n=530)	34	6.4%
One Disorder Cluster (n=280)	66	23.6%
Two Disorder Clusters (n=125)	47	37.6%
Three Disorder Clusters (n=54)	22	40.7%
All Four Disorder Clusters (n=20)	14	70.0%
Disorder Clusters		
No Disorder (n=530)	34	6.4%
ANY Disorder (n=479)	149	31.1%
<i>Anxiety</i> Disorder (n=230) (w/o SA) ^a	89	38.7%
<i>Affective</i> Disorder (n=81)	46	56.8%
<i>Disruptive</i> Disorder (n=205)	70	34.1%
<i>Substance Abuse</i> Disorder (n=256)	77	30.1%
Suicide Ideation/Attempt		
Suicide Ideation (last 4 weeks) (n=131)	55	42.0%
Suicide Attempt (last 4 weeks) (n=32)	17	53.1%
Suicide Attempt (whole life) (n=138)	58	42.0%

^a 'SA' stands for Separation Anxiety.

Special Needs Diversionary Program (SNDP)



History of the Implementation of the SNDP in Texas

The 77th Legislature of the State of Texas, appropriated \$4 million to the Texas Juvenile Probation Commission (TJPC) and \$10 million to the Texas Council on Offenders with Mental Impairments (TCOMI) to increase the availability and intensity of effective services for juvenile offenders with mental health needs beginning in September of 2001. The initiative hoped to result in reduced offending and effective alternatives for offenders with mental health needs (Marinez, Brown & Arrigona 2002, 9). Working in coordination with TCOMI and the Texas Department of Mental Health and Mental Retardation (TDMHMR), nineteen programs with 38 specialized teams have been implemented with these funds in order to provide services to juveniles under the jurisdiction of local juvenile probation departments.

Bexar, Dallas, El Paso, Harris, Tarrant and Travis counties and the Rio Grande Valley (Cameron and Hidalgo counties), seven regions of Texas representing over 50% of the juvenile justice population, were identified to receive the first round of funding and began coordinating and providing services in September of 2001. Angelina (and Nacogdoches), Ellis, Ft. Bend, Hale, Jasper (and Tyler), Jefferson, McLennan, Randall, San Patricio, Smith and Williamson counties submitted successful bids in a competitive request for the proposal process and formulated programs in each of their counties. They began coordinating and providing services in January of 2002.

About the SNDP

The Special Needs Diversionary Program (SNDP) was designed to prevent the removal of juveniles with mental health needs from the home and to prevent further involvement with the juvenile justice system. (Tables C1 and C2 in the appendix provide a list of positive impacts and barriers to implementation offered by the sites that implemented the program.) Specialized juvenile probation officers from the local juvenile probation departments and licensed professional staff from the local mental health centers worked together to provide intensive community based case management services to achieve these goals. The basic programmatic structure of these programs included a specialized juvenile probation officer teamed with a Licensed Practitioner of the Healing Arts (LPHA)¹⁸ carrying a caseload of 12 to 15 youth identified as meeting the TDMHMR's standard for Priority Population diagnosis (see definition on page 43), between the ages of 10 and 18, involved with the juvenile justice system and at risk of removal and providing services for a period of four to six months.

The SNDP guidelines require that an initial case plan be completed within 72 hours of the juvenile's enrollment into the program. The plan must be completed with participation and input from the juvenile, the juvenile's parent/guardian, the specialized juvenile probation officer and LPHA, at a minimum. Each team was encouraged to allow the juvenile and family to invite family members and other extended support systems to participate in the creation of the case plan. A formal case plan review must be conducted on a monthly basis with minimum input from the juvenile, parent/guardian, specialized officer and LPHA. A transition period was built into each juvenile's case management no later than two months prior to the juvenile's projected discharge from the program. The intent of the planning process was to assist the youth and family in becoming less reliant upon the formal supports provided by the probation officer and mental health center and more reliant upon the informal supports available to them in the community. At a minimum, each juvenile and family was required to receive three to five contacts a week by the specialized team. Two of those contacts must occur in the home. Some of the services offered during this intensive intervention were family and individual therapy, rehabilitation services, skills training and chemical dependency education. Data for this analysis were obtained from participating SNDP counties through an active, web-based tracking database as well as from data submitted by local probation departments through Caseworker¹⁹ (or a compatible data management system).

¹⁸ For a definition of LPHA, see the glossary of terms located in the appendix.

¹⁹ Caseworker is an automated juvenile tracking and case management system provided by the TJPC to all juvenile probation departments.

SNDP Screening and Enrollment for FY 2002

In order to be enrolled in the SNDP, juveniles must pass a screening process. The screening process included, at a minimum, determination that the juvenile was under the jurisdiction of the local juvenile court, a clinical assessment establishing that the juvenile met the Priority Population definition as set forth by TDMHR and a family suitability interview determining that the juvenile had an adult family member willing to actively participate in the program. Additional screening criteria were developed by each of the nineteen programs in order to maximize the programs and resources available within each of the communities.

The following table provides the distribution of juveniles who were screened and enrolled along with those who were screened and not enrolled by county size.²⁰ In FY 2002, the first year of the SNDP, 764 juveniles were enrolled in the program compared to 997 who were screened out. More than one half of those who were screened for the SNDP was not enrolled (56.6%). The majority of the juveniles screened in the mid-sized counties were enrolled (63.3%). In contrast, the majority of the juveniles screened in the urban counties were not enrolled (60.9%). Unsurprisingly, most of the juveniles who were screened were from urban counties (82.3%) (because of their earlier start date and larger number of referrals). (For a distribution of the number of juveniles who were enrolled and screened out by site, see Table C3 in the appendix.)

Table 31
Enrollments and Screenings for the Special Needs Diversionary Program
By County Size in FY 2002^a

Program Status	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Enrolled	197	63.3%	567	39.1%	764	43.4%
Screened Out	114	36.7%	883	60.9%	997	56.6%
<i>Total</i>	<i>311</i>	<i>100.0%</i>	<i>1,450</i>	<i>100.0%</i>	<i>1,761</i>	<i>100.0%</i>

^a At the time the data were drawn from the active database, 35 juveniles were still in the screening process, and decisions regarding their enrollment had not yet been made.

Of those juveniles who were *not* enrolled in the SNDP, one third received other mental health services. Of those who were screened and met initial programmatic criteria but were not enrolled, 20% failed to meet additional criteria along with 19% who were better suited for another program. Other explanations for not enrolling these juveniles included lack of space in the program, juvenile or parent refusal to participate in the program, insufficient time remaining under juvenile court jurisdiction to allow for completion of the program or the juvenile's placement or commitment to TYC.

²⁰ Mid-sized counties (second-phase programs) included Angelina/Nacogdoches, Ellis, Ft. Bend, Hale, Jasper/Tyler, Jefferson, McLennan, Randall, San Patricio, Smith and Williamson counties. Urban counties (first-phase programs) included Bexar, Cameron, Dallas, El Paso, Harris, Hidalgo, Tarrant and Travis counties.

SNDP Screening Process

As was previously mentioned, juveniles must meet certain screening criteria in order to be enrolled in the SNDP. First, a clinical assessment establishing Priority Population must be conducted. Priority population refers to a juvenile with a DSM-IV Axis I diagnosis, other than or in addition to substance abuse, mental retardation, autism or pervasive development disorder AND either a Global Assessment of Functioning (GAF)²¹ score of 50 or less OR risk of removal from a preferred living environment due to psychiatric symptoms OR a determination of special education by the school system due to emotional disturbance. Table 32 provides the distribution of juveniles enrolled in the SNDP who met various criteria for program placement (see below). Only 86.1% of enrollees satisfied the Priority Population criteria necessary to be included in the program.

Second, a family suitability interview was used to determine if the juvenile had a family member or other adult who was interested in actively participating in the program. Of the 764 juveniles enrolled, 99% of them participated in a family suitability interview wherein a family or guardian member expressed interest in actively participating in the program.²² Moreover, nearly half of those not enrolled did not have a family/guardian interview to determine family suitability. Still, of those juveniles who had an interview, more than 20% of the juveniles had a family member who was willing to participate.

Table 32
Juveniles Meeting Possible Placement Criteria for the Special Needs Diversionary Program
by County Size in FY 2002

Possible Placement Criteria	Size of County					
	Mid-Sized (n=197)		Urban (n=567)		Total (n=764)	
	N	%	N	%	N	%
GAF score of 50 or less	178	90.4%	484	85.4%	662	86.6%
At risk of removal	130	66.0%	387	68.3%	517	67.7%
Special education determination	74	37.6%	244	43.0%	318	41.6%
DSM IV Axis I diagnosis	173	87.8%	501	88.4%	674	88.2%
<i>Priority Population</i>	172	87.3%	486	85.7%	658	86.1%

Of the 764 juveniles who were enrolled in the SNDP, 86.6% had a GAF score of 50 or less. GAF scores ranged from a low of 15 to a high of 75 with a mean of 47.²³ The mid-sized county category had a larger percentage of juveniles with GAF scores of 50 or less than the urban county category. Overall, two thirds (67.7%) of enrolled juveniles were at risk of removal from a preferred living environment due to psychiatric symptoms, and over two fifths (41.6%) of enrollees had been determined by the school system to be in special education due to serious emotional disturbance. Higher proportions of juveniles in urban counties were at risk of removal or had a special education determination compared to juveniles in mid-sized counties. Almost 90% of enrolled juveniles had a DSM IV Axis I diagnosis.²⁴

²¹ The GAF is one of the five diagnostic “axes” in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV). The last axis, Axis V, pertains to clinical assessment of a client’s global functioning. This assessment results in the assignment of a GAF score that corresponds to the client’s relative functioning psychologically, socially and occupationally. The scores range from 1 to 100, with the lower scores indicating that a client may pose relative dangers to self or others and the higher scores indicating relatively good/superior functioning. Each individual GAF score is derived through a clinical assessment conducted by a mental health professional.

²² One percent of the juveniles did not have a family suitability interview, indicating either data entry error or non-adherence to programmatic requirements.

²³ Missing values and values of 0 (likely the result of data entry errors or missing data) were excluded from this calculation.

²⁴ Acceptable DSM-IV Axis I diagnoses included any juvenile who received a diagnosis of social phobia, specific phobia, panic disorder, agoraphobia, general anxiety disorder, obsessive compulsive disorder, post traumatic stress disorder, major depression/dysthymic disorder, mania/hypomania, attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, schizophrenia or some other DSM-IV Axis I diagnosis. ‘Other’ DSM-IV Axis I Diagnosis may include separation anxiety, selective mutism, tic disorders or eating disorders.

SNDP Screening and Enrollment for FY 2002 by Gender

The following set of tables provides descriptive and comparative information about juveniles who were screened and enrolled in the SNDP and juveniles who were screened and not enrolled in the SNDP in FY 2002. Table 33 shows the number and percentage of juveniles enrolled and screened out by county size and gender. Females comprised one third of enrollees, representing a slightly higher proportion of females than in the juvenile probation system in 2001. Of the total number of females screened, half was enrolled compared to only 40.8% of males screened. Three quarters of those who were not enrolled were males. The urban counties screened a higher proportion of males than the mid-sized counties (72.8% compared to 65.0%) whereas mid-sized counties screened a higher proportion of females than the urban counties (35.0% compared to 27.2%).

Table 33
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and Gender in FY 2002^a

Gender	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled						
Female	70	35.5%	182	32.1%	252	33.0%
Male	127	64.5%	385	67.9%	512	67.0%
Total	197	100.0%	567	100.0%	764	100.0%
Screened and Not Enrolled						
Female	38	33.9%	211	24.0%	249	25.1%
Male	74	66.1%	669	76.0%	743	74.9%
Total	112	100.0%	880	100.0%	992	100.0%
Total Screened						
Female	108	35.0%	393	27.2%	501	28.5%
Male	201	65.0%	1,054	72.8%	1,255	71.5%
Total	309	100.0%	1,447	100.0%	1,756	100.0%

^a Missing data for 5 cases.

SNDP Screening and Enrollment for FY 2002 by Race

Table 34 shows the frequency and percentage of juveniles enrolled and screened out by county size and race. Overall, minority juveniles comprised the largest proportion of enrollees (66.9% compared to 33.1% for non-minority). Hispanics constituted the largest percentage of juveniles who were enrolled (41.6%). One third of the enrollees was Anglos, and one quarter was African American. These proportions are similar to the proportions within the juvenile probation system in 2001. Of those screened and not enrolled, Anglos were the highest proportion (36.4%). Urban counties screened and enrolled a higher proportion of Hispanics than mid-sized counties (46.7% compared to 26.9%), and mid-sized counties screened and enrolled a larger percentage of Anglos than urban counties (47.2% compared to 28.2%).

Table 34
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and Race in FY 2002^a

Race	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled						
African American	51	25.9%	140	24.7%	191	25.0%
Hispanic	53	26.9%	265	46.7%	318	41.6%
Anglo	93	47.2%	160	28.2%	253	33.1%
Other ^b	0	0.0%	2	0.4%	2	0.3%
<i>Total</i>	<i>197</i>	<i>100.0%</i>	<i>567</i>	<i>100.0%</i>	<i>764</i>	<i>100.0%</i>
Screened and Not Enrolled						
African American	31	27.7%	241	27.4%	272	27.4%
Hispanic	25	22.3%	321	36.5%	346	34.9%
Anglo	55	49.1%	306	34.8%	361	36.4%
Other ^b	1	0.9%	12	1.4%	13	1.3%
<i>Total</i>	<i>112</i>	<i>100.0%</i>	<i>880</i>	<i>100.1%</i>	<i>992</i>	<i>100.0%</i>
Total Screened						
African American	82	26.5%	381	26.3%	463	26.4%
Hispanic	78	25.2%	586	40.5%	664	37.8%
Anglo	148	47.9%	466	32.2%	614	35.0%
Other ^b	1	0.3%	14	1.0%	15	0.9%
<i>Total</i>	<i>309</i>	<i>99.9%</i>	<i>1,447</i>	<i>100.0%</i>	<i>1,756</i>	<i>100.1%</i>

NOTE: Percentages may not total 100.0% due to rounding.

^aMissing data for 5 cases. ^bThe 'Other' race category consisted of American Indian, Asian American and other race classifications.

SNDP Screening and Enrollment for FY 2002 by Age

Table 35 shows the number and percentage of juveniles screened and enrolled and screened and not enrolled by county size and age. Juveniles who were 13 or 14 years old comprised the largest proportion of juveniles screened (36.2%), including those who were enrolled subsequently (36.3%). Approximately one half of the enrollees was 15 or 16 years of age, and less than 15% of the enrollees was 10 to 12 years old. The mid-sized counties enrolled a larger percentage of younger juveniles who were 10 to 12 years of age (21.8%) compared to urban counties who enrolled only 11.1%.

Table 35
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and Age in FY 2002

Age	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled						
10-12	43	21.8%	61	11.1%	104	13.9%
13-14	58	29.4%	213	38.8%	271	36.3%
15	55	27.9%	158	28.8%	213	28.6%
16	40	20.3%	113	20.6%	153	20.5%
17+	1	0.5%	4	0.7%	5	0.7%
Total ^a	197	99.9%	549	100.0%	746	100.0%
Screened and Not Enrolled						
10-12	15	13.5%	62	7.4%	77	8.1%
13-14	36	32.4%	305	36.5%	341	36.0%
15	29	26.1%	219	26.2%	248	26.2%
16	29	26.1%	234	28.0%	263	27.8%
17+	2	1.8%	15	1.8%	17	1.8%
Total ^b	111	99.9%	835	99.9%	946	99.9%
Total Screened						
10-12	58	18.8%	123	8.9%	181	10.7%
13-14	94	30.5%	518	37.4%	612	36.2%
15	84	27.3%	377	27.2%	461	27.2%
16	69	22.4%	347	25.1%	416	24.6%
17+	3	1.0%	19	1.4%	22	1.3%
Total	308	100.0%	1,384	100.0%	1,692	100.0%

NOTE: Percentages may not total 100.0% due to rounding.

^a Missing data for 18 cases. ^b Missing data for 51 cases.

SNDP Screening and Enrollment for FY 2002 by Offense

Table 36 provides the number and percentage of juveniles screened and/or enrolled by county size and offense type.²⁵ Almost half of the juveniles who were screened and either enrolled or not enrolled was referred to probation for misdemeanor offenses. Nearly one third of the enrollees committed a felony offense (30.3%), and 13.0% violated terms of their probation. Urban counties enrolled juveniles who were referred for felony offenses at higher rates than mid-sized counties (32.4% compared to 24.4%). In contrast, mid-sized counties enrolled juveniles with CINS offenses at a greater pace than did urban counties (12.7% compared to 8.4%). Of the enrollees with a disposition, three quarters of them were adjudicated to probation, and nearly one fifth was placed on deferred prosecution.

Table 36
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and Offense in FY 2002

Offense Type	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled						
Felony	48	24.4%	178	32.4%	226	30.3%
Misdemeanor	101	51.3%	251	45.7%	352	47.2%
CINS	25	12.7%	46	8.4%	71	9.5%
Violation of Probation	23	11.7%	74	13.5%	97	13.0%
<i>Total^a</i>	<i>197</i>	<i>100.1%</i>	<i>549</i>	<i>100.0%</i>	<i>746</i>	<i>100.0%</i>
Screened and Not Enrolled						
Felony	32	28.8%	286	34.3%	318	33.6%
Misdemeanor	44	39.6%	384	46.0%	428	45.2%
CINS	15	13.5%	43	5.1%	58	6.1%
Violation of Probation	20	18.0%	122	14.6%	142	15.0%
<i>Total^b</i>	<i>111</i>	<i>99.9%</i>	<i>835</i>	<i>100.0%</i>	<i>946</i>	<i>99.9%</i>
Total Screened						
Felony	80	26.0%	464	33.5%	544	32.2%
Misdemeanor	145	47.1%	635	45.9%	780	46.1%
CINS	40	13.0%	89	6.4%	129	7.6%
Violation of Probation	43	14.0%	196	14.2%	239	14.1%
<i>Total^b</i>	<i>308</i>	<i>100.1%</i>	<i>1,384</i>	<i>100.0%</i>	<i>1,692</i>	<i>100.0%</i>

NOTE: Percentages may not total 100.0% due to rounding.

^aMissing data for 18 cases. ^bMissing data for 51 cases.

²⁵ Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department.

SNDP Screening and Enrollment for FY 2002 by Referral History

Table 37 provides the number and percentage of juveniles screened and/or enrolled by county size and referral history. The referral history computations included formal referrals to probation since January 1, 1999 only. One third of enrollees had no prior referrals. One quarter of enrolled juveniles had one prior referral, and two fifths had two or more prior referrals. Seventeen percent of those juveniles who were screened out of the SNDP had four or more referrals. Enrollees had an average of 1.6 prior referrals compared to non-enrollees who had a mean of 1.8 prior referrals. Urban and mid-sized counties screened juveniles with similar referral histories. However, urban counties enrolled juveniles with more extensive referral histories (two or more prior referrals) than mid-sized counties (42.3% compared to 34.7%).

Table 37
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and Referral History in FY 2002^a

Number of Prior Referrals	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled						
0	79	41.6%	168	31.0%	247	33.7%
1	45	23.7%	145	26.8%	190	26.0%
2	30	15.8%	86	15.9%	116	15.8%
3	10	5.3%	75	13.8%	85	11.6%
4 or more	26	13.7%	68	12.5%	94	12.8%
<i>Total^b</i>	190	100.1%	542	100.0%	732	99.9%
Screened and Not Enrolled						
0	40	37.0%	324	39.2%	364	38.9%
1	21	19.4%	166	20.1%	187	20.0%
2	18	16.7%	123	14.9%	141	15.1%
3	14	13.0%	70	8.5%	84	9.0%
4 or more	15	13.9%	144	17.4%	159	17.0%
<i>Total^c</i>	108	100.0%	827	100.1%	935	100.0%
Total Screened						
0	119	39.9%	492	35.9%	611	36.7%
1	66	22.1%	311	22.7%	377	22.6%
2	48	16.1%	209	15.3%	257	15.4%
3	24	8.1%	145	10.6%	169	10.1%
4 or more	41	13.8%	212	15.5%	253	15.2%
<i>Total</i>	298	100.0%	1,369	100.0%	1,667	100.0%

NOTE: Percentages may not total 100.0% due to rounding.

^a Twenty-five cases were missing data for the referral history computation. The referral history computations included formal referrals to probation since January 1, 1999 only. ^b Missing data for 18 cases. ^c Missing data for 51 cases.

SNDP Screening and Enrollment for FY 2002 by MAYSI-2 Results

Table 38 shows the frequency and percentage of juveniles enrolled and screened out who attained caution and warning cutoffs on various MAYSI-2 subscales by county size. (The percentages represent the proportion of juveniles within each group (screened/enrolled, screened/not enrolled and screened) who received a caution or warning on each subscale.) The MAYSI-2 is a brief screening tool used to assist in the identification of various types of reported and current mental/emotional disturbance, distress or patterns of problem behavior (Grisso & Barnum 2000, 13). (For a more detailed description of the MAYSI-2 and each of its subscales, see pages 9-10.)

The most frequently occurring subscale using caution scores was *Somatic Complaints* with 47.9% of the enrolled juveniles at the caution cutoff. A staggering 37.6% of juveniles scored at the warning level on the *Suicide Ideation* subscale. Two fifths of the enrollees achieved a score at the caution cutoff level on the *Angry-Irritable* and *Depressed-Anxious* subscales. With one exception (*Suicide Ideation* subscale warning), a higher proportion of juveniles who were screened out attained caution or warning scores on each subscale compared to those who were enrolled.

Table 38*
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and MAYSI-2 Caution and Warning Scores in FY 2002^a

MAYSI-2 Subscale	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Enrolled (n=474)						
Alcohol/Drug Use Caution	24	5.1%	82	17.3%	106	22.4%
Alcohol/Drug Use Warning	5	1.1%	15	3.2%	20	4.3%
Angry-Irritable Caution	54	11.4%	130	27.4%	184	38.8%
Angry-Irritable Warning	34	7.2%	74	15.6%	108	22.8%
Depressed-Anxious Caution	49	10.3%	133	28.1%	182	38.4%
Depressed-Anxious Warning	25	5.3%	77	16.2%	102	21.5%
Somatic Complaints Caution	70	14.8%	157	33.1%	227	47.9%
Somatic Complaints Warning	16	3.4%	44	9.3%	60	12.7%
Suicide Ideation Caution	14	3.0%	30	6.3%	44	9.3%
Suicide Ideation Warning	47	9.9%	131	27.6%	178	37.6%
Thought Disturbance Caution ^b	18	5.6%	52	16.2%	70	21.8%
Thought Disturbance Warning ^b	21	6.5%	74	23.1%	95	29.6%

* Table (with notes) is continued on the following page.

Table 38 (continued)
Enrollments and Screenings for the Special Needs Diversionary Program
by County Size and MAYSI-2 Caution and Warning Scores in FY 2002^a

MAYSI-2 Subscale	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Screened and Not Enrolled (n=738)						
Alcohol/Drug Use Caution	14	1.9%	180	24.4%	194	26.3%
Alcohol/Drug Use Warning	4	0.5%	51	6.9%	55	7.4%
Angry-Irritable Caution	30	4.1%	286	38.8%	316	42.9%
Angry-Irritable Warning	12	1.6%	158	21.4%	170	23.0%
Depressed-Anxious Caution	28	3.8%	312	42.3%	340	46.1%
Depressed-Anxious Warning	12	1.6%	154	20.9%	166	22.5%
Somatic Complaints Caution	33	4.5%	362	49.1%	395	53.6%
Somatic Complaints Warning	11	1.5%	90	12.2%	101	13.7%
Suicide Ideation Caution	4	0.5%	93	12.6%	97	13.1%
Suicide Ideation Warning	25	3.4%	238	32.2%	263	35.6%
Thought Disturbance Caution ^c	12	2.2%	160	29.5%	172	31.7%
Thought Disturbance Warning ^c	10	1.8%	160	29.5%	170	31.3%
Total Screened (n=1,212)						
Alcohol/Drug Use Caution	38	3.1%	262	21.6%	300	24.7%
Alcohol/Drug Use Warning	9	0.7%	66	5.4%	75	6.1%
Angry-Irritable Caution	84	6.9%	416	34.3%	500	41.2%
Angry-Irritable Warning	46	3.8%	232	19.1%	278	22.9%
Depressed-Anxious Caution	77	6.4%	445	36.7%	522	43.1%
Depressed-Anxious Warning	37	3.1%	231	19.1%	268	22.2%
Somatic Complaints Caution	103	8.5%	519	42.8%	622	51.3%
Somatic Complaints Warning	27	2.2%	134	11.1%	161	13.3%
Suicide Ideation Caution	18	1.5%	123	10.1%	141	11.6%
Suicide Ideation Warning	72	5.9%	369	30.4%	441	36.3%
Thought Disturbance Caution ^d	30	3.5%	212	24.6%	242	28.1%
Thought Disturbance Warning ^d	31	3.6%	234	27.1%	265	30.7%

NOTE: Percentages may not total due to rounding.

^a Approximately one third of the sample (n=549) did not have corresponding MAYSI-2 data. ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample size for screened and enrolled is n=321. ^c The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample size for screened and not enrolled is n=542. ^d The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample size for total screened is n=863.

SNDP Enrollment for FY 2002 by Primary Diagnosis

The following series of tables provides information specific to the group of juveniles who were enrolled in the SNDP. According to data provided to the TJPC through the on-line tracking database, of the 764 juveniles enrolled, 65 (8.5%) reported not having a DSM-IV Axis I diagnosis. Table 39 provides the distribution of diagnoses for those 699 juveniles who reported having a DSM-IV Axis I diagnosis. The most frequently reported mental disorder among this sample was major depression/dysthymic disorder with 21.7% of enrollees. Following this disorder were 'Other' DSM-IV Axis I diagnosis (19.7%), oppositional defiant (18.9%) and conduct disorder (18.0%). Among mid-sized counties, the most frequently reported disorder was oppositional defiant (22.9%) compared to major depression/dysthymic disorder (22.3%) in the urban counties. (See Table C4 in the appendix for a list of each site's top two primary reported diagnoses.)

Table 39
Primary Diagnoses of Juveniles Enrolled in the Special Needs Diversionary Program
by County Size in FY 2002

Primary DSM-IV Axis I Diagnosis	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Major Depression/Dysthymic Disorder	36	20.1%	116	22.3%	152	21.7%
'Other' DSM-IV Axis I Diagnosis ^a	25	14.0%	113	21.7%	138	19.7%
Oppositional Defiant Disorder	41	22.9%	91	17.5%	132	18.9%
Conduct Disorder	37	20.7%	89	17.1%	126	18.0%
Attention Deficit Hyperactivity Disorder	17	9.5%	48	9.2%	65	9.3%
Mania/Hypomania	8	4.5%	27	5.2%	35	5.0%
Marijuana Abuse/Dependence	4	2.2%	8	1.5%	12	1.7%
General Anxiety Disorder	5	2.8%	4	0.8%	9	1.3%
Other Substance Abuse/Dependence	1	0.6%	8	1.5%	9	1.3%
Social Phobia	2	1.1%	2	0.4%	4	0.6%
Panic Disorder	0	0.0%	4	0.8%	4	0.6%
Post Traumatic Stress Disorder	1	0.6%	3	0.6%	4	0.6%
Schizophrenia	1	0.6%	2	0.4%	3	0.4%
Obsessive Compulsive Disorder	0	0.0%	2	0.4%	2	0.3%
Alcohol Abuse/Dependence	1	0.6%	1	0.2%	2	0.3%
Mental Retardation	0	0.0%	2	0.4%	2	0.3%
<i>Total</i>	<i>179</i>	<i>100.2%</i>	<i>520</i>	<i>100.0%</i>	<i>699</i>	<i>100.0%</i>

NOTE: Percentages may not total 100.0% due to rounding.

^a 'Other' DSM-IV Axis I Diagnosis may include separation anxiety, selective mutism, tic disorders or eating disorders.

SNDP Enrollment and Co-Occurring Substance Abuse/Dependence in FY 2002

Mental health disorders along with substance abuse disorders are prevalent. Of the 699 juveniles who were enrolled in the SNDP and had a diagnosis, 17.6% reportedly had a mental disorder along with a marijuana abuse, alcohol abuse/dependence or 'Other' substance abuse/dependence. The prevalence of co-occurring substance abuse/dependence disorders is located in Table 40.

Table 40
Co-Occurring Substance Abuse/Dependence Among Juveniles Enrolled in the Special Needs Diversionary Program in FY 2002

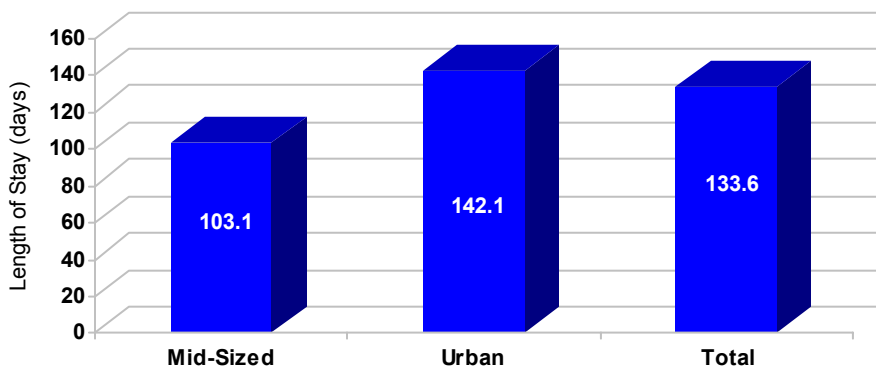
Disorder	N	%
Marijuana Abuse/Dependence	74	10.6%
'Other' Substance Abuse/Dependence	30	4.3%
Alcohol Abuse/Dependence	19	2.7%
<i>Total</i>	<i>123</i>	<i>17.6%</i>

At the end of FY 2002, 403 juveniles were still active in the SNDP. In the mid-sized counties, 118 (29.3%) of the juveniles were active, and in the urban counties 285 (70.7%) of the juveniles were still active. (For a breakdown by site, see Table C5 in the appendix.)

SNDP Completion and Average Length of Stay for FY 2002

Of the 764 juveniles who were enrolled in the SNDP in FY 2002, 361 juveniles ended the program during this period. Figure 1 provides the average length of stay of enrollees who completed the program during FY 2002 by county size. Overall, the average length of stay was 133.6 days, approximately 4 ½ months. Juveniles' average length of stay in urban counties was slightly longer, and juveniles' average length of stay in mid-sized counties was substantially less (approximately 3 ½ months). (For a breakdown of average length of stay by site, see Table C6 in the appendix.)

Figure 1
Average Length of Stay for Juveniles Who Completed the Special Needs Diversionary Program by County Size in FY 02



SNDP Completion and Program Outcome for FY 2002

Table 42 shows the outcomes of juveniles who completed the program during this period by county size. Overall, a majority of the juveniles completed the SNDP (52.4%). Nearly one quarter of the juveniles did not complete the program for a variety of reasons, including 'Other' unsuccessful outcome (16.6%), committed to TYC (5.0%), absconded (2.2%) or transferred to the adult system (0.6%). Less than 10% were placed out of the home (8.3%). The mid-sized counties had a slightly higher proportion of juveniles who did not complete the program (30.4%) compared to the urban counties (22.7%).

Table 41
Outcomes of Juveniles Completing the Special Needs Diversionary Program
by County Size in FY 2002

Program Outcome	Size of County					
	Mid-Sized		Urban		Total	
	N	%	N	%	N	%
Completed the Program	36	45.6%	153	54.3%	189	52.4%
Did Not Complete the Program	24	30.4%	64	22.7%	88	24.4%
'Other' Unsuccessful Outcome	21	26.6%	39	13.8%	60	16.6%
Committed to TYC	3	3.8%	15	5.3%	18	5.0%
Absconded	0	0.0%	8	2.8%	8	2.2%
Transferred to Adult System	0	0.0%	2	0.7%	2	0.6%
Discharged Early/Moved to Another Program	12	15.2%	35	12.4%	47	13.0%
Placed out of the Home	5	6.3%	25	8.9%	30	8.3%
Transferred Out of Jurisdiction/Deceased	2	2.5%	5	1.8%	7	1.9%
<i>Total</i>	<i>79</i>	<i>100.0%</i>	<i>282</i>	<i>100.0%</i>	<i>361</i>	<i>100.0%</i>

In addition, one third of the juveniles who completed the program was under regular probation (34.6%) after their participation in the program followed by almost 20% whose supervision was completed. More than 16% were under intensive supervision probation following their time in the program.

SNDP Average Cost for FY 2002

The 77th legislature of the State of Texas appropriated \$2 million per year of the biennium to the TJPC to fund specialized juvenile probation officers for the SNDP. The Legislature appropriated \$5 million to TCOMI per year of the biennium to fund a licensed mental health professional to partner with the specialized juvenile probation officer and provide group and individual counseling, skills development classes, family therapy, medication monitoring and crisis management services. Medicaid funds were leveraged for youth enrolled and were intended to decrease the total State cost per juvenile. This figure was not included in the table below because the amount of Medicaid revenue for FY 2002 was not available at the time of this report. Table 12 represents the average cost per juvenile and the average cost per day for each of the financial contributors as well as combinations of the actual and projected contributions.

Table 42
Average Cost Per Juvenile and Average Cost Per Day
(TJPC, TCOMI, TJPC/TCOMI Combined and Federal with Medicaid)

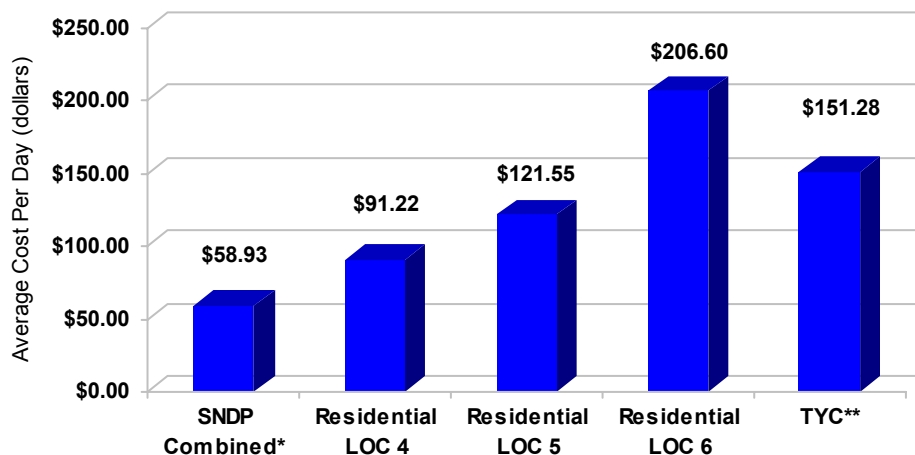
Financial Contributor(s)	Cost Per Juvenile	Cost Per Day
TJPC	\$1,873.18	\$14.02
TCOMI	\$6,000.00 ^a	\$44.91
TJPC/TCOMI Combined	\$7,873.18	\$58.93

^a Projected amount extracted from CJPC Report to House Subcommittee on Criminal Justice (February 2001). The exact amount spent by TCOMI per child was not included in the above table because the exact amount spent was not available at the time of this report.

The Texas Department of Protective and Regulatory Services (TDPRS) has defined levels of care (LOC) for the purposes of determining cost per day for juveniles based upon the intensity of supervision and treatment the juvenile requires. LOC 4 needs typically involve juveniles who have physical, mental, and social needs and behaviors that present episodes of aggressive or other antisocial behavior that results in inappropriate social skills and/or risk of causing harm to self. LOC 5 needs typically involve juveniles who are unable to function in multiple areas or who may lack motivation or ability to participate in personal care or social activities, exhibit mood or thought disturbances and may exhibit suicidal ideation. LOC 6 needs typically involve juveniles who exhibit more severe thought and mood disturbances and may be aggressive or exhibit self-destructive behaviors or are grossly impaired in reality testing, communication, cognition, affect or personal hygiene. Juveniles whose needs are consistent with those described in LOC 4, LOC 5 and LOC 6 are often the types of juveniles served by the SNDP.

Figure 2 represents a comparison of the average cost per day for the SNDP, residential level of care rates (4, 5 and 6) and TYC. Compared to residential LOC rates and TYC, the SNDP cost per day was substantially lower. These results illustrate the cost savings to the State in serving youth with severe mental health needs, who are involved with the juvenile justice system, in the community, rather than placing them into residential placement to receive treatment and supervision. Moreover, program costs should decrease as the number of juveniles served increases. First-year start-up issues caused delays that reduced the number of juveniles served.

Figure 2
Comparison of Average Cost Per Day of SNDP, Residential Level of
Care Rates and TYC



*SNDP Combined includes the cost per day per youth after combining the expenditures per juvenile from TJPC and the projected expenditure per juvenile for TCOMI for FY 2002. **The TYC cost per day figure represents the cost per day in FY 2002 reported by CJPC (*Mangos to Mangos: Comparing the Operational Costs of Juvenile and Adult Correctional Programs in Texas*).

Conclusions



Recognition of the mental health needs of youth in the juvenile justice system has grown recently in Texas and across the nation. National estimates of youth in the juvenile justice system with diagnosable mental health disorders range from 50% to 75% with approximately 20% having a serious mental health disorder. The Texas Criminal Justice Policy Council (CJPC) estimated the population of offenders under direct supervision of a juvenile probation agency with mental health needs in the state of Texas was 22.4% during fiscal year 2001.

This analysis provided a comprehensive examination of mental health and juvenile probation in Texas, exploring mental health problems among this special population using both the Massachusetts Youth Screening Instrument, *Second Version* (MAYSI-2) and the Diagnostic Interview Schedule for Children (Voice DISC-IV) as well as describing a program, the Special Needs Diversionary Program (SNDP), that has begun to fill a service gap for juveniles with mental health needs in the probation system.

MAYSI-2 Findings

The MAYSI-2 is a brief screening tool used to assist in the identification of various types of reported and current mental/emotional disturbance, distress or patterns of problem behavior. It results in two levels of scores: caution and warning. The caution cutoff indicates that the youth score has possible clinical significance. The warning cutoff indicates that the youth has scored exceptionally high in comparison to other youths in the [Massachusetts] juvenile justice system. The MAYSI-2 identifies potential problems in the following areas (also called subscales): *Alcohol/Drug Use*, *Angry-Irritable*, *Depressed-Anxious*, *Somatic Complaints*, *Suicide Ideation*, *Thought Disturbance* and *Traumatic Experiences*.

Of the entire sample of FY 2002 referrals that had MAYSI-2 results, 60% achieved the caution cutoff level on at least one subscale, and one quarter of the sample reached the warning cutoff on at least one subscale. The highest rates of caution cutoffs were for *Somatic Complaints*. The largest proportion of warning cutoffs for the sample was in the *Suicide Ideation* subscale. With the exception of the *Alcohol/Drug Use* and *Thought Disturbance* (which pertains to males only) subscales, females scored higher proportions of warning and caution cutoffs on each subscale. With the exception of the *Depressed-Anxious* subscale, a higher proportion of non-minority (Anglo) juveniles reached the caution or above cutoff level compared to minority (African American, Hispanic and 'Other' combined) juveniles. Still, African American juveniles scored the highest proportion of caution or above caution scores in the *Angry-Irritable*, *Depressed-Anxious* and *Thought Disturbance* areas and the highest proportion of warning scores on the *Depressed-Anxious* and *Thought Disturbance* subscales. In the *Alcohol/Drug Use* subscale, as age increased so did the proportion of juveniles attaining caution or warning cutoff levels. In the *Angry-Irritable* subscale, as age increased, the percentage of juveniles reaching caution or warning cutoffs decreased. The percentage of referrals at or above caution was typically greater for CINS or violation of probation offenses compared to felony or misdemeanor offenses. Generally, the highest proportions of caution or above scores were for referrals that were disposed of as TYC commitments or adult certification. For the *Alcohol/Drug Use*, *Angry-Irritable* and *Depressed-Anxious* subscales, higher proportions of caution and warning scores were associated with greater numbers of prior referrals. Over one third of the sample scored in the caution range on more than one subscale, and just over ten percent had multiple warning cutoff scores.

Almost one fifth of the referrals warranted an assessment based on the results of the MAYSI-2. More than one quarter of the females compared to less than one fifth of the males needed an assessment. Although the percentage of juveniles needing an assessment was similar across all race categories, Anglos had the highest proportion of the four groups who needed testing. The age categories did not differ significantly by age, but juveniles who were 13 or 14 years old and 15 years of age were the two largest groups warranting testing. Referrals for CINS and violation of probation had the largest proportion of cases warranting an assessment. The proportions warranting an assessment differed by disposition. Juveniles with more extensive referral histories warranted an assessment at higher rates than those with less extensive referral histories.

A direct comparison to national estimates of mental disorders cannot be made because the MAYSI-2 is a screening tool, not an assessment instrument providing diagnoses of psychiatric disorders. Still, 60.3% of the sample had at least one caution on any one subscale, and 25.7% had at least one warning on one subscale, thus indicating how widespread potential mental health problems are among this sample of juveniles referred to probation. Moreover, based on the results of the MAYSI-2, 19.5% of the sample warranted further assessment according to TJPC guidelines.

Voice DISC-IV Findings

The Diagnostic Interview Schedule for Children (DISC), a family of highly structured psychiatric interviews with parent and child versions that includes the most common child/adolescent mental disorders, was used to investigate the prevalence of mental disorder among justice youth. Juveniles in the prevalence sample were drawn from eight urban counties, which together comprised over half of the juvenile population in Texas (Bexar, Cameron, Dallas, El Paso, Harris, Hidalgo, Tarrant and Travis). The Voice DISC-IV was self-administered to juveniles who had a potential disposition of deferred prosecution or higher within 14 days of their formal referral to the juvenile probation department on a randomly assigned day during a six-month time period (January 1 through August 28, 2002). Twenty-one disorders, grouped into diagnostic clusters for analytical purposes (*Anxiety*, *Affective*, *Disruptive* and *Substance Use* disorders) as well as suicide ideation/attempt, were assessed using the DISC.

Less than half of the sample reported at least one disorder (47.5%). This rate approximates the ranges offered nationally (50% to 75%). One fifth reported having a single disorder, and one quarter reported having two or more disorders. Approximately one quarter of the sample reported having disorders in only one cluster. Very few juveniles reported disorders in all four disorder clusters. Not considering impairment, one quarter of the sample had *Substance Use* disorders, one fifth reported *Anxiety* disorders (excluding Separation Anxiety) or *Disruptive* disorders and less than one tenth reported *Affective* disorders. By far, the most frequently reported disorder was Separation Anxiety followed by Conduct disorder and Marijuana Dependence. Nearly fourteen percent of the sample reported having made a suicide attempt in their entire life.

A slightly higher proportion of females than males reported a disorder. Nearly three fifths of Anglos, half of Hispanics and two fifths of African Americans reported a disorder. Generally, as age increased so did the proportion of juveniles reporting any disorder. For younger juveniles (14 years and below), the most frequently reported disorder cluster was *Anxiety* disorder. However, older juveniles (15 years and above) were more likely to report a *Substance Use* disorder. With the exception of *Substance Use* disorder, juveniles with felony and violation of probation referrals were more likely to report disorders than juveniles referred for misdemeanor offenses. Half of the juveniles whose dispositions were adjudicated to probation, committed to TYC or certified as adult reported a disorder. In every disorder cluster, juveniles with prior referrals were more likely to report a disorder than juveniles without prior referrals. The MAYSI-2 did not identify the majority of juveniles with psychiatric disorders.

Less than one fifth of the sample reported a mental health contact in the last year. Just over one quarter of females had a prior mental health contact compared to less than one fifth of males. Anglos were more likely to report a prior mental health contact than other races. Younger juveniles (10 to 12 years of age) were less likely to report a prior mental health contact than older juveniles. Juveniles with prior referrals were more likely to report a prior mental health contact than those without prior referrals. Nearly one third of those who reported a disorder had prior mental health contact. Juveniles with multiple disorders had higher rates of prior mental health contact than those with singular disorders.

SNDP Findings

In an attempt to fill the service gap for juveniles with mental health needs in the justice system, the Special Needs Diversionary Program (SNDP) was initiated by the 77th Legislature. It was designed to prevent the removal of juveniles with mental health needs from the home and further involvement with the juvenile justice system. Sites began providing services in September of 2001. Juveniles were required to fulfill certain requirements in order to be enrolled in the SNDP. First, a clinical assessment establishing priority population was conducted. Priority Population, as set forth by TDMHMR, refers to a juvenile with a DSM-IV Axis I diagnosis, other than or in addition to substance abuse, mental retardation, autism or pervasive development disorder AND either a Global Assessment of Functioning (GAF) score of 50 or less OR risk of removal from a preferred living environment due to psychiatric symptoms OR a determination of special education by the school system due to emotional disturbance. Second, a family suitability interview was used to determine if the juvenile had a family member or other adult who was interested in actively participating in the program.

In FY 2002, the first year of the SNDP, 764 juveniles were enrolled in the program compared to 997 who were screened out. Of those juveniles who were enrolled in the SNDP, nearly ninety percent had a GAF score of 50 or less. Two thirds of enrolled juveniles were at risk of removal from a preferred living environment due to psychiatric symptoms, and over two fifths of enrollees had been determined by the school system to be in special education due to serious emotional disturbance. Almost ninety percent of enrolled juveniles had a DSM-IV Axis I diagnosis. Females comprised one third of the enrollees. Minority (African American, Hispanic and 'Other' combined) juveniles constituted the largest proportion of enrollees with two thirds. Hispanics comprised the largest percentage of juveniles who were enrolled with two fifths. Approximately one half of the enrollees was 15 or 16 years of age, and less than fifteen percent of the enrollees were 10 to 12 years old. Almost half of the juveniles who were enrolled was referred to probation for misdemeanor offenses. Nearly one third of the enrollees committed a felony offense. One third of enrollees had no prior referrals. One quarter of enrolled juveniles had one prior referral, and two fifths had two or more prior referrals. The most frequently occurring MAYSI-2 subscale using caution scores was *Somatic Complaints* with almost half of the enrolled juveniles obtaining a caution. Nearly two fifths of enrolled juveniles scored at the warning level on the MAYSI-2 *Suicide Ideation* subscale.

Of the 764 juveniles enrolled, approximately ten percent did not report having an existing DSM-IV Axis I diagnosis. The most frequently reported mental disorder among this sample was major depression/ dysthymic disorder with one fifth of enrollees reporting this disorder. Following this disorder were 'Other' DSM Axis I diagnosis, oppositional defiant and conduct disorder. Of the 699 juveniles who were enrolled in the SNDP and had a diagnosis, nearly one fifth also reported a co-occurring substance use disorder.

At the end of FY 02, 403 juveniles were still active in the SNDP. Of the 764 juveniles who were enrolled in the SNDP in FY 02, 361 juveniles ended the program during this period. The average length of stay was 133.6 days, approximately 4 ½ months. Over half of the juveniles completed the SNDP. Nearly one quarter of the juveniles did not complete the program for reasons of committed to TYC, absconded, transferred to the adult system or some other reason. Less than ten percent were placed out of the home. In addition, one third was under regular probation after their participation in the program followed by almost one fifth whose supervision was completed. More than sixteen percent was under intensive supervision probation following their time in the program. The average cost per day was \$58.93, a substantially lower rate compared to TYC and other residential LOC of rates.

Overall Findings

In summary, mental health problems appear to be prevalent among the juvenile probation population according to results from the Voice DISC-IV. Almost half of the sample reported having a disorder—a rate that is comparable to national rates. However, a promising approach—combined services from the justice and mental health systems—appears to be filling the gap in service provision for this population.

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References



Atkins, D.L., Pumariega, A.J., & Rogers, K. (1999). "Mental Health and Incarcerated Youth: Prevalence and Nature of Psychopathology." *Journal of Child and Family Studies* 8: 193-204.

Bilchik, B. (1998). *Mental Health Disorders and Substance Abuse Problems Among Juveniles*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Cocozza, J.J. & Skowyra, K. (2000). "Youth With Mental Health Disorders: Issues and Emerging Responses." *Juvenile Justice Journal* VII (1). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Duclos, C.W., Belas, J., Novins, D.K., Martin, C., Jewett, C.S., & Manson, S.M. (1998). "Prevalence of Common Psychiatric Disorders Among American Indian Adolescent Detainees." *Journal of the American Academy of Child and Adolescent Psychiatry* 37: 866-873.

Friman, P.C., Handwerk, M.L., Smith, G.L., Larzelere, R. E., Lucas, C.P., & Shaffer, D.M. (2000). "External Validity of Conduct and Oppositional Defiant Disorders Determined by the NIMH Diagnostic Interview Schedule for Children." *Journal of Abnormal Child Psychology* 28: 277-286.

Garland, A.F., Hough, R.L., McCabe, K.M., Yeh, M., Wood, P.A., & Aarons, G.A. (2001). "Prevalence of Psychiatric Disorders in Youths Across Five Sectors of Care." *Journal of the American Academy of Child and Adolescent Psychiatry* 40: 409-418.

Grisso, T. & Barhum, R. (2000). *Massachusetts Youth Screening Instrument-2 (MAYSI-2)*. Worcester, MA: University of Massachusetts Medical School.

Hubner, J. & Wofson, J. (2000). *Handle With Care: Serving the Mental Health Needs of Young Offenders*. Washington, DC: Coalition for Juvenile Justice.

Lucas, C.P., Greenwald, S., Friman, P., Handwerk, M., Almquist, J., Fisher, P.W., & Shaffer, D. (in review). "The Voice DISC: Description and Psychometrics."

Mangos to Mangos: Comparing the Operational Costs of Juvenile and Adult Correctional Programs in Texas. (2003). Austin, TX: Criminal Justice Policy Council.

Martinez, A.L., Brown, J.H., & Arrigona, N. (2002). *Overview of the Enhanced Mental Health Services Initiative*. Austin, TX: Criminal Justice Policy Council.

Randall, J., Henggeler, S. W., Pickrel, S.G., & Brondino, M.J. (1999). "Psychiatric Comorbidity and the 16-Month Trajectory of Substance-abusing and Substance-dependent Juvenile Offenders." *Journal of the American Academy of Child and Adolescent Psychiatry* 38: 1118-1124.

Shaffer, D.M., Fisher, P.W., Dulcan, M.K., Davies, M., Piacentini, J.C., Schwab-Stone, M.E., Lahey, B.B., Bourdin, K., Jensen, P.S., Bird, H.R., Canino, G.J., & Reiger, D. (1996). "The NIMH Diagnostic Interview Schedule for Children (DISC-2.3): Description, Acceptability, Prevalences and Performance in the MECA Study." *Journal of the American Academy of Child and Adolescent Psychiatry* 35: 865-877.

Shaffer, D.M., Fisher, P.W., Lucas, C., Dulcan, M.K., & Schwab-Stone, M.E. (2000). "NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, Differences from Previous Versions, and Reliability of Some Common Diagnoses." *Journal of the American Academy of Child and Adolescent Psychiatry* 39: 28-38.

Shaffer, D.M., Restifo, K., Garfinkel, W.H., Enhrensaft, M., & Munfah, J. (1998). "Screening for young-adult suicidality and mood disorders in high school: The cost benefits of one-and two-stage strategies." Poster presentation at the Annual meeting of the American Association of Child and Adolescent Psychiatry

The State of Juvenile Probation Activity in Texas: Calendar Year 2001. (2002). Austin, TX: Texas Juvenile Probation Commission.

Teplin, L.A. (2001). *Assessing Alcohol, Drug, and Mental Disorders in Juvenile Detainees.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K., & Mericle, A.A. (2002). "Psychiatric Disorders in Youth in Juvenile Detention." *Archives of General Psychiatry*, in press.

Wasserman, G.A., Jensen, P.J., Ko, S.J., Trupin, E.W., & Cocozza, J.J.. (in press). "Mental Health Assessments in Juvenile Justice: Report on the Consensus Conference."

Wasserman, G.A., McReynolds, L.S., Ko, S.J., Katz, L.M., Cauffman, E., Haxton, W., & Lucas, C.P. (in review). "Screening for Emergent Risk and Service Needs among Incarcerated Youth: Comparing MAYSI-2 and Voice DISC-IV."

Wasserman, G.A., McReynolds, L.S., Lucas, C.P., Fisher, P., & Santos, L. (2002). "The Voice DISC-IV With Incarcerated Male Youths: Prevalence of Disorder." *Journal of the American Academy of Child & Adolescent Psychiatry* 41(3): 314-321.

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Glossary of Juvenile Justice Terms in Texas

Adjudicated Probation – disposition wherein after going to court for an adjudication hearing on the facts and pleading true to the alleged offense, a judge may order this form of community-based supervision for a specified period of time, based on such reasonable and lawful terms as the court may determine. While on adjudicated probation, the offender may be required to participate in any program deemed appropriate, such as an intensive supervision program or residential placement.

Certification as Adult – disposition wherein the juvenile court waives its jurisdiction so that an accused juvenile felony offender can be prosecuted as an adult. In most instances, certification is permissive and not mandatory under Texas law. Depending upon the type of felony committed, a juvenile as young as either 14 or 15 years of age can be certified to stand trial as an adult.

Juvenile/Child – in Texas, a person who is 10 years of age or older and under 17 years of age or a person who is 17 years of age or older and under 18 years of age who is alleged or found to have engaged in delinquent conduct or CINS as a result of acts committed before becoming 17 years of age.

Commitment (to TYC) – disposition wherein a child adjudicated for delinquent conduct is committed to the care, control and custody of the Texas Youth Commission (TYC). All commitments to the TYC, except under the determinate sentencing act, are for an indeterminate term not to extend beyond the child's 21st birthday.

Conduct Indicating a Need for Supervision (CINS) – type of offense, including public intoxication, truancy, running away from home, fineable only offenses that have been transferred to a juvenile court from a municipal or justice court, inhalant abuse, expulsion for violating a school disciplinary code, or a violation of a court order under the Services to At Risk Youth Programs.

Consolidated – type of disposition wherein the least serious case(s) in a multi-case adjudication or the unadjudicated conduct is combined and disposed with another case.

Criminal Justice Policy Council (CJPC) – a state agency that provides public policy analysis to the Governor and the Legislature to use in developing and evaluating criminal and juvenile justice correctional policies. The agency's mission is to generate through research, planning and evaluation, the knowledge needed by the Governor and Legislature to develop and monitor policies for improving the effectiveness of the adult and juvenile justice systems.

Deferred Prosecution – disposition that is a voluntary alternative to adjudication where the child, parent(s), prosecutor and the juvenile probation department agree upon supervision conditions. Deferred prosecution can last up to six months. If the child violates any of the supervision conditions, the state may elect to proceed with formal court adjudication. If the child successfully completes the supervision period, no formal court adjudication will occur.

Disposition – after adjudication where the judge decides what probation conditions will be imposed upon the child (and the child's family), if the child is eligible, or whether to commit the child to the Texas Youth Commission.

Licensed Practitioner of the Healing Arts (LPHA) – a person employed by a Medicaid provider, under arrangement with a Medicaid provider, or employed by a professional association or institution of higher learning under arrangement with a Medicaid provider who is: (A) a physician (MD or DO) licensed to practice medicine in Texas; (B) a licensed professional counselor (LPC) as defined in Texas Civil Statutes, §4512g; (C) a licensed master social worker-advanced clinical practitioner (LMSW-ACP) as defined in the Human Resources Code, Chapter 50; (D) a licensed psychologist as defined in Texas Civil Statutes, §4495b; (E) an advanced practice nurse as defined in Texas Civil Statutes, Article 4514, §8, and recognized by the Board of Nurse Examiners for the State of Texas as a clinical nurse specialist (CNS) in psych/mental health or nurse practitioner (NP) in psych/mental health; or (F) a licensed marriage and family therapist (LMFT) as defined in Texas Civil Statutes, Article 4512c-1 (Administrative Code Title 25 Part II Chapter 419, Subchapter L.).

Referral – (also called formal referral) any occasion when all three of the following conditions exist: (1) delinquent conduct, conduct indicating a need for supervision, or violation of probation was allegedly committed; (2) the juvenile court has jurisdiction and venue; and (3) either (a) face-to-face contact occurs with the office or official designated by the juvenile board or (b) written or verbal authorization to detain is given by the office or official designated by the juvenile board.

Residential Placement – placement of child in a non-secure facility (i.e., foster homes, alcohol and drug treatment facilities, halfway houses, MHMR facilities, etc.) or a secure facility (i.e., boot camps, secure county, state, or private facilities, etc.) either with or without a court proceeding. Residential placement does not include commitment to TYC.

Supervisory Caution – disposition type for a wide variety of summary, non-judicial dispositions that intake may make of a case. This may include referral of the child to a social agency or a community based first offender program run by law enforcement, contacting parents to inform them of the child's activities or simply warning the child about his or her activities and consequences for future offenses.

Texas Juvenile Probation Commission (TJPC) – state agency that works in partnership with local juvenile boards and juvenile probation departments to support and enhance juvenile probation services throughout the state by providing funding, technical assistance, and training; establishing and enforcing standards; collecting, analyzing and disseminating information; and facilitating communications between state and local entities.

Texas Youth Commission (TYC) – the juvenile corrections agency in Texas.

Appendix A
Massachusetts Youth Screening Instrument *Second Version* (MAYSI-2)
Reference Card

Massachusetts Youth Screening Instrument *Second Version* (MAYSI-2)
REFERENCE CARD

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<i>Alcohol/Drug Use</i>	<ul style="list-style-type: none"> Frequent use of alcohol/drugs Risk of substance abuse or psychological reaction to lack of access to substances 	<ul style="list-style-type: none"> 10. Have you done anything you wish you hadn't, when you were drunk or high? 19. Have your parents or friends thought you drink too much? 23. Have you gotten in trouble when you've been high or have been drinking? 24. If yes [to #23], has the trouble been fighting? 33. Have you used alcohol or drugs to help you feel better? 37. Have you been drunk or high at school? 40. Have you used alcohol and drugs at the same time? 45. Have you been so drunk or high that you couldn't remember what happened?
<i>Angry-Irritable</i>	<ul style="list-style-type: none"> Experiences frustration, lasting anger, moodiness Risk of angry reaction, fighting, aggressive behavior 	<ul style="list-style-type: none"> 2. Have you lost your temper easily, or had a "short fuse"? 6. Have you been easily upset? 7. Have you thought a lot about getting back at someone you have been angry at? 8. Have you been really jumpy or hyper? 13. Have you had too many bad moods? 35. Have you felt angry a lot? 39. Have you gotten frustrated easily? 42. When you have been mad, have you stayed mad for a long time? 44. Have you hurt or broken something on purpose, just because you were mad?
<i>Depressed-Anxious</i>	<ul style="list-style-type: none"> Experiences depressed and anxious feelings Risk of impairments in motivation, need for treatment 	<ul style="list-style-type: none"> 3. Have nervous or worried feelings kept you from doing things you want to do? 14. Have you had nightmares that are bad enough to make you afraid to go to sleep? 17. Have you felt lonely too much of the time? 21. Has it seemed like some part of your body always hurts you? 34. Have you felt that you don't have fun with your friends anymore? 35. Have you felt angry a lot? 41. Has it been hard for you to feel close to people outside your family? 47. Have you given up hope for your life? 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?
<i>Somatic Complaints</i>	<ul style="list-style-type: none"> Experiences bodily discomforts associated with distress Risk of psychological distress not otherwise evident 	<ul style="list-style-type: none"> When you have felt nervous or anxious... 27. Have you felt shaky? 28. Has your heart beat very fast? 29. Have you felt short of breath? 30. Have your hands felt sweaty? 31. Has your stomach been upset? 43. Have you had bad headaches?
<i>Suicide Ideation</i>	<ul style="list-style-type: none"> Thoughts and intentions to harm oneself Risk of suicide attempts or gestures 	<ul style="list-style-type: none"> 11. Have you wished you were dead? 16. Have you felt like life was not worth living? 18. Have you felt like hurting yourself? 22. Have you felt like killing yourself? 47. Have you given up hope for your life?
<i>Thought Disturbance</i>	<ul style="list-style-type: none"> (Boys Only) Unusual beliefs and perceptions Risk of thought disorder 	<ul style="list-style-type: none"> 9. Have you seen things other people say are not really there? 20. Have you heard voices other people can't hear? 25. Have other people been able to control your brain or your thoughts? 26. Have you had a bad feeling that things don't seem real, like you're in a dream? 32. Have you been able to make other people do things just by thinking about it?
<i>Traumatic Experiences</i>	<ul style="list-style-type: none"> Lifetime exposure to traumatic events (e.g., abuse, rape, observed violence). Questions refer youth to "ever in the past," not "past few months." Risk of trauma-related instability in emotion/perception 	<p>Girls</p> <ul style="list-style-type: none"> 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you? 49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed? 50. Have you ever been raped, or been in danger of getting raped? 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you? 52. Have you ever seen someone severely injured or killed (in person—not in movies or on TV)? <p>Boys</p> <ul style="list-style-type: none"> 46. Have people talked about you when you're not there? 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you? 50. Have you ever been badly hurt, or been in danger of getting badly hurt or killed? 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you? 52. Have you ever seen someone severely injured or killed (in person—not in movies or on TV)?

Texas Juvenile Probation Commission July 2001

Massachusetts Youth Screening Instrument (MAYSI-2)

Before Administering the Instrument		During Administration	After Administration		
<ul style="list-style-type: none">• Introduce the Test by saying: “These are some questions about things that sometimes happen to people. For each question, please answer yes or no to answer whether that question has been true for you in the past few months. Please answer these questions as well as you can.”• Give the legal warnings by saying: “Any statement you make or any answer you give to the questions on this test cannot be used against you in any other hearing in juvenile or criminal court. Do you understand? Do you have any questions?”• Give the confidentiality warnings by saying: “While nothing you say while answering these questions can be used against you, there is one exception. If you disclose that you are the victim of child abuse or neglect, or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement.”		<ul style="list-style-type: none">• Monitor and supervise the room where child or children are completing the instrument. If administered in a group setting, ensure a quiet setting, adequate separation of youth, and limited distractions.• Answer questions as necessary and ensure you are available for any direction the juvenile may need to successfully complete the questionnaire.• If administering the manual version (paper and pencil version) of the MAYSI-2, it is helpful to point to the right side of the MAYSI and say to the juvenile, “circle Y for yes or N for no”. In addition, point out that there are more questions that need to be answered on the back of the questionnaire.• If using the automated/computerized version of the MAYSI-2, please ensure that you have completed the section entitled “TO BE COMPLETED BY STAFF ONLY”.	<ul style="list-style-type: none">• Check to see if all questions have been answered• If not, ask child to complete any unanswered questions• Score the MAYSI-2• Record the scores and perform follow-up actions recommended		
MAYSI-2 Post-Scoring Recommended Services					
SECONDARY SCREENING (by Juvenile Justice Staff)		PRIMARY SERVICES (by Mental Health Professionals)			
A. Monitoring of the Juvenile. Probation and/or detention staff should exercise greater vigilance and attention to the youth in order to make relevant observations. Complete Follow-Up Questionnaire		C. Clinical Consultation. Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluations or emergency care.			
B. Interviewing and Collateral Contacts. Staff should engage in focused discussions with the youth, or with the youth’s family and/or past service providers. The focus should explore the reasons for the youth’s responses on relevant items of the MAYSI-2, as well as outside information that contradicts or is consistent with what the youth reported on the instrument. Complete Follow-Up Questionnaire		D. Evaluation Referral. Staff should arrange for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the youth’s self-reported distress or disturbance.			
Recommended Actions By Juvenile Justice Staff					
Suicide Ideation Scale Only					
Warning	Both A and B + Either C or D				
Caution	Either A or B or Both				
Angry-Irritable Scale Only					
Warning	Greater attention/vigilance by staff recommended for this youth due to greater risk of aggression and impulsive acts.				
Any Combination of Scales (Except Suicide Ideation Scale)					
Warning	Warning	+	Either C or D or Both		
Warning	Caution		Both A + B		
Warning			Either A or B or Both		
Caution	Caution	Caution	Caution	+	Either C or D or Both
Caution	Caution	Caution			Either A or B or Both
Caution	Caution				Either A or B or Both

Table A1
Comparison of MAYSI-2 Sample in FY 2002
to 2001 Statewide Juvenile Probation Population

Variable	2001 Statewide Population	MAYSI-2 Sample
	%	%
Gender		
Female	29%	29%
Male	71%	71%
Race		
African American	23%	23%
Hispanic	41%	42%
Anglo	35%	35%
Other ^a	1%	1%
Age		
10-12	9%	9%
13-14	32%	32%
15	26%	26%
16	30%	30%
17+	3%	3%
Offense		
Felony	21%	24%
Misdemeanor	45%	51%
CINS	22%	15%
Violation of Probation	21%	11%
Disposition		
Supervisory Caution	26%	21%
Deferred Prosecution	20%	27%
Adjudicated to Probation	24%	24%
Committed to TYC/Certified as Adult	2%	2%
Other ^b	28%	26%
Prior Referrals		
No Prior Referrals	46%	57%
Prior Referral(s)	54%	43%

^a The 'Other' category consisted of American Indian, Asian American and other race classifications. ^b 'Other' dispositions included pending, dismissed, not guilty and consolidated.

Table A2
Prevalence of Alcohol/Drug Use MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	22	14.5%	0	0.0%	22	14.5%	Karnes	24	11.1%	3	1.4%	27	12.5%
Andrews	8	9.6%	2	2.4%	10	12.0%	Kaufman	20	10.8%	1	0.5%	21	11.4%
Angelina	12	8.2%	2	1.4%	14	9.6%	Kendall	5	11.9%	0	0.0%	5	11.9%
Atascosa	5	10.4%	1	2.1%	6	12.5%	Kerr	16	8.0%	7	3.5%	23	11.4%
Austin	9	13.0%	1	1.4%	10	14.5%	Kleberg	14	17.9%	0	0.0%	14	17.9%
Bailey	1	2.2%	1	2.2%	2	4.4%	Lamar	7	5.4%	0	0.0%	7	5.4%
Bandera	4	12.9%	2	6.5%	6	19.4%	Lamb	3	6.7%	1	2.2%	4	8.9%
Bastrop	11	5.8%	4	2.1%	15	7.9%	Lampasas	17	17.0%	9	9.0%	26	26.0%
Bell	124	9.2%	18	1.3%	142	10.5%	Lavaca	0	0.0%	0	0.0%	0	0.0%
Bexar	481	13.4%	58	1.6%	539	15.1%	Lee	0	0.0%	0	0.0%	0	0.0%
Bosque	1	2.7%	0	0.0%	1	2.7%	Leon	2	8.0%	0	0.0%	2	8.0%
Bowie	30	6.5%	6	1.3%	36	7.8%	Liberty	7	4.3%	3	1.9%	10	6.2%
Brazoria	168	13.2%	45	3.5%	213	16.8%	Lubbock	118	14.9%	16	2.0%	134	17.0%
Brazos	87	8.5%	14	1.4%	101	9.8%	Lynn	2	20.0%	1	10.0%	3	30.0%
Brewster	2	9.5%	1	4.8%	3	14.3%	McCulloch	4	12.1%	0	0.0%	4	12.1%
Brooks	3	13.6%	0	0.0%	3	13.6%	McLennan	91	9.0%	14	1.4%	105	10.4%
Brown	22	10.1%	6	2.8%	28	12.8%	Madison	0	0.0%	0	0.0%	0	0.0%
Burleson	2	5.7%	0	0.0%	2	5.7%	Mason	1	33.3%	0	0.0%	1	33.3%
Burnet	30	12.3%	3	1.2%	33	13.6%	Matagorda	18	9.2%	0	0.0%	18	9.2%
Caldwell	22	12.2%	3	1.7%	25	13.9%	Maverick	20	14.5%	2	1.4%	22	15.9%
Calhoun	21	20.2%	5	4.8%	26	25.0%	Medina	22	14.7%	7	4.7%	29	19.3%
Cameron	251	14.6%	35	2.0%	286	16.6%	Midland	120	21.7%	33	6.0%	153	27.7%
Cass	3	9.1%	0	0.0%	3	9.1%	Milam	13	9.1%	0	0.0%	13	9.1%
Castro	1	10.0%	0	0.0%	1	10.0%	Montague	14	17.9%	3	3.8%	17	21.8%
Cherokee	18	11.0%	0	0.0%	18	11.0%	Montgomery	104	12.7%	19	2.3%	123	15.0%
Childress	0	0.0%	0	0.0%	0	0.0%	Moore	4	4.4%	1	1.1%	5	5.6%
Cochran	11	52.4%	0	0.0%	11	52.4%	Nacogdoches	13	8.4%	4	2.6%	17	11.0%
Collin	69	8.3%	11	1.3%	80	9.7%	Navarro	11	7.5%	2	1.4%	13	8.8%
Colorado	2	6.3%	0	0.0%	2	6.3%	Nolan	10	7.8%	2	1.6%	12	9.3%
Comal	35	13.1%	5	1.9%	40	15.0%	Nueces	358	14.7%	85	3.5%	443	18.2%
Comanche	8	20.5%	0	0.0%	8	20.5%	Ochiltree	0	0.0%	1	6.7%	1	6.7%
Cooke	10	22.2%	4	8.9%	14	31.1%	Orange	6	8.1%	1	1.4%	7	9.5%
Coryell	13	6.1%	4	1.9%	17	7.9%	Palo Pinto	2	4.0%	2	4.0%	4	8.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	5	7.4%	2	2.9%	7	10.3%
Crosby	3	33.3%	0	0.0%	3	33.3%	Parker	26	10.1%	7	2.7%	33	12.8%
Dallam	10	11.2%	1	1.1%	11	12.4%	Pecos	3	12.5%	1	4.2%	4	16.7%
Dallas	717	10.4%	98	1.4%	815	11.8%	Polk	11	11.6%	0	0.0%	11	11.6%
Dawson	21	15.3%	1	0.7%	22	16.1%	Potter	85	13.4%	6	0.9%	91	14.3%
Deaf Smith	17	16.0%	0	0.0%	17	16.0%	Presidio	1	20.0%	0	0.0%	1	20.0%
Denton	168	13.2%	33	2.6%	201	15.7%	Randall	41	13.6%	7	2.3%	48	15.9%
Dewitt	7	9.7%	1	1.4%	8	11.1%	Reagan	0	0.0%	0	0.0%	0	0.0%
Dimmit	4	15.4%	2	7.7%	6	23.1%	Red River	6	9.5%	0	0.0%	6	9.5%
Duval	4	6.7%	2	3.3%	6	10.0%	Reeves	15	21.1%	6	8.5%	21	29.6%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	2	18.2%	5	45.5%	7	63.6%	Refugio	2	6.7%	3	10.0%	5	16.7%
Ector	75	13.0%	17	2.9%	92	15.9%	Rockwall	6	7.1%	0	0.0%	6	7.1%
Ellis	18	10.1%	1	0.6%	19	10.7%	Rusk	10	14.1%	3	4.2%	13	18.3%
El Paso	196	11.5%	33	1.9%	229	13.4%	San Jacinto	3	9.4%	1	3.1%	4	12.5%
Erath	1	2.6%	1	2.6%	2	5.1%	San Patricio	109	11.5%	12	1.3%	121	12.8%
Fannin	5	4.6%	0	0.0%	5	4.6%	Shelby	2	8.7%	0	0.0%	2	8.7%
Fayette	3	8.3%	1	2.8%	4	11.1%	Smith	73	13.2%	9	1.6%	82	14.9%
Floyd	3	6.4%	3	6.4%	6	12.8%	Starr	35	15.6%	9	4.0%	44	19.6%
Fort Bend	122	10.0%	16	1.3%	138	11.3%	Stephens	0	0.0%	0	0.0%	0	0.0%
Frio	1	6.3%	0	0.0%	1	6.3%	Sutton	1	5.0%	0	0.0%	1	5.0%
Gaines	1	7.1%	1	7.1%	2	14.3%	Swisher	1	7.7%	2	15.4%	3	23.1%
Galveston	172	14.3%	51	4.2%	223	18.5%	Tarrant	609	15.4%	143	3.6%	752	19.0%
Garza	5	22.7%	0	0.0%	5	22.7%	Taylor	56	16.8%	5	1.5%	61	18.3%
Goliad	3	12.5%	1	4.2%	4	16.7%	Terry	4	12.1%	1	3.0%	5	15.2%
Gonzales	5	6.7%	0	0.0%	5	6.7%	Titus	9	5.5%	0	0.0%	9	5.5%
Gray	14	21.9%	1	1.6%	15	23.4%	Tom Green	84	13.9%	12	2.0%	96	15.8%
Grayson	43	17.1%	9	3.6%	52	20.6%	Travis	415	14.9%	108	3.9%	523	18.8%
Gregg	53	9.6%	7	1.3%	60	10.8%	Trinity	5	20.0%	0	0.0%	5	20.0%
Grimes	1	1.7%	1	1.7%	2	3.4%	Tyler	2	6.9%	1	3.4%	3	10.3%
Guadalupe	20	8.7%	1	0.4%	21	9.1%	Upshur	3	9.4%	0	0.0%	3	9.4%
Hale	15	9.9%	4	2.6%	19	12.6%	Upton	2	33.3%	0	0.0%	2	33.3%
Hamilton	3	15.8%	0	0.0%	3	15.8%	Uvalde	13	12.4%	3	2.9%	16	15.2%
Hardin	10	12.0%	2	2.4%	12	14.5%	Val Verde	14	6.3%	3	1.3%	17	7.6%
Harris	939	13.6%	255	3.7%	1,194	17.3%	Van Zandt	17	9.9%	4	2.3%	21	12.2%
Harrison	10	6.8%	3	2.0%	13	8.8%	Victoria	91	12.5%	25	3.4%	116	16.0%
Haskell	3	27.3%	0	0.0%	3	27.3%	Walker	8	13.3%	1	1.7%	9	15.0%
Hays	72	14.2%	13	2.6%	85	16.7%	Waller	3	5.9%	1	2.0%	4	7.8%
Henderson	15	10.5%	2	1.4%	17	11.9%	Ward	9	10.2%	0	0.0%	9	10.2%
Hidalgo	205	17.4%	53	4.5%	258	21.9%	Washington	11	17.2%	0	0.0%	11	17.2%
Hill	2	4.9%	0	0.0%	2	4.9%	Webb	104	12.1%	24	2.8%	128	14.9%
Hockley	6	6.5%	1	1.1%	7	7.5%	Wharton	10	11.4%	0	0.0%	10	11.4%
Hood	22	9.3%	3	1.3%	25	10.6%	Wheeler	2	5.7%	1	2.9%	3	8.6%
Hopkins	16	9.0%	0	0.0%	16	9.0%	Wichita	107	15.1%	24	3.4%	131	18.5%
Houston	0	0.0%	0	0.0%	0	0.0%	Wilbarger	1	7.1%	2	14.3%	3	21.4%
Howard	30	17.4%	3	1.7%	33	19.2%	Willacy	3	30.0%	0	0.0%	3	30.0%
Hunt	23	9.4%	5	2.0%	28	11.5%	Williamson	16	8.4%	1	0.5%	17	8.9%
Hutchinson	12	13.6%	3	3.4%	15	17.0%	Winkler	1	6.7%	1	6.7%	2	13.3%
Jack	0	0.0%	0	0.0%	0	0.0%	Wise	6	9.2%	3	4.6%	9	13.8%
Jackson	7	20.6%	1	2.9%	8	23.5%	Wood	12	14.6%	2	2.4%	14	17.1%
Jasper	3	7.5%	1	2.5%	4	10.0%	Yoakum	9	19.1%	0	0.0%	9	19.1%
Jefferson	50	6.9%	6	0.8%	56	7.7%	Young	4	9.8%	2	4.9%	6	14.6%
Jim Hogg	1	3.7%	2	7.4%	3	11.1%	Zapata	20	14.9%	1	0.7%	21	15.7%
Jim Wells	10	9.6%	1	1.0%	11	10.6%	Zavala	3	8.3%	0	0.0%	3	8.3%
Johnson	20	11.6%	5	2.9%	25	14.5%	Total	7,790	12.4%	1,535	2.4%	9,325	14.8%
Jones	2	8.0%	1	4.0%	3	12.0%							

Table A3
Prevalence of Anger-Irritable MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	32	21.1%	11	7.2%	43	28.3%	Karnes	59	27.3%	16	7.4%	75	34.7%
Andrews	12	14.5%	3	3.6%	15	18.1%	Kaufman	45	24.3%	12	6.5%	57	30.8%
Angelina	35	24.0%	17	11.6%	52	35.6%	Kendall	13	31.0%	5	11.9%	18	42.9%
Atascosa	15	31.3%	2	4.2%	17	35.4%	Kerr	50	24.9%	15	7.5%	65	32.3%
Austin	19	27.5%	6	8.7%	25	36.2%	Kleberg	20	25.6%	13	16.7%	33	42.3%
Bailey	6	13.3%	2	4.4%	8	17.8%	Lamar	26	20.0%	15	11.5%	41	31.5%
Bandera	9	29.0%	1	3.2%	10	32.3%	Lamb	12	26.7%	1	2.2%	13	28.9%
Bastrop	39	20.5%	14	7.4%	53	27.9%	Lampasas	28	28.0%	12	12.0%	40	40.0%
Bell	378	27.9%	107	7.9%	485	35.8%	Lavaca	3	27.3%	4	36.4%	7	63.6%
Bexar	856	23.9%	250	7.0%	1,106	30.9%	Lee	1	7.7%	0	0.0%	1	7.7%
Bosque	13	35.1%	2	5.4%	15	40.5%	Leon	3	12.0%	3	12.0%	6	24.0%
Bowie	126	27.2%	34	7.3%	160	34.5%	Liberty	44	27.2%	18	11.1%	62	38.3%
Brazoria	295	23.3%	102	8.0%	397	31.3%	Lubbock	193	24.4%	62	7.8%	255	32.3%
Brazos	278	27.1%	70	6.8%	348	33.9%	Lynn	3	30.0%	1	10.0%	4	40.0%
Brewster	1	4.8%	2	9.5%	3	14.3%	McCulloch	5	15.2%	1	3.0%	6	18.2%
Brooks	2	9.1%	1	4.5%	3	13.6%	McLennan	265	26.2%	71	7.0%	336	33.2%
Brown	47	21.6%	21	9.6%	68	31.2%	Madison	0	0.0%	1	6.3%	1	6.3%
Burleson	2	5.7%	5	14.3%	7	20.0%	Mason	2	66.7%	0	0.0%	2	66.7%
Burnet	71	29.2%	20	8.2%	91	37.4%	Matagorda	48	24.6%	14	7.2%	62	31.8%
Caldwell	50	27.8%	14	7.8%	64	35.6%	Maverick	28	20.3%	10	7.2%	38	27.5%
Calhoun	37	35.6%	17	16.3%	54	51.9%	Medina	46	30.7%	13	8.7%	59	39.3%
Cameron	373	21.6%	98	5.7%	471	27.3%	Midland	165	29.8%	54	9.8%	219	39.6%
Cass	17	51.5%	3	9.1%	20	60.6%	Milam	51	35.7%	4	2.8%	55	38.5%
Castro	5	50.0%	0	0.0%	5	50.0%	Montague	23	29.5%	8	10.3%	31	39.7%
Cherokee	46	28.0%	23	14.0%	69	42.1%	Montgomery	212	25.9%	67	8.2%	279	34.0%
Childress	2	10.0%	0	0.0%	2	10.0%	Moore	24	26.7%	8	8.9%	32	35.6%
Cochran	5	23.8%	0	0.0%	5	23.8%	Nacogdoches	44	28.6%	18	11.7%	62	40.3%
Collin	159	19.2%	35	4.2%	194	23.5%	Navarro	20	13.6%	3	2.0%	23	15.6%
Colorado	4	12.5%	4	12.5%	8	25.0%	Nolan	36	27.9%	17	13.2%	53	41.1%
Comal	58	21.7%	22	8.2%	80	30.0%	Nueces	632	26.0%	215	8.8%	847	34.8%
Comanche	16	41.0%	5	12.8%	21	53.8%	Ochiltree	3	20.0%	0	0.0%	3	20.0%
Cooke	18	40.0%	7	15.6%	25	55.6%	Orange	9	12.2%	7	9.5%	16	21.6%
Coryell	47	22.0%	19	8.9%	66	30.8%	Palo Pinto	17	34.0%	9	18.0%	26	52.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	19	27.9%	8	11.8%	27	39.7%
Crosby	3	33.3%	1	11.1%	4	44.4%	Parker	68	26.5%	19	7.4%	87	33.9%
Dallam	13	14.6%	3	3.4%	16	18.0%	Pecos	9	37.5%	4	16.7%	13	54.2%
Dallas	1,467	21.2%	435	6.3%	1,902	27.5%	Polk	25	26.3%	11	11.6%	36	37.9%
Dawson	22	16.1%	3	2.2%	25	18.2%	Potter	132	20.8%	28	4.4%	160	25.2%
Deaf Smith	26	24.5%	6	5.7%	32	30.2%	Presidio	0	0.0%	1	20.0%	1	20.0%
Denton	343	26.9%	151	11.8%	494	38.7%	Randall	60	19.9%	25	8.3%	85	28.2%
Dewitt	21	29.2%	6	8.3%	27	37.5%	Reagan	3	27.3%	0	0.0%	3	27.3%
Dimmit	6	23.1%	1	3.8%	7	26.9%	Red River	17	27.0%	5	7.9%	22	34.9%
Duval	10	16.7%	2	3.3%	12	20.0%	Reeves	18	25.4%	8	11.3%	26	36.6%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	1	9.1%	1	9.1%	2	18.2%	Refugio	10	33.3%	3	10.0%	13	43.3%
Ector	122	21.1%	32	5.5%	154	26.6%	Rockwall	19	22.6%	4	4.8%	23	27.4%
Ellis	42	23.6%	10	5.6%	52	29.2%	Rusk	22	31.0%	5	7.0%	27	38.0%
El Paso	272	15.9%	60	3.5%	332	19.4%	San Jacinto	6	18.8%	1	3.1%	7	21.9%
Erath	7	17.9%	3	7.7%	10	25.6%	San Patricio	239	25.3%	100	10.6%	339	35.8%
Fannin	30	27.5%	8	7.3%	38	34.9%	Shelby	8	34.8%	0	0.0%	8	34.8%
Fayette	5	13.9%	0	0.0%	5	13.9%	Smith	128	23.2%	31	5.6%	159	28.8%
Floyd	14	29.8%	4	8.5%	18	38.3%	Starr	40	17.9%	15	6.7%	55	24.6%
Fort Bend	234	19.2%	76	6.2%	310	25.4%	Stephens	5	31.3%	1	6.3%	6	37.5%
Frio	6	37.5%	1	6.3%	7	43.8%	Sutton	1	5.0%	2	10.0%	3	15.0%
Gaines	4	28.6%	0	0.0%	4	28.6%	Swisher	4	30.8%	0	0.0%	4	30.8%
Galveston	284	23.5%	94	7.8%	378	31.3%	Tarrant	1,143	28.9%	477	12.1%	1,620	41.0%
Garza	6	27.3%	1	4.5%	7	31.8%	Taylor	110	32.9%	30	9.0%	140	41.9%
Goliad	4	16.7%	2	8.3%	6	25.0%	Terry	14	42.4%	4	12.1%	18	54.5%
Gonzales	17	22.7%	1	1.3%	18	24.0%	Titus	27	16.4%	9	5.5%	36	21.8%
Gray	30	46.9%	7	10.9%	37	57.8%	Tom Green	135	22.3%	57	9.4%	192	31.7%
Grayson	58	23.0%	23	9.1%	81	32.1%	Travis	708	25.4%	335	12.0%	1,043	37.4%
Gregg	139	25.1%	44	8.0%	183	33.1%	Trinity	9	36.0%	0	0.0%	9	36.0%
Grimes	13	22.0%	8	13.6%	21	35.6%	Tyler	10	34.5%	1	3.4%	11	37.9%
Guadalupe	55	23.8%	12	5.2%	67	29.0%	Upshur	11	34.4%	1	3.1%	12	37.5%
Hale	32	21.2%	11	7.3%	43	28.5%	Upton	1	16.7%	0	0.0%	1	16.7%
Hamilton	5	26.3%	2	10.5%	7	36.8%	Uvalde	22	21.0%	8	7.6%	30	28.6%
Hardin	25	30.1%	10	12.0%	35	42.2%	Val Verde	40	17.9%	9	4.0%	49	22.0%
Harris	1,896	27.4%	755	10.9%	2,651	38.3%	Van Zandt	45	26.2%	15	8.7%	60	34.9%
Harrison	28	19.0%	3	2.0%	31	21.1%	Victoria	222	30.6%	53	7.3%	275	37.9%
Haskell	6	54.5%	1	9.1%	7	63.6%	Walker	14	23.3%	7	11.7%	21	35.0%
Hays	130	25.6%	36	7.1%	166	32.7%	Waller	13	25.5%	6	11.8%	19	37.3%
Henderson	45	31.5%	15	10.5%	60	42.0%	Ward	26	29.5%	5	5.7%	31	35.2%
Hidalgo	281	23.9%	88	7.5%	369	31.4%	Washington	11	17.2%	4	6.3%	15	23.4%
Hill	10	24.4%	4	9.8%	14	34.1%	Webb	163	19.0%	51	6.0%	214	25.0%
Hockley	17	18.3%	3	3.2%	20	21.5%	Wharton	21	23.9%	4	4.5%	25	28.4%
Hood	43	18.2%	10	4.2%	53	22.5%	Wheeler	2	5.7%	2	5.7%	4	11.4%
Hopkins	48	27.1%	15	8.5%	63	35.6%	Wichita	196	27.7%	70	9.9%	266	37.6%
Houston	10	19.6%	1	2.0%	11	21.6%	Wilbarger	5	35.7%	1	7.1%	6	42.9%
Howard	61	35.5%	11	6.4%	72	41.9%	Willacy	3	30.0%	0	0.0%	3	30.0%
Hunt	78	32.0%	18	7.4%	96	39.3%	Williamson	40	20.9%	8	4.2%	48	25.1%
Hutchinson	20	22.7%	13	14.8%	33	37.5%	Winkler	4	26.7%	1	6.7%	5	33.3%
Jack	7	53.8%	0	0.0%	7	53.8%	Wise	14	21.5%	3	4.6%	17	26.2%
Jackson	10	29.4%	2	5.9%	12	35.3%	Wood	17	20.7%	14	17.1%	31	37.8%
Jasper	13	32.5%	1	2.5%	14	35.0%	Yoakum	16	34.0%	2	4.3%	18	38.3%
Jefferson	138	19.1%	51	7.1%	189	26.1%	Young	8	19.5%	5	12.2%	13	31.7%
Jim Hogg	2	7.4%	4	14.8%	6	22.2%	Zapata	41	30.6%	14	10.4%	55	41.0%
Jim Wells	24	23.1%	1	1.0%	25	24.0%	Zavala	14	38.9%	2	5.6%	16	44.4%
Johnson	31	17.9%	16	9.2%	47	27.2%	<i>Total</i>	<i>15,361</i>	<i>24.5%</i>	<i>5,151</i>	<i>8.2%</i>	<i>20,512</i>	<i>32.7%</i>
Jones	6	24.0%	2	8.0%	8	32.0%							

Table A4
Prevalence of Depressed-Anxious MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	26	17.1%	5	3.3%	31	20.4%	Karnes	41	19.0%	14	6.5%	55	25.5%
Andrews	16	19.3%	2	2.4%	18	21.7%	Kaufman	38	20.5%	6	3.2%	44	23.8%
Angelina	36	24.7%	10	6.8%	46	31.5%	Kendall	9	21.4%	3	7.1%	12	28.6%
Atascosa	11	22.9%	3	6.3%	14	29.2%	Kerr	36	17.9%	25	12.4%	61	30.3%
Austin	13	18.8%	4	5.8%	17	24.6%	Kleberg	25	32.1%	6	7.7%	31	39.7%
Bailey	8	17.8%	1	2.2%	9	20.0%	Lamar	30	23.1%	7	5.4%	37	28.5%
Bandera	8	25.8%	3	9.7%	11	35.5%	Lamb	13	28.9%	5	11.1%	18	40.0%
Bastrop	41	21.6%	8	4.2%	49	25.8%	Lampasas	30	30.0%	14	14.0%	44	44.0%
Bell	323	23.8%	67	4.9%	390	28.8%	Lavaca	3	27.3%	2	18.2%	5	45.5%
Bexar	863	24.1%	221	6.2%	1,084	30.3%	Lee	1	7.7%	0	0.0%	1	7.7%
Bosque	13	35.1%	1	2.7%	14	37.8%	Leon	5	20.0%	0	0.0%	5	20.0%
Bowie	123	26.5%	34	7.3%	157	33.8%	Liberty	40	24.7%	5	3.1%	45	27.8%
Brazoria	255	20.1%	79	6.2%	334	26.3%	Lubbock	214	27.1%	41	5.2%	255	32.3%
Brazos	252	24.6%	68	6.6%	320	31.2%	Lynn	1	10.0%	1	10.0%	2	20.0%
Brewster	5	23.8%	0	0.0%	5	23.8%	McCulloch	4	12.1%	2	6.1%	6	18.2%
Brooks	0	0.0%	0	0.0%	0	0.0%	McLennan	236	23.3%	52	5.1%	288	28.4%
Brown	55	25.2%	14	6.4%	69	31.7%	Madison	5	31.3%	0	0.0%	5	31.3%
Burleson	4	11.4%	3	8.6%	7	20.0%	Mason	2	66.7%	0	0.0%	2	66.7%
Burnet	63	25.9%	15	6.2%	78	32.1%	Matagorda	44	22.6%	4	2.1%	48	24.6%
Caldwell	38	21.1%	21	11.7%	59	32.8%	Maverick	33	23.9%	7	5.1%	40	29.0%
Calhoun	28	26.9%	17	16.3%	45	43.3%	Medina	30	20.0%	20	13.3%	50	33.3%
Cameron	353	20.5%	96	5.6%	449	26.1%	Midland	167	30.2%	32	5.8%	199	36.0%
Cass	10	30.3%	2	6.1%	12	36.4%	Milam	43	30.1%	7	4.9%	50	35.0%
Castro	4	40.0%	0	0.0%	4	40.0%	Montague	21	26.9%	5	6.4%	26	33.3%
Cherokee	44	26.8%	19	11.6%	63	38.4%	Montgomery	170	20.7%	30	3.7%	200	24.4%
Childress	5	25.0%	0	0.0%	5	25.0%	Moore	16	17.8%	7	7.8%	23	25.6%
Cochran	11	52.4%	0	0.0%	11	52.4%	Nacogdoches	45	29.2%	14	9.1%	59	38.3%
Collin	113	13.7%	18	2.2%	131	15.8%	Navarro	11	7.5%	3	2.0%	14	9.5%
Colorado	4	12.5%	1	3.1%	5	15.6%	Nolan	25	19.4%	13	10.1%	38	29.5%
Comal	55	20.6%	13	4.9%	68	25.5%	Nueces	621	25.5%	194	8.0%	815	33.5%
Comanche	9	23.1%	4	10.3%	13	33.3%	Ochiltree	2	13.3%	0	0.0%	2	13.3%
Cooke	16	35.6%	3	6.7%	19	42.2%	Orange	9	12.2%	1	1.4%	10	13.5%
Coryell	35	16.4%	6	2.8%	41	19.2%	Palo Pinto	10	20.0%	9	18.0%	19	38.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	19	27.9%	5	7.4%	24	35.3%
Crosby	2	22.2%	0	0.0%	2	22.2%	Parker	45	17.5%	6	2.3%	51	19.8%
Dallam	9	10.1%	1	1.1%	10	11.2%	Pecos	8	33.3%	5	20.8%	13	54.2%
Dallas	1,560	22.5%	391	5.7%	1,951	28.2%	Polk	25	26.3%	9	9.5%	34	35.8%
Dawson	18	13.1%	2	1.5%	20	14.6%	Potter	113	17.8%	24	3.8%	137	21.6%
Deaf Smith	23	21.7%	5	4.7%	28	26.4%	Presidio	0	0.0%	1	20.0%	1	20.0%
Denton	350	27.4%	99	7.8%	449	35.2%	Randall	55	18.3%	17	5.6%	72	23.9%
Dewitt	28	38.9%	3	4.2%	31	43.1%	Reagan	2	18.2%	0	0.0%	2	18.2%
Dimmit	6	23.1%	1	3.8%	7	26.9%	Red River	15	23.8%	6	9.5%	21	33.3%
Duval	8	13.3%	1	1.7%	9	15.0%	Reeves	20	28.2%	6	8.5%	26	36.6%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	4	36.4%	2	18.2%	6	54.5%	Refugio	5	16.7%	3	10.0%	8	26.7%
Ector	110	19.0%	27	4.7%	137	23.7%	Rockwall	14	16.7%	3	3.6%	17	20.2%
Ellis	38	21.3%	11	6.2%	49	27.5%	Rusk	24	33.8%	3	4.2%	27	38.0%
El Paso	272	15.9%	55	3.2%	327	19.1%	San Jacinto	11	34.4%	0	0.0%	11	34.4%
Erath	5	12.8%	1	2.6%	6	15.4%	San Patricio	233	24.6%	48	5.1%	281	29.7%
Fannin	23	21.1%	6	5.5%	29	26.6%	Shelby	4	17.4%	0	0.0%	4	17.4%
Fayette	4	11.1%	0	0.0%	4	11.1%	Smith	139	25.2%	36	6.5%	175	31.7%
Floyd	13	27.7%	5	10.6%	18	38.3%	Starr	37	16.5%	25	11.2%	62	27.7%
Fort Bend	260	21.3%	42	3.4%	302	24.7%	Stephens	2	12.5%	0	0.0%	2	12.5%
Frio	4	25.0%	1	6.3%	5	31.3%	Sutton	2	10.0%	1	5.0%	3	15.0%
Gaines	2	14.3%	0	0.0%	2	14.3%	Swisher	3	23.1%	1	7.7%	4	30.8%
Galveston	284	23.5%	72	6.0%	356	29.5%	Tarrant	1,099	27.8%	409	10.3%	1,508	38.1%
Garza	3	13.6%	1	4.5%	4	18.2%	Taylor	85	25.4%	26	7.8%	111	33.2%
Goliad	1	4.2%	2	8.3%	3	12.5%	Terry	14	42.4%	2	6.1%	16	48.5%
Gonzales	11	14.7%	5	6.7%	16	21.3%	Titus	36	21.8%	10	6.1%	46	27.9%
Gray	27	42.2%	5	7.8%	32	50.0%	Tom Green	118	19.5%	32	5.3%	150	24.8%
Grayson	63	25.0%	8	3.2%	71	28.2%	Travis	674	24.2%	325	11.7%	999	35.8%
Gregg	143	25.9%	46	8.3%	189	34.2%	Trinity	2	8.0%	2	8.0%	4	16.0%
Grimes	16	27.1%	2	3.4%	18	30.5%	Tyler	6	20.7%	3	10.3%	9	31.0%
Guadalupe	43	18.6%	11	4.8%	54	23.4%	Upshur	7	21.9%	1	3.1%	8	25.0%
Hale	27	17.9%	12	7.9%	39	25.8%	Upton	1	16.7%	0	0.0%	1	16.7%
Hamilton	2	10.5%	0	0.0%	2	10.5%	Uvalde	21	20.0%	3	2.9%	24	22.9%
Hardin	24	28.9%	3	3.6%	27	32.5%	Val Verde	44	19.7%	11	4.9%	55	24.7%
Harris	1,852	26.8%	718	10.4%	2,570	37.1%	Van Zandt	34	19.8%	7	4.1%	41	23.8%
Harrison	38	25.9%	7	4.8%	45	30.6%	Victoria	188	25.9%	71	9.8%	259	35.7%
Haskell	6	54.5%	0	0.0%	6	54.5%	Walker	17	28.3%	6	10.0%	23	38.3%
Hays	128	25.2%	22	4.3%	150	29.5%	Waller	14	27.5%	3	5.9%	17	33.3%
Henderson	33	23.1%	12	8.4%	45	31.5%	Ward	18	20.5%	7	8.0%	25	28.4%
Hidalgo	270	23.0%	81	6.9%	351	29.8%	Washington	20	31.3%	2	3.1%	22	34.4%
Hill	7	17.1%	3	7.3%	10	24.4%	Webb	206	24.0%	49	5.7%	255	29.8%
Hockley	18	19.4%	6	6.5%	24	25.8%	Wharton	17	19.3%	7	8.0%	24	27.3%
Hood	28	11.9%	10	4.2%	38	16.1%	Wheeler	2	5.7%	1	2.9%	3	8.6%
Hopkins	33	18.6%	12	6.8%	45	25.4%	Wichita	170	24.0%	31	4.4%	201	28.4%
Houston	5	9.8%	3	5.9%	8	15.7%	Wilbarger	4	28.6%	0	0.0%	4	28.6%
Howard	39	22.7%	3	1.7%	42	24.4%	Willacy	1	10.0%	1	10.0%	2	20.0%
Hunt	57	23.4%	10	4.1%	67	27.5%	Williamson	23	12.0%	6	3.1%	29	15.2%
Hutchinson	18	20.5%	12	13.6%	30	34.1%	Winkler	2	13.3%	1	6.7%	3	20.0%
Jack	4	30.8%	0	0.0%	4	30.8%	Wise	10	15.4%	0	0.0%	10	15.4%
Jackson	7	20.6%	2	5.9%	9	26.5%	Wood	11	13.4%	13	15.9%	24	29.3%
Jasper	9	22.5%	0	0.0%	9	22.5%	Yoakum	14	29.8%	2	4.3%	16	34.0%
Jefferson	164	22.7%	34	4.7%	198	27.4%	Young	8	19.5%	2	4.9%	10	24.4%
Jim Hogg	1	3.7%	1	3.7%	2	7.4%	Zapata	37	27.6%	4	3.0%	41	30.6%
Jim Wells	25	24.0%	2	1.9%	27	26.0%	Zavala	6	16.7%	2	5.6%	8	22.2%
Johnson	36	20.8%	4	2.3%	40	23.1%	<i>Total</i>	<i>14,668</i>	<i>23.3%</i>	<i>4,272</i>	<i>6.8%</i>	<i>18,940</i>	<i>30.1%</i>
Jones	2	8.0%	5	20.0%	7	28.0%							

Table A5
Prevalence of Somatic Complaints MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	42	27.6%	10	6.6%	52	34.2%	Karnes	77	35.6%	13	6.0%	90	41.7%
Andrews	22	26.5%	5	6.0%	27	32.5%	Kaufman	61	33.0%	3	1.6%	64	34.6%
Angelina	48	32.9%	8	5.5%	56	38.4%	Kendall	15	35.7%	6	14.3%	21	50.0%
Atascosa	17	35.4%	2	4.2%	19	39.6%	Kerr	75	37.3%	10	5.0%	85	42.3%
Austin	26	37.7%	1	1.4%	27	39.1%	Kleberg	21	26.9%	2	2.6%	23	29.5%
Bailey	15	33.3%	3	6.7%	18	40.0%	Lamar	44	33.8%	9	6.9%	53	40.8%
Bandera	16	51.6%	3	9.7%	19	61.3%	Lamb	15	33.3%	1	2.2%	16	35.6%
Bastrop	55	28.9%	12	6.3%	67	35.3%	Lampasas	40	40.0%	4	4.0%	44	44.0%
Bell	429	31.7%	55	4.1%	484	35.7%	Lavaca	4	36.4%	0	0.0%	4	36.4%
Bexar	1,310	36.6%	126	3.5%	1,436	40.1%	Lee	3	23.1%	0	0.0%	3	23.1%
Bosque	13	35.1%	2	5.4%	15	40.5%	Leon	8	32.0%	0	0.0%	8	32.0%
Bowie	182	39.2%	28	6.0%	210	45.3%	Liberty	65	40.1%	13	8.0%	78	48.1%
Brazoria	415	32.7%	82	6.5%	497	39.2%	Lubbock	286	36.2%	48	6.1%	334	42.3%
Brazos	354	34.5%	59	5.8%	413	40.3%	Lynn	5	50.0%	0	0.0%	5	50.0%
Brewster	5	23.8%	0	0.0%	5	23.8%	McCulloch	17	51.5%	2	6.1%	19	57.6%
Brooks	1	4.5%	1	4.5%	2	9.1%	McLennan	338	33.4%	40	3.9%	378	37.3%
Brown	79	36.2%	14	6.4%	93	42.7%	Madison	4	25.0%	1	6.3%	5	31.3%
Burleson	10	28.6%	5	14.3%	15	42.9%	Mason	2	66.7%	0	0.0%	2	66.7%
Burnet	87	35.8%	12	4.9%	99	40.7%	Matagorda	69	35.4%	5	2.6%	74	37.9%
Caldwell	47	26.1%	12	6.7%	59	32.8%	Maverick	43	31.2%	3	2.2%	46	33.3%
Calhoun	47	45.2%	17	16.3%	64	61.5%	Medina	59	39.3%	7	4.7%	66	44.0%
Cameron	411	23.9%	59	3.4%	470	27.3%	Midland	263	47.6%	29	5.2%	292	52.8%
Cass	10	30.3%	4	12.1%	14	42.4%	Milam	50	35.0%	11	7.7%	61	42.7%
Castro	4	40.0%	0	0.0%	4	40.0%	Montague	30	38.5%	4	5.1%	34	43.6%
Cherokee	68	41.5%	10	6.1%	78	47.6%	Montgomery	305	37.2%	43	5.2%	348	42.4%
Childress	8	40.0%	1	5.0%	9	45.0%	Moore	25	27.8%	5	5.6%	30	33.3%
Cochran	5	23.8%	0	0.0%	5	23.8%	Nacogdoches	61	39.6%	13	8.4%	74	48.1%
Collin	235	28.4%	34	4.1%	269	32.5%	Navarro	33	22.4%	0	0.0%	33	22.4%
Colorado	6	18.8%	2	6.3%	8	25.0%	Nolan	45	34.9%	10	7.8%	55	42.6%
Comal	71	26.6%	15	5.6%	86	32.2%	Nueces	886	36.4%	183	7.5%	1,069	44.0%
Comanche	12	30.8%	4	10.3%	16	41.0%	Ochiltree	7	46.7%	0	0.0%	7	46.7%
Cooke	17	37.8%	5	11.1%	22	48.9%	Orange	12	16.2%	2	2.7%	14	18.9%
Coryell	63	29.4%	14	6.5%	77	36.0%	Palo Pinto	22	44.0%	5	10.0%	27	54.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	35	51.5%	3	4.4%	38	55.9%
Crosby	5	55.6%	1	11.1%	6	66.7%	Parker	96	37.4%	15	5.8%	111	43.2%
Dallam	33	37.1%	5	5.6%	38	42.7%	Pecos	6	25.0%	2	8.3%	8	33.3%
Dallas	2,108	30.5%	272	3.9%	2,380	34.4%	Polk	44	46.3%	6	6.3%	50	52.6%
Dawson	3	2.2%	0	0.0%	3	2.2%	Potter	176	27.7%	24	3.8%	200	31.5%
Deaf Smith	44	41.5%	2	1.9%	46	43.4%	Presidio	1	20.0%	0	0.0%	1	20.0%
Denton	471	36.9%	120	9.4%	591	46.3%	Randall	106	35.2%	22	7.3%	128	42.5%
Dewitt	27	37.5%	0	0.0%	27	37.5%	Reagan	2	18.2%	0	0.0%	2	18.2%
Dimmit	8	30.8%	1	3.8%	9	34.6%	Red River	21	33.3%	4	6.3%	25	39.7%
Duval	12	20.0%	1	1.7%	13	21.7%	Reeves	27	38.0%	4	5.6%	31	43.7%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	2	18.2%	0	0.0%	2	18.2%	Refugio	13	43.3%	1	3.3%	14	46.7%
Ector	164	28.4%	24	4.2%	188	32.5%	Rockwall	33	39.3%	12	14.3%	45	53.6%
Ellis	62	34.8%	7	3.9%	69	38.8%	Rusk	29	40.8%	4	5.6%	33	46.5%
El Paso	438	25.6%	44	2.6%	482	28.2%	San Jacinto	12	37.5%	1	3.1%	13	40.6%
Erath	12	30.8%	2	5.1%	14	35.9%	San Patricio	327	34.6%	53	5.6%	380	40.2%
Fannin	36	33.0%	9	8.3%	45	41.3%	Shelby	5	21.7%	2	8.7%	7	30.4%
Fayette	2	5.6%	0	0.0%	2	5.6%	Smith	201	36.4%	31	5.6%	232	42.0%
Floyd	20	42.6%	1	2.1%	21	44.7%	Starr	50	22.3%	10	4.5%	60	26.8%
Fort Bend	380	31.1%	56	4.6%	436	35.7%	Stephens	3	18.8%	0	0.0%	3	18.8%
Frio	2	12.5%	0	0.0%	2	12.5%	Sutton	8	40.0%	1	5.0%	9	45.0%
Gaines	7	50.0%	0	0.0%	7	50.0%	Swisher	1	7.7%	1	7.7%	2	15.4%
Galveston	382	31.6%	49	4.1%	431	35.7%	Tarrant	1,607	40.6%	279	7.1%	1,886	47.7%
Garza	7	31.8%	1	4.5%	8	36.4%	Taylor	139	41.6%	15	4.5%	154	46.1%
Goliad	4	16.7%	1	4.2%	5	20.8%	Terry	16	48.5%	0	0.0%	16	48.5%
Gonzales	19	25.3%	0	0.0%	19	25.3%	Titus	43	26.1%	5	3.0%	48	29.1%
Gray	28	43.8%	7	10.9%	35	54.7%	Tom Green	180	29.7%	39	6.4%	219	36.1%
Grayson	83	32.9%	21	8.3%	104	41.3%	Travis	1,002	36.0%	207	7.4%	1,209	43.4%
Gregg	203	36.7%	34	6.1%	237	42.9%	Trinity	7	28.0%	0	0.0%	7	28.0%
Grimes	21	35.6%	2	3.4%	23	39.0%	Tyler	11	37.9%	1	3.4%	12	41.4%
Guadalupe	63	27.3%	7	3.0%	70	30.3%	Upshur	11	34.4%	1	3.1%	12	37.5%
Hale	42	27.8%	3	2.0%	45	29.8%	Upton	2	33.3%	0	0.0%	2	33.3%
Hamilton	8	42.1%	0	0.0%	8	42.1%	Uvalde	23	21.9%	4	3.8%	27	25.7%
Hardin	32	38.6%	5	6.0%	37	44.6%	Val Verde	74	33.2%	7	3.1%	81	36.3%
Harris	2,750	39.7%	439	6.3%	3,189	46.1%	Van Zandt	65	37.8%	6	3.5%	71	41.3%
Harrison	48	32.7%	7	4.8%	55	37.4%	Victoria	256	35.3%	42	5.8%	298	41.0%
Haskell	4	36.4%	0	0.0%	4	36.4%	Walker	22	36.7%	4	6.7%	26	43.3%
Hays	166	32.7%	29	5.7%	195	38.4%	Waller	21	41.2%	0	0.0%	21	41.2%
Henderson	64	44.8%	6	4.2%	70	49.0%	Ward	29	33.0%	3	3.4%	32	36.4%
Hidalgo	327	27.8%	51	4.3%	378	32.1%	Washington	24	37.5%	4	6.3%	28	43.8%
Hill	13	31.7%	2	4.9%	15	36.6%	Webb	236	27.5%	35	4.1%	271	31.6%
Hockley	20	21.5%	1	1.1%	21	22.6%	Wharton	35	39.8%	2	2.3%	37	42.0%
Hood	68	28.8%	12	5.1%	80	33.9%	Wheeler	2	5.7%	0	0.0%	2	5.7%
Hopkins	62	35.0%	13	7.3%	75	42.4%	Wichita	258	36.5%	49	6.9%	307	43.4%
Houston	8	15.7%	1	2.0%	9	17.6%	Wilbarger	4	28.6%	2	14.3%	6	42.9%
Howard	72	41.9%	10	5.8%	82	47.7%	Willacy	3	30.0%	0	0.0%	3	30.0%
Hunt	101	41.4%	15	6.1%	116	47.5%	Williamson	50	26.2%	7	3.7%	57	29.8%
Hutchinson	34	38.6%	7	8.0%	41	46.6%	Winkler	3	20.0%	2	13.3%	5	33.3%
Jack	2	15.4%	0	0.0%	2	15.4%	Wise	17	26.2%	1	1.5%	18	27.7%
Jackson	14	41.2%	2	5.9%	16	47.1%	Wood	32	39.0%	2	2.4%	34	41.5%
Jasper	9	22.5%	3	7.5%	12	30.0%	Yoakum	15	31.9%	4	8.5%	19	40.4%
Jefferson	193	26.7%	22	3.0%	215	29.7%	Young	13	31.7%	3	7.3%	16	39.0%
Jim Hogg	6	22.2%	1	3.7%	7	25.9%	Zapata	30	22.4%	5	3.7%	35	26.1%
Jim Wells	26	25.0%	4	3.8%	30	28.8%	Zavala	6	16.7%	2	5.6%	8	22.2%
Johnson	50	28.9%	13	7.5%	63	36.4%	<i>Total</i>	<i>21,327</i>	<i>33.9%</i>	<i>3,318</i>	<i>5.3%</i>	<i>24,645</i>	<i>39.2%</i>
Jones	10	40.0%	1	4.0%	11	44.0%							

Table A6
Prevalence of Suicide Ideation MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	4	2.6%	11	7.2%	15	9.9%	Karnes	8	3.7%	27	12.5%	35	16.2%
Andrews	1	1.2%	10	12.0%	11	13.3%	Kaufman	5	2.7%	23	12.4%	28	15.1%
Angelina	8	5.5%	20	13.7%	28	19.2%	Kendall	2	4.8%	16	38.1%	18	42.9%
Atascosa	3	6.3%	7	14.6%	10	20.8%	Kerr	10	5.0%	22	10.9%	32	15.9%
Austin	6	8.7%	10	14.5%	16	23.2%	Kleberg	4	5.1%	9	11.5%	13	16.7%
Bailey	1	2.2%	4	8.9%	5	11.1%	Lamar	7	5.4%	19	14.6%	26	20.0%
Bandera	0	0.0%	7	22.6%	7	22.6%	Lamb	2	4.4%	8	17.8%	10	22.2%
Bastrop	5	2.6%	16	8.4%	21	11.1%	Lampasas	5	5.0%	20	20.0%	25	25.0%
Bell	75	5.5%	186	13.7%	261	19.3%	Lavaca	0	0.0%	4	36.4%	4	36.4%
Bexar	190	5.3%	386	10.8%	576	16.1%	Lee	1	7.7%	1	7.7%	2	15.4%
Bosque	2	5.4%	7	18.9%	9	24.3%	Leon	0	0.0%	3	12.0%	3	12.0%
Bowie	29	6.3%	67	14.4%	96	20.7%	Liberty	7	4.3%	27	16.7%	34	21.0%
Brazoria	82	6.5%	190	15.0%	272	21.5%	Lubbock	47	5.9%	109	13.8%	156	19.7%
Brazos	62	6.0%	143	13.9%	205	20.0%	Lynn	1	10.0%	0	0.0%	1	10.0%
Brewster	2	9.5%	3	14.3%	5	23.8%	McCulloch	1	3.0%	3	9.1%	4	12.1%
Brooks	0	0.0%	4	18.2%	4	18.2%	McLennan	56	5.5%	81	8.0%	137	13.5%
Brown	11	5.0%	33	15.1%	44	20.2%	Madison	0	0.0%	2	12.5%	2	12.5%
Burleson	0	0.0%	4	11.4%	4	11.4%	Mason	0	0.0%	0	0.0%	0	0.0%
Burnet	20	8.2%	39	16.0%	59	24.3%	Matagorda	5	2.6%	12	6.2%	17	8.7%
Caldwell	10	5.6%	29	16.1%	39	21.7%	Maverick	6	4.3%	18	13.0%	24	17.4%
Calhoun	8	7.7%	24	23.1%	32	30.8%	Medina	9	6.0%	24	16.0%	33	22.0%
Cameron	88	5.1%	239	13.9%	327	19.0%	Midland	44	8.0%	100	18.1%	144	26.0%
Cass	2	6.1%	6	18.2%	8	24.2%	Milam	11	7.7%	15	10.5%	26	18.2%
Castro	0	0.0%	1	10.0%	1	10.0%	Montague	4	5.1%	18	23.1%	22	28.2%
Cherokee	13	7.9%	40	24.4%	53	32.3%	Montgomery	43	5.2%	111	13.5%	154	18.8%
Childress	2	10.0%	0	0.0%	2	10.0%	Moore	2	2.2%	9	10.0%	11	12.2%
Cochran	3	14.3%	1	4.8%	4	19.0%	Nacogdoches	7	4.5%	36	23.4%	43	27.9%
Collin	40	4.8%	60	7.3%	100	12.1%	Navarro	8	5.4%	3	2.0%	11	7.5%
Colorado	0	0.0%	2	6.3%	2	6.3%	Nolan	7	5.4%	21	16.3%	28	21.7%
Comal	22	8.2%	42	15.7%	64	24.0%	Nueces	141	5.8%	410	16.9%	551	22.7%
Comanche	3	7.7%	9	23.1%	12	30.8%	Ochiltree	1	6.7%	1	6.7%	2	13.3%
Cooke	5	11.1%	7	15.6%	12	26.7%	Orange	1	1.4%	4	5.4%	5	6.8%
Coryell	10	4.7%	38	17.8%	48	22.4%	Palo Pinto	1	2.0%	12	24.0%	13	26.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	6	8.8%	13	19.1%	19	27.9%
Crosby	0	0.0%	2	22.2%	2	22.2%	Parker	18	7.0%	28	10.9%	46	17.9%
Dallam	3	3.4%	6	6.7%	9	10.1%	Pecos	4	16.7%	5	20.8%	9	37.5%
Dallas	325	4.7%	731	10.6%	1,056	15.3%	Polk	6	6.3%	12	12.6%	18	18.9%
Dawson	28	20.4%	40	29.2%	68	49.6%	Potter	26	4.1%	53	8.3%	79	12.4%
Deaf Smith	4	3.8%	3	2.8%	7	6.6%	Presidio	1	20.0%	0	0.0%	1	20.0%
Denton	76	6.0%	232	18.2%	308	24.1%	Randall	13	4.3%	32	10.6%	45	15.0%
Dewitt	4	5.6%	9	12.5%	13	18.1%	Reagan	1	9.1%	1	9.1%	2	18.2%
Dimmit	1	3.8%	5	19.2%	6	23.1%	Red River	4	6.3%	8	12.7%	12	19.0%
Duval	3	5.0%	3	5.0%	6	10.0%	Reeves	4	5.6%	7	9.9%	11	15.5%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	0	0.0%	1	9.1%	1	9.1%	Refugio	0	0.0%	4	13.3%	4	13.3%
Ector	20	3.5%	92	15.9%	112	19.4%	Rockwall	3	3.6%	10	11.9%	13	15.5%
Ellis	9	5.1%	18	10.1%	27	15.2%	Rusk	4	5.6%	9	12.7%	13	18.3%
El Paso	77	4.5%	166	9.7%	243	14.2%	San Jacinto	4	12.5%	1	3.1%	5	15.6%
Erath	0	0.0%	7	17.9%	7	17.9%	San Patricio	48	5.1%	117	12.4%	165	17.4%
Fannin	9	8.3%	20	18.3%	29	26.6%	Shelby	0	0.0%	0	0.0%	0	0.0%
Fayette	0	0.0%	1	2.8%	1	2.8%	Smith	37	6.7%	72	13.0%	109	19.7%
Floyd	6	12.8%	4	8.5%	10	21.3%	Starr	16	7.1%	38	17.0%	54	24.1%
Fort Bend	69	5.7%	141	11.5%	210	17.2%	Stephens	0	0.0%	1	6.3%	1	6.3%
Frio	0	0.0%	2	12.5%	2	12.5%	Sutton	0	0.0%	1	5.0%	1	5.0%
Gaines	0	0.0%	1	7.1%	1	7.1%	Swisher	2	15.4%	2	15.4%	4	30.8%
Galveston	64	5.3%	194	16.1%	258	21.4%	Tarrant	285	7.2%	701	17.7%	986	24.9%
Garza	1	4.5%	2	9.1%	3	13.6%	Taylor	20	6.0%	37	11.1%	57	17.1%
Goliad	1	4.2%	4	16.7%	5	20.8%	Terry	0	0.0%	5	15.2%	5	15.2%
Gonzales	3	4.0%	7	9.3%	10	13.3%	Titus	7	4.2%	17	10.3%	24	14.5%
Gray	9	14.1%	24	37.5%	33	51.6%	Tom Green	27	4.5%	87	14.4%	114	18.8%
Grayson	19	7.5%	29	11.5%	48	19.0%	Travis	150	5.4%	447	16.0%	597	21.4%
Gregg	37	6.7%	81	14.6%	118	21.3%	Trinity	1	4.0%	3	12.0%	4	16.0%
Grimes	3	5.1%	8	13.6%	11	18.6%	Tyler	2	6.9%	3	10.3%	5	17.2%
Guadalupe	17	7.4%	30	13.0%	47	20.3%	Upshur	1	3.1%	3	9.4%	4	12.5%
Hale	4	2.6%	21	13.9%	25	16.6%	Upton	0	0.0%	0	0.0%	0	0.0%
Hamilton	1	5.3%	3	15.8%	4	21.1%	Uvalde	15	14.3%	10	9.5%	25	23.8%
Hardin	7	8.4%	13	15.7%	20	24.1%	Val Verde	12	5.4%	31	13.9%	43	19.3%
Harris	401	5.8%	946	13.7%	1,347	19.5%	Van Zandt	7	4.1%	20	11.6%	27	15.7%
Harrison	19	12.9%	19	12.9%	38	25.9%	Victoria	31	4.3%	92	12.7%	123	16.9%
Haskell	2	18.2%	3	27.3%	5	45.5%	Walker	3	5.0%	7	11.7%	10	16.7%
Hays	30	5.9%	69	13.6%	99	19.5%	Waller	2	3.9%	7	13.7%	9	17.6%
Henderson	4	2.8%	16	11.2%	20	14.0%	Ward	2	2.3%	13	14.8%	15	17.0%
Hidalgo	64	5.4%	177	15.1%	241	20.5%	Washington	5	7.8%	10	15.6%	15	23.4%
Hill	4	9.8%	3	7.3%	7	17.1%	Webb	44	5.1%	80	9.3%	124	14.5%
Hockley	5	5.4%	12	12.9%	17	18.3%	Wharton	4	4.5%	7	8.0%	11	12.5%
Hood	10	4.2%	28	11.9%	38	16.1%	Wheeler	1	2.9%	2	5.7%	3	8.6%
Hopkins	8	4.5%	26	14.7%	34	19.2%	Wichita	37	5.2%	91	12.9%	128	18.1%
Houston	4	7.8%	3	5.9%	7	13.7%	Wilbarger	4	28.6%	2	14.3%	6	42.9%
Howard	10	5.8%	11	6.4%	21	12.2%	Willacy	2	20.0%	1	10.0%	3	30.0%
Hunt	13	5.3%	24	9.8%	37	15.2%	Williamson	8	4.2%	12	6.3%	20	10.5%
Hutchinson	6	6.8%	15	17.0%	21	23.9%	Winkler	1	6.7%	1	6.7%	2	13.3%
Jack	1	7.7%	0	0.0%	1	7.7%	Wise	2	3.1%	2	3.1%	4	6.2%
Jackson	3	8.8%	3	8.8%	6	17.6%	Wood	3	3.7%	11	13.4%	14	17.1%
Jasper	1	2.5%	3	7.5%	4	10.0%	Yoakum	8	17.0%	5	10.6%	13	27.7%
Jefferson	29	4.0%	81	11.2%	110	15.2%	Young	0	0.0%	8	19.5%	8	19.5%
Jim Hogg	0	0.0%	0	0.0%	0	0.0%	Zapata	10	7.5%	15	11.2%	25	18.7%
Jim Wells	8	7.7%	17	16.3%	25	24.0%	Zavala	4	11.1%	5	13.9%	9	25.0%
Johnson	5	2.9%	18	10.4%	23	13.3%	<i>Total</i>	<i>3,479</i>	<i>5.5%</i>	<i>8,340</i>	<i>13.3%</i>	<i>11,819</i>	<i>18.8%</i>
Jones	4	16.0%	4	16.0%	8	32.0%							

Table A7
Prevalence of Thought Disturbance MAYSI-2 Caution and Warning Cutoffs in FY 2002 by County^a

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	12	10.8%	4	3.6%	16	14.4%	Karnes	27	16.6%	16	9.8%	43	26.4%
Andrews	15	22.4%	7	10.4%	22	32.8%	Kaufman	24	17.9%	6	4.5%	30	22.4%
Angelina	21	18.1%	9	7.8%	30	25.9%	Kendall	6	23.1%	4	15.4%	10	38.5%
Atascosa	9	23.1%	8	20.5%	17	43.6%	Kerr	35	28.2%	9	7.3%	44	35.5%
Austin	7	11.9%	6	10.2%	13	22.0%	Kleberg	14	25.9%	9	16.7%	23	42.6%
Bailey	5	13.9%	6	16.7%	11	30.6%	Lamar	23	22.1%	12	11.5%	35	33.7%
Bandera	8	34.8%	3	13.0%	11	47.8%	Lamb	7	21.9%	4	12.5%	11	34.4%
Bastrop	21	15.7%	13	9.7%	34	25.4%	Lampasas	28	36.8%	8	10.5%	36	47.4%
Bell	190	21.2%	104	11.6%	294	32.8%	Lavaca	1	16.7%	2	33.3%	3	50.0%
Bexar	513	20.5%	206	8.2%	719	28.7%	Lee	1	9.1%	1	9.1%	2	18.2%
Bosque	8	28.6%	4	14.3%	12	42.9%	Leon	3	16.7%	0	0.0%	3	16.7%
Bowie	76	24.4%	39	12.5%	115	36.9%	Liberty	19	16.7%	12	10.5%	31	27.2%
Brazoria	164	18.5%	66	7.4%	230	25.9%	Lubbock	143	26.0%	52	9.5%	195	35.5%
Brazos	119	18.6%	72	11.2%	191	29.8%	Lynn	0	0.0%	0	0.0%	0	0.0%
Brewster	4	25.0%	2	12.5%	6	37.5%	McCulloch	3	13.0%	1	4.3%	4	17.4%
Brooks	0	0.0%	0	0.0%	0	0.0%	McLennan	132	19.6%	64	9.5%	196	29.1%
Brown	36	24.5%	17	11.6%	53	36.1%	Madison	2	13.3%	2	13.3%	4	26.7%
Burleson	3	10.7%	7	25.0%	10	35.7%	Mason	0	0.0%	1	50.0%	1	50.0%
Burnet	35	19.9%	27	15.3%	62	35.2%	Matagorda	28	19.6%	7	4.9%	35	24.5%
Caldwell	18	13.6%	18	13.6%	36	27.3%	Maverick	22	25.0%	7	8.0%	29	33.0%
Calhoun	23	32.4%	9	12.7%	32	45.1%	Medina	24	22.4%	14	13.1%	38	35.5%
Cameron	213	17.8%	123	10.3%	336	28.1%	Midland	115	27.6%	74	17.7%	189	45.3%
Cass	10	35.7%	3	10.7%	13	46.4%	Milam	27	23.9%	23	20.4%	50	44.2%
Castro	3	42.9%	1	14.3%	4	57.1%	Montague	11	18.3%	11	18.3%	22	36.7%
Cherokee	17	14.0%	30	24.8%	47	38.8%	Montgomery	118	19.3%	50	8.2%	168	27.5%
Childress	2	12.5%	2	12.5%	4	25.0%	Moore	7	13.5%	4	7.7%	11	21.2%
Cochran	2	16.7%	7	58.3%	9	75.0%	Nacogdoches	33	29.5%	18	16.1%	51	45.5%
Collin	83	14.1%	34	5.8%	117	19.8%	Navarro	13	11.7%	7	6.3%	20	18.0%
Colorado	3	12.0%	1	4.0%	4	16.0%	Nolan	26	25.0%	16	15.4%	42	40.4%
Comal	36	18.8%	23	12.0%	59	30.7%	Nueces	303	19.3%	189	12.0%	492	31.3%
Comanche	8	24.2%	3	9.1%	11	33.3%	Ochiltree	2	14.3%	0	0.0%	2	14.3%
Cooke	12	30.0%	6	15.0%	18	45.0%	Orange	3	6.3%	2	4.2%	5	10.4%
Coryell	32	21.9%	6	4.1%	38	26.0%	Palo Pinto	9	29.0%	7	22.6%	16	51.6%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	8	16.3%	7	14.3%	15	30.6%
Crosby	2	25.0%	0	0.0%	2	25.0%	Parker	40	23.8%	15	8.9%	55	32.7%
Dallam	6	9.7%	8	12.9%	14	22.6%	Pecos	7	36.8%	4	21.1%	11	57.9%
Dallas	916	19.2%	380	8.0%	1,296	27.2%	Polk	16	19.8%	14	17.3%	30	37.0%
Dawson	17	14.8%	5	4.3%	22	19.1%	Potter	89	19.6%	39	8.6%	128	28.1%
Deaf Smith	17	25.0%	9	13.2%	26	38.2%	Presidio	2	50.0%	0	0.0%	2	50.0%
Denton	208	23.8%	93	10.6%	301	34.4%	Randall	44	21.3%	19	9.2%	63	30.4%
Dewitt	12	23.5%	7	13.7%	19	37.3%	Reagan	0	0.0%	0	0.0%	0	0.0%
Dimmit	5	29.4%	0	0.0%	5	29.4%	Red River	12	25.0%	5	10.4%	17	35.4%
Duval	3	6.3%	2	4.2%	5	10.4%	Reeves	15	26.8%	8	14.3%	23	41.1%

County	Caution		Warning		At or Above Caution		County	Caution		Warning		At or Above Caution	
	n	%	n	%	n	%		n	%	n	%	n	%
Eastland	0	0.0%	0	0.0%	0	0.0%	Refugio	7	25.0%	4	14.3%	11	39.3%
Ector	61	14.9%	45	11.0%	106	25.9%	Rockwall	16	30.8%	2	3.8%	18	34.6%
Ellis	20	14.3%	21	15.0%	41	29.3%	Rusk	15	30.0%	6	12.0%	21	42.0%
El Paso	220	16.7%	84	6.4%	304	23.0%	San Jacinto	7	25.0%	3	10.7%	10	35.7%
Erath	1	3.2%	1	3.2%	2	6.5%	San Patricio	157	24.1%	65	10.0%	222	34.0%
Fannin	5	7.4%	3	4.4%	8	11.8%	Shelby	5	26.3%	0	0.0%	5	26.3%
Fayette	2	6.9%	0	0.0%	2	6.9%	Smith	78	22.0%	40	11.3%	118	33.3%
Floyd	4	10.8%	9	24.3%	13	35.1%	Starr	30	18.0%	22	13.2%	52	31.1%
Fort Bend	166	18.8%	86	9.7%	252	28.5%	Stephens	2	14.3%	1	7.1%	3	21.4%
Frio	3	30.0%	1	10.0%	4	40.0%	Sutton	1	9.1%	2	18.2%	3	27.3%
Gaines	2	20.0%	0	0.0%	2	20.0%	Swisher	2	20.0%	1	10.0%	3	30.0%
Galveston	166	17.5%	124	13.1%	290	30.6%	Tarrant	654	23.4%	436	15.6%	1,090	39.0%
Garza	5	27.8%	2	11.1%	7	38.9%	Taylor	51	21.5%	28	11.8%	79	33.3%
Goliad	0	0.0%	0	0.0%	0	0.0%	Terry	6	26.1%	3	13.0%	9	39.1%
Gonzales	8	12.5%	9	14.1%	17	26.6%	Titus	21	15.8%	10	7.5%	31	23.3%
Gray	11	26.2%	10	23.8%	21	50.0%	Tom Green	82	19.2%	31	7.3%	113	26.5%
Grayson	31	16.6%	21	11.2%	52	27.8%	Travis	448	22.2%	285	14.1%	733	36.3%
Gregg	79	20.8%	50	13.2%	129	33.9%	Trinity	3	16.7%	0	0.0%	3	16.7%
Grimes	8	17.4%	2	4.3%	10	21.7%	Tyler	3	12.5%	3	12.5%	6	25.0%
Guadalupe	29	19.7%	10	6.8%	39	26.5%	Upshur	4	19.0%	0	0.0%	4	19.0%
Hale	22	18.8%	11	9.4%	33	28.2%	Upton	0	0.0%	2	40.0%	2	40.0%
Hamilton	5	29.4%	0	0.0%	5	29.4%	Uvalde	20	25.6%	5	6.4%	25	32.1%
Hardin	16	32.7%	1	2.0%	17	34.7%	Val Verde	40	22.6%	13	7.3%	53	29.9%
Harris	1,334	25.1%	792	14.9%	2,126	40.0%	Van Zandt	18	15.1%	12	10.1%	30	25.2%
Harrison	22	22.4%	26	26.5%	48	49.0%	Victoria	108	21.5%	59	11.7%	167	33.2%
Haskell	3	30.0%	1	10.0%	4	40.0%	Walker	11	22.9%	2	4.2%	13	27.1%
Hays	75	20.7%	57	15.7%	132	36.5%	Waller	12	30.8%	3	7.7%	15	38.5%
Henderson	16	16.3%	19	19.4%	35	35.7%	Ward	14	22.2%	3	4.8%	17	27.0%
Hidalgo	167	19.0%	105	11.9%	272	30.9%	Washington	9	22.5%	4	10.0%	13	32.5%
Hill	6	20.0%	3	10.0%	9	30.0%	Webb	100	16.7%	76	12.7%	176	29.3%
Hockley	7	12.1%	5	8.6%	12	20.7%	Wharton	17	25.8%	11	16.7%	28	42.4%
Hood	24	14.6%	18	11.0%	42	25.6%	Wheeler	1	4.0%	1	4.0%	2	8.0%
Hopkins	21	19.1%	8	7.3%	29	26.4%	Wichita	105	21.4%	49	10.0%	154	31.4%
Houston	4	9.3%	3	7.0%	7	16.3%	Wilbarger	6	60.0%	1	10.0%	7	70.0%
Howard	30	22.9%	6	4.6%	36	27.5%	Willacy	3	30.0%	3	30.0%	6	60.0%
Hunt	40	23.0%	16	9.2%	56	32.2%	Williamson	27	18.8%	6	4.2%	33	22.9%
Hutchinson	13	26.0%	6	12.0%	19	38.0%	Winkler	0	0.0%	3	23.1%	3	23.1%
Jack	1	10.0%	0	0.0%	1	10.0%	Wise	7	13.5%	2	3.8%	9	17.3%
Jackson	3	12.0%	5	20.0%	8	32.0%	Wood	11	20.4%	6	11.1%	17	31.5%
Jasper	4	12.9%	0	0.0%	4	12.9%	Yoakum	15	41.7%	4	11.1%	19	52.8%
Jefferson	75	15.9%	45	9.6%	120	25.5%	Young	3	12.0%	1	4.0%	4	16.0%
Jim Hogg	0	0.0%	1	6.3%	1	6.3%	Zapata	11	11.3%	4	4.1%	15	15.5%
Jim Wells	7	12.1%	6	10.3%	13	22.4%	Zavala	3	10.7%	5	17.9%	8	28.6%
Johnson	25	18.2%	8	5.8%	33	24.1%	<i>Total</i>	<i>9,211</i>	<i>20.6%</i>	<i>4,952</i>	<i>11.1%</i>	<i>14,163</i>	<i>31.7%</i>
Jones	1	6.7%	2	13.3%	3	20.0%							

^a Males only.

Table A8
Prevalence of Potential Mental Health Problems
Using MAYSI-2 Caution and Warning Cutoffs for Referrals in FY 2002:
Comparison of 10 to 11 Year Olds to 12 to 17+ Year Olds^a

MAYSI-2 Subscale	Age 10 to 11 Referrals (n=2,127)		Age 12 to 17+ Referrals (n=60,693)	
	n	%	n	%
Alcohol/Drug Use				
Caution	29	1.4%	7,761	12.8%
Warning	6	0.3%	1,529	2.5%
At or Above Caution	35	1.7%	9,290	15.3%
Angry-Irritable				
Caution	594	27.9%	14,767	24.3%
Warning	213	10.0%	4,938	8.1%
At or Above Caution	807	37.9%	19,705	32.5%
Depressed-Anxious				
Caution	631	29.7%	14,037	23.1%
Warning	198	9.3%	4,074	6.7%
At or Above Caution	829	39.0%	18,111	29.8%
Somatic Complaints				
Caution	779	36.6%	20,548	33.9%
Warning	90	4.2%	3,228	5.3%
At or Above Caution	869	40.9%	23,776	39.2%
Suicide Ideation				
Caution	124	5.8%	3,355	5.5%
Warning	236	11.1%	8,104	13.4%
At or Above Caution	360	16.9%	11,459	18.9%
Thought Disturbance^b (males only)				
Caution	367	21.6%	8,844	20.6%
Warning	346	20.4%	4,606	10.7%
At or Above Caution	713	42.0%	13,450	31.3%

NOTE: Percentages may not total due to rounding.

^aOne case had inaccurate age data (n=62,820). ^b The *Thought Disturbance* scale should not be applied to females according to its developers (Grisso & Barnum 2000, 21). The sample sizes for each category include: Age 10 to 11 (n=1,696) and Age 12 to 17+ (n=43,036).

Table A9
Prevalence of Assessment Recommendations
Based on MAYSI-2 Caution and Warning Cutoffs in FY 2002

County	Four or More Cautions		Two or More Warnings		Any ^a		County	Four or More Cautions		Two or More Warnings		Any ^a	
	n	%	n	%	n	%		n	%	n	%	n	%
Anderson	7	4.6%	10	6.6%	19	12.5%	Karnes	9	4.2%	24	11.1%	41	19.0%
Andrews	2	2.4%	8	9.6%	13	15.7%	Kaufman	9	4.9%	12	6.5%	31	16.8%
Angelina	8	5.5%	16	11.0%	30	20.5%	Kendall	2	4.8%	9	21.4%	18	42.9%
Atascosa	3	6.3%	6	12.5%	11	22.9%	Kerr	8	4.0%	21	10.4%	38	18.9%
Austin	2	2.9%	6	8.7%	14	20.3%	Kleberg	5	6.4%	10	12.8%	16	20.5%
Bailey	0	0.0%	2	4.4%	4	8.9%	Lamar	7	5.4%	19	14.6%	31	23.8%
Bandera	2	6.5%	7	22.6%	9	29.0%	Lamb	2	4.4%	4	8.9%	9	20.0%
Bastrop	2	1.1%	15	7.9%	24	12.6%	Lampasas	1	1.0%	19	19.0%	22	22.0%
Bell	50	3.7%	125	9.2%	252	18.6%	Lavaca	0	0.0%	3	27.3%	4	36.4%
Bexar	145	4.1%	312	8.7%	592	16.5%	Lee	0	0.0%	0	0.0%	1	7.7%
Bosque	1	2.7%	3	8.1%	7	18.9%	Leon	0	0.0%	1	4.0%	3	12.0%
Bowie	22	4.7%	53	11.4%	96	20.7%	Liberty	5	3.1%	21	13.0%	36	22.2%
Brazoria	55	4.3%	137	10.8%	267	21.1%	Lubbock	41	5.2%	82	10.4%	166	21.0%
Brazos	32	3.1%	101	9.8%	194	18.9%	Lynn	0	0.0%	1	10.0%	1	10.0%
Brewster	0	0.0%	2	9.5%	3	14.3%	McCulloch	2	6.1%	2	6.1%	6	18.2%
Brooks	0	0.0%	2	9.1%	4	18.2%	McLennan	46	4.5%	74	7.3%	141	13.9%
Brown	7	3.2%	25	11.5%	44	20.2%	Madison	0	0.0%	2	12.5%	2	12.5%
Burleson	1	2.9%	5	14.3%	6	17.1%	Mason	1	33.3%	0	0.0%	1	33.3%
Burnet	10	4.1%	31	12.8%	56	23.0%	Matagorda	10	5.1%	7	3.6%	21	10.8%
Caldwell	6	3.3%	26	14.4%	37	20.6%	Maverick	4	2.9%	14	10.1%	25	18.1%
Calhoun	13	12.5%	23	22.1%	41	39.4%	Medina	9	6.0%	28	18.7%	38	25.3%
Cameron	64	3.7%	152	8.8%	306	17.8%	Midland	38	6.9%	90	16.3%	147	26.6%
Cass	3	9.1%	6	18.2%	9	27.3%	Milam	9	6.3%	14	9.8%	27	18.9%
Castro	1	10.0%	0	0.0%	2	20.0%	Montague	3	3.8%	13	16.7%	23	29.5%
Cherokee	11	6.7%	36	22.0%	56	34.1%	Montgomery	38	4.6%	77	9.4%	153	18.7%
Childress	0	0.0%	0	0.0%	0	0.0%	Moore	2	2.2%	9	10.0%	12	13.3%
Cochran	3	14.3%	1	4.8%	3	14.3%	Nacogdoches	3	1.9%	29	18.8%	40	26.0%
Collin	20	2.4%	39	4.7%	90	10.9%	Navarro	6	4.1%	2	1.4%	9	6.1%
Colorado	0	0.0%	3	9.4%	3	9.4%	Nolan	5	3.9%	22	17.1%	32	24.8%
Comal	7	2.6%	29	10.9%	51	19.1%	Nueces	94	3.9%	322	13.2%	565	23.2%
Comanche	3	7.7%	8	20.5%	13	33.3%	Ochiltree	0	0.0%	0	0.0%	1	6.7%
Cooke	7	15.6%	7	15.6%	15	33.3%	Orange	0	0.0%	4	5.4%	5	6.8%
Coryell	7	3.3%	17	7.9%	42	19.6%	Palo Pinto	0	0.0%	14	28.0%	14	28.0%
Crane	0	0.0%	0	0.0%	0	0.0%	Panola	4	5.9%	10	14.7%	19	27.9%
Crosby	1	11.1%	2	22.2%	3	33.3%	Parker	10	3.9%	23	8.9%	41	16.0%
Dallam	4	4.5%	3	3.4%	9	10.1%	Pecos	4	16.7%	7	29.2%	10	41.7%
Dallas	238	3.4%	544	7.9%	1,068	15.4%	Polk	4	4.2%	12	12.6%	21	22.1%
Dawson	0	0.0%	8	5.8%	40	29.2%	Potter	26	4.1%	41	6.5%	88	13.9%
Deaf Smith	6	5.7%	5	4.7%	11	10.4%	Presidio	1	20.0%	1	20.0%	1	20.0%
Denton	63	4.9%	202	15.8%	324	25.4%	Randall	10	3.3%	30	10.0%	47	15.6%
Dewitt	4	5.6%	5	6.9%	13	18.1%	Reagan	0	0.0%	0	0.0%	1	9.1%
Dimmit	1	3.8%	1	3.8%	6	23.1%	Red River	3	4.8%	8	12.7%	12	19.0%
Duval	2	3.3%	4	6.7%	5	8.3%	Reeves	2	2.8%	10	14.1%	13	18.3%
Eastland	0	0.0%	2	18.2%	3	27.3%	Refugio	0	0.0%	3	10.0%	6	20.0%

County	Four or More Cautions		Two or More Warnings		Any ^a		County	Four or More Cautions		Two or More Warnings		Any ^a	
	n	%	n	%	n	%		n	%	n	%	n	%
Ector	29	5.0%	55	9.5%	116	20.1%	Rockwall	2	2.4%	6	7.1%	12	14.3%
Ellis	6	3.4%	15	8.4%	27	15.2%	Rusk	4	5.6%	4	5.6%	13	18.3%
El Paso	59	3.5%	102	6.0%	227	13.3%	San Jacinto	2	6.3%	3	9.4%	5	15.6%
Erath	0	0.0%	5	12.8%	7	17.9%	San Patricio	41	4.3%	94	9.9%	174	18.4%
Fannin	3	2.8%	13	11.9%	22	20.2%	Shelby	0	0.0%	0	0.0%	0	0.0%
Fayette	0	0.0%	0	0.0%	1	2.8%	Smith	23	4.2%	56	10.1%	102	18.5%
Floyd	3	6.4%	8	17.0%	11	23.4%	Starr	8	3.6%	33	14.7%	54	24.1%
Fort Bend	49	4.0%	102	8.4%	199	16.3%	Stephens	1	6.3%	1	6.3%	2	12.5%
Frio	0	0.0%	1	6.3%	2	12.5%	Sutton	0	0.0%	1	5.0%	1	5.0%
Gaines	0	0.0%	1	7.1%	1	7.1%	Swisher	0	0.0%	2	15.4%	2	15.4%
Galveston	54	4.5%	151	12.5%	264	21.9%	Tarrant	220	5.6%	646	16.3%	1,080	27.3%
Garza	2	9.1%	1	4.5%	3	13.6%	Taylor	15	4.5%	38	11.4%	69	20.7%
Goliad	1	4.2%	2	8.3%	5	20.8%	Terry	4	12.1%	4	12.1%	9	27.3%
Gonzales	1	1.3%	4	5.3%	8	10.7%	Titus	6	3.6%	14	8.5%	25	15.2%
Gray	7	10.9%	15	23.4%	29	45.3%	Tom Green	19	3.1%	65	10.7%	115	19.0%
Grayson	9	3.6%	25	9.9%	43	17.1%	Travis	114	4.1%	440	15.8%	652	23.4%
Gregg	12	2.2%	70	12.7%	106	19.2%	Trinity	2	8.0%	2	8.0%	4	16.0%
Grimes	0	0.0%	6	10.2%	8	13.6%	Tyler	1	3.4%	3	10.3%	6	20.7%
Guadalupe	8	3.5%	18	7.8%	38	16.5%	Upshur	1	3.1%	1	3.1%	4	12.5%
Hale	4	2.6%	17	11.3%	28	18.5%	Upton	1	16.7%	0	0.0%	1	16.7%
Hamilton	2	10.5%	2	10.5%	5	26.3%	Uvalde	5	4.8%	8	7.6%	19	18.1%
Hardin	6	7.2%	9	10.8%	19	22.9%	Val Verde	6	2.7%	17	7.6%	36	16.1%
Harris	376	5.4%	982	14.2%	1,574	22.7%	Van Zandt	3	1.7%	16	9.3%	26	15.1%
Harrison	5	3.4%	14	9.5%	26	17.7%	Victoria	39	5.4%	86	11.8%	155	21.3%
Haskell	4	36.4%	1	9.1%	7	63.6%	Walker	2	3.3%	6	10.0%	9	15.0%
Hays	29	5.7%	56	11.0%	111	21.9%	Waller	1	2.0%	3	5.9%	9	17.6%
Henderson	4	2.8%	16	11.2%	28	19.6%	Ward	2	2.3%	8	9.1%	14	15.9%
Hidalgo	56	4.8%	139	11.8%	247	21.0%	Washington	2	3.1%	5	7.8%	10	15.6%
Hill	1	2.4%	4	9.8%	5	12.2%	Webb	30	3.5%	80	9.3%	138	16.1%
Hockley	2	2.2%	5	5.4%	16	17.2%	Wharton	2	2.3%	8	9.1%	11	12.5%
Hood	7	3.0%	20	8.5%	39	16.5%	Wheeler	0	0.0%	3	8.6%	3	8.6%
Hopkins	8	4.5%	18	10.2%	35	19.8%	Wichita	34	4.8%	71	10.0%	139	19.7%
Houston	0	0.0%	4	7.8%	5	9.8%	Wilbarger	1	7.1%	2	14.3%	4	28.6%
Howard	10	5.8%	11	6.4%	25	14.5%	Willacy	0	0.0%	1	10.0%	1	10.0%
Hunt	10	4.1%	20	8.2%	38	15.6%	Williamson	2	1.0%	8	4.2%	14	7.3%
Hutchinson	5	5.7%	13	14.8%	23	26.1%	Winkler	0	0.0%	1	6.7%	1	6.7%
Jack	0	0.0%	0	0.0%	0	0.0%	Wise	3	4.6%	2	3.1%	7	10.8%
Jackson	3	8.8%	3	8.8%	8	23.5%	Wood	1	1.2%	12	14.6%	15	18.3%
Jasper	3	7.5%	1	2.5%	5	12.5%	Yoakum	5	10.6%	4	8.5%	12	25.5%
Jefferson	24	3.3%	61	8.4%	117	16.2%	Young	0	0.0%	5	12.2%	9	22.0%
Jim Hogg	0	0.0%	4	14.8%	4	14.8%	Zapata	6	4.5%	10	7.5%	20	14.9%
Jim Wells	4	3.8%	6	5.8%	22	21.2%	Zavala	0	0.0%	4	11.1%	6	16.7%
Johnson	9	5.2%	18	10.4%	31	17.9%	Total	2,659	4.2%	6,879	11.0%	12,261	19.5%
Jones	0	0.0%	5	20.0%	5	20.0%							

^a 'Any' is an overall category that was created to determine how many referrals warranted assessment using any of the criteria: four or more cautions, two or more warnings or a suicide warning. To see the distribution of the number of suicide earnings that triggered additional assessment see Table A6.

Table A10
Prevalence of Assessment Recommendations Based on MAYSI-2 Caution and Warning Cutoffs in FY 2002:
Comparison of 10 to 11 Year Olds to 12 to 17+ Year Olds^a

Assessment Based On	Age 10 to 11 Referrals (n=2,127)		Age 12 to 17+ Referrals (n=60,693)	
	n	%	n	%
Number of Cautions	75	3.5%	2,584	4.3%
Number of Warnings	252	11.8%	6,627	10.9%
Suicide Ideation Warning	236	11.1%	8,104	13.4%
<i>Any (Overall)</i>	<i>397</i>	<i>18.7%</i>	<i>11,864</i>	<i>19.5%</i>

^a One case had inaccurate age data.

Table B1
Comparison of DISC Prevalence Sample to 2001 Statewide Juvenile Probation Population

Variable	2001 Statewide Population	DISC Sample
	%	%
Gender		
Female	29%	21%
Male	71%	79%
Race		
African American	23%	29%
Hispanic	41%	51%
Anglo	35%	19%
Other ^a	1%	1%
Age		
10-12	9%	8%
13-14	32%	30%
15	26%	27%
16	30%	30%
17+	3%	4%
Offense		
Felony	21%	37%
Misdemeanor	45%	46%
CINS	22%	4%
Violation of Probation	21%	14%
Disposition		
Supervisory Caution	26%	7%
Deferred Prosecution	20%	17%
Adjudicated to Probation	24%	39%
Committed to TYC/Certified as Adult	2%	5%
Other ^b	28%	32%
Prior Referrals		
No Prior Referrals	46%	47%
Prior Referral(s)	54%	53%

^aThe 'Other' category consisted of American Indian, Asian American and other race classifications.

^b'Other' dispositions included pending, dismissed, not guilty and consolidated.

Table B2
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Gender

Disorder	Impairment Not Considered			
	Females (n=211)		Males (n=798)	
	n	%	n	%
No DISC Disorder	100	47.4%	430	53.9%
Any DISC Disorder	111	52.6%	368	46.1%
Any Anxiety Disorder (without SA)^b	73	34.6%	157	19.7%
Any Anxiety Disorder (with SA)^b	91	43.1%	259	32.5%
Agoraphobia	26	12.6%	66	8.3%
Generalized Anxiety Disorder	5	2.4%	27	3.4%
Obsessive-Compulsive Disorder	28	13.7%	56	7.1%
Panic Disorder	7	3.4%	21	2.6%
Post Traumatic Stress Disorder	14	6.9%	24	3.1%
Social Phobia	17	8.1%	39	4.9%
Specific Phobia	23	11.3%	50	6.4%
Separation Anxiety	49	33.1%	171	26.1%
Any Affective Disorder	31	14.7%	50	6.3%
Manic Episode	1	0.5%	9	1.2%
Hypomanic Episode	7	3.5%	9	1.2%
Major Depressive Disorder ^c	26	12.7%	38	4.9%
Dysthymic Disorder	1	0.5%	3	.4%
Any Disruptive Disorder	46	21.8%	159	19.9%
Attention Deficit Hyperactivity Disorder	1	0.5%	9	1.2%
Conduct Disorder ^d	37	18.6%	139	18.0%
Oppositional Defiant	23	11.6%	46	5.9%
Any Substance Use Disorder	51	24.2%	205	25.7%
Alcohol Abuse	11	5.7%	52	6.8%
Alcohol Dependence	10	4.7%	24	3.0%
Marijuana Abuse	18	9.2%	73	9.5%
Marijuana Dependence	24	12.3%	101	13.2%
Other Substance Abuse	10	5.2%	19	2.5%
Other Substance Dependence	10	5.2%	25	3.3%
Suicide Ideation/Attempt				
Suicide Ideation (last 4 weeks)	39	18.5%	92	11.5%
Suicide Attempt (last 4 weeks)	17	8.1%	15	1.9%
Suicide Attempt (whole life)	51	24.2%	87	10.9%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b 'SA' stands for Separation Anxiety .

^c Present State DISC and DSM-IV criteria necessitate that youth reporting Major Depression do not also receive a disorder of Dysthymia.

^d Past six months.

Table B3
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Race

Disorder	Impairment Not Considered							
	African American (n=289)		Hispanic (n=518)		Anglo (n=190)		Other ^b (n=12)	
	n	%	n	%	n	%	n	%
No DISC Disorder	178	61.6%	266	51.4%	81	42.6%	5	41.7%
Any DISC Disorder	111	38.4%	252	48.6%	109	57.4%	7	58.3%
Any Anxiety Disorder (without SA)^c	66	22.8%	114	22.0%	46	24.2%	4	33.3%
Any Anxiety Disorder (with SA)^c	114	39.4%	170	32.8%	62	32.6%	4	33.3%
Agoraphobia	26	9.1%	42	8.2%	21	11.1%	3	25.0%
Generalized Anxiety Disorder	11	3.9%	15	2.9%	6	3.2%	0	0.0%
Obsessive-Compulsive Disorder	19	6.7%	47	9.3%	17	9.0%	1	9.1%
Panic Disorder	6	2.1%	10	1.9%	12	6.3%	0	0.0%
Post Traumatic Stress Disorder	11	3.9%	17	3.3%	10	5.3%	0	0.0%
Social Phobia	16	5.5%	29	5.6%	10	5.3%	1	8.3%
Specific Phobia	27	9.6%	31	6.1%	14	7.4%	1	8.3%
Separation Anxiety	73	29.1%	110	28.1%	36	24.2%	1	10.0%
Any Affective Disorder	21	7.3%	44	8.5%	16	8.4%	0	0.0%
Manic Episode	4	1.4%	4	0.8%	2	1.1%	0	0.0%
Hypomanic Episode	4	1.4%	9	1.8%	3	1.6%	0	0.0%
Major Depressive Disorder ^d	18	6.5%	33	6.5%	13	6.9%	0	0.0%
Dysthymic Disorder	0	0.0%	4	0.8%	0	0.0%	0	0.0%
Any Disruptive Disorder	44	15.2%	105	20.3%	52	27.4%	4	33.3%
Attention Deficit Hyperactivity Disorder	3	1.2%	4	0.8%	3	1.7%	0	0.0%
Conduct Disorder ^e	40	14.7%	91	18.2%	42	22.3%	3	27.3%
Oppositional Defiant	14	5.1%	38	7.6%	16	8.5%	1	9.1%
Any Substance Use Disorder	35	12.1%	155	29.9%	64	33.7%	2	16.7%
Alcohol Abuse	0	0.0%	41	8.2%	21	11.4%	1	9.1%
Alcohol Dependence	2	0.7%	23	4.4%	8	4.2%	1	8.3%
Marijuana Abuse	16	5.9%	53	10.7%	22	12.0%	0	0.0%
Marijuana Dependence	17	6.3%	80	16.1%	28	15.2%	0	0.0%
Other Substance Abuse	1	0.4%	22	4.4%	6	3.3%	0	0.0%
Other Substance Dependence	1	0.4%	24	4.8%	10	5.5%	0	0.0%
Suicide Ideation/Attempt								
Suicide Ideation (last 4 weeks)	49	17.0%	53	10.2%	28	14.7%	1	8.3%
Suicide Attempt (last 4 weeks)	5	1.7%	16	3.1%	11	5.8%	0	0.0%
Suicide Attempt (whole life)	29	10.0%	74	14.3%	34	17.9%	1	8.3%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b The 'Other' category consisted of American Indian, Asian American and other race classifications.

^c 'SA' stands for Separation Anxiety.

^d Present State DISC and DSM-IV criteria necessitate that youth reporting Major Depression do not also receive a disorder of Dysthymia.

^e Past six months.

Table B4
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Age

Disorder	Impairment Not Considered									
	Ages 10-12 (n=84)		Age 13-14 (n=307)		Age 15 (n=276)		Age 16 (n=303)		Age 17+ (n=39)	
	n	%	n	%	n	%	n	%	n	%
No DISC Disorder	55	65.5%	170	55.4%	145	52.5%	142	46.9%	18	46.2%
Any DISC Disorder	29	34.5%	137	44.6%	131	47.5%	161	53.1%	21	53.8%
Any Anxiety Disorder (without SA)^b	20	23.8%	78	25.4%	51	18.5%	71	23.4%	10	25.6%
Any Anxiety Disorder (with SA)^b	34	40.5%	112	36.5%	82	29.7%	105	34.7%	17	43.6%
Agoraphobia	11	13.1%	27	8.9%	16	5.8%	34	11.4%	4	10.3%
Generalized Anxiety Disorder	4	4.8%	7	2.3%	8	2.9%	12	4.0%	1	2.6%
Obsessive-Compulsive Disorder	7	8.4%	29	9.6%	21	7.7%	22	7.5%	5	13.2%
Panic Disorder	1	1.2%	7	2.3%	9	3.3%	10	3.4%	1	2.6%
Post Traumatic Stress Disorder	3	3.6%	6	2.0%	7	2.6%	21	7.2%	1	2.6%
Social Phobia	3	3.6%	18	5.9%	11	4.0%	19	6.3%	5	12.8%
Specific Phobia	8	9.5%	23	7.6%	17	6.4%	22	7.5%	3	7.9%
Separation Anxiety	24	36.9%	71	29.2%	54	23.8%	59	24.8%	12	41.4%
Any Affective Disorder	4	4.8%	20	6.5%	24	8.7%	29	9.6%	4	10.3%
Manic Episode	2	2.4%	1	0.3%	4	1.5%	3	1.0%	0	0.0%
Hypomanic Episode	1	1.2%	2	0.7%	5	1.8%	8	2.8%	0	0.0%
Major Depressive Disorder ^c	4	4.8%	16	5.3%	17	6.3%	23	7.9%	4	10.8%
Dysthymic Disorder	0	0.0%	2	0.7%	2	0.7%	0	1.9%	0	0.0%
Any Disruptive Disorder	9	10.7%	63	20.5%	60	21.7%	67	22.1%	6	15.4%
Attention Deficit Hyperactivity Disorder	0	0.0%	0	0.0%	3	1.2%	5	1.9%	2	5.6%
Conduct Disorder ^d	7	8.6%	54	18.2%	53	19.6%	57	19.7%	5	13.9%
Oppositional Defiant	6	7.3%	23	7.8%	13	4.8%	21	7.3%	6	16.7%
Any Substance Use Disorder	6	7.1%	56	18.2%	73	26.4%	108	35.6%	13	33.3%
Alcohol Abuse	0	0.0%	12	4.1%	22	8.3%	25	8.7%	4	11.1%
Alcohol Dependence	3	3.6%	4	1.3%	8	2.9%	17	5.6%	2	5.1%
Marijuana Abuse	1	1.2%	20	6.9%	24	9.0%	40	14.0%	6	16.7%
Marijuana Dependence	4	4.9%	26	9.0%	39	14.6%	51	17.9%	5	13.9%
Other Substance Abuse	1	1.2%	5	1.7%	11	4.1%	11	3.9%	1	2.8%
Other Substance Dependence	2	2.5%	6	2.1%	9	3.4%	14	4.9%	4	11.1%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	9	10.7%	39	12.7%	36	13.0%	40	13.2%	7	17.9%
Suicide Attempt (last 4 weeks)	2	2.4%	15	4.9%	9	3.3%	4	1.3%	2	5.1%
Suicide Attempt (whole life)	8	9.5%	46	15.0%	37	13.4%	39	12.9%	8	20.5%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b 'SA' stands for Separation Anxiety.

^c Present State DISC and DSM-IV criteria necessitate that youth with Major Depression do not also receive a disorder of Dysthymia.

^d Past six months.

Table B5
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Offense^b

Disorder	Impairment Not Considered							
	Felony (n=371)		Misdemeanor (n=466)		CINS (n=36)		Violation of Probation (n=136)	
	n	%	n	%	n	%	n	%
No DISC Disorder	202	54.4%	263	56.4%	12	33.3%	53	39.0%
Any DISC Disorder	169	45.6%	203	43.6%	24	66.7%	83	61.0%
Any Anxiety Disorder (without SA)^c	91	24.5%	92	19.7%	12	33.3%	35	25.7%
Any Anxiety Disorder (with SA)^c	132	35.6%	146	31.3%	14	38.9%	58	42.6%
Agoraphobia	39	10.6%	34	7.4%	5	13.9%	14	10.4%
Generalized Anxiety Disorder	16	4.3%	11	2.4%	0	0.0%	5	3.7%
Obsessive-Compulsive Disorder	29	7.9%	31	6.8%	5	14.7%	19	14.4%
Panic Disorder	13	3.5%	7	1.5%	1	2.8%	7	5.2%
Post Traumatic Stress Disorder	13	3.6%	17	3.7%	2	5.9%	6	4.5%
Social Phobia	17	4.6%	21	4.5%	3	8.3%	15	11.0%
Specific Phobia	26	7.1%	30	6.6%	5	13.9%	12	9.4%
Separation Anxiety	84	26.3%	90	24.5%	7	26.9%	39	43.8%
Any Affective Disorder	37	10.0%	28	6.0%	4	11.1%	12	8.8%
Manic Episode	6	1.6%	4	.9%	0	0.0%	0	0.0%
Hypomanic Episode	7	1.9%	7	1.5%	0	0.0%	2	1.6%
Major Depressive Disorder ^d	27	7.4%	22	4.9%	4	11.8%	11	8.5%
Dysthymic Disorder	3	0.8%	1	.2%	0	0.0%	0	0.0%
Any Disruptive Disorder	77	20.8%	79	17.0%	11	30.6%	38	27.9%
Attention Deficit Hyperactivity Disorder	5	1.4%	3	.7%	1	2.9%	1	.8%
Conduct Disorder ^e	68	18.8%	66	14.6%	8	24.2%	34	27.0%
Oppositional Defiant	24	6.6%	26	5.8%	6	17.6%	13	10.3%
Any Substance Use Disorder	85	22.9%	111	23.8%	9	25.0%	51	37.5%
Alcohol Abuse	19	5.3%	24	5.4%	4	12.1%	16	12.9%
Alcohol Dependence	14	3.8%	11	2.4%	2	5.6%	7	5.1%
Marijuana Abuse	33	9.2%	39	8.7%	3	9.1%	16	13.0%
Marijuana Dependence	38	10.6%	53	11.9%	5	15.2%	29	23.6%
Other Substance Abuse	8	2.2%	13	2.9%	2	6.1%	6	4.9%
Other Substance Dependence	9	2.5%	17	3.8%	1	3.0%	8	6.5%
Suicide Ideation/Attempt								
Suicide Ideation (last 4 weeks)	49	13.2%	60	12.9%	3	8.3%	19	14.0%
Suicide Attempt (last 4 weeks)	12	3.2%	10	2.1%	3	8.3%	7	5.1%
Suicide Attempt (whole life)	55	14.8%	52	11.2%	8	22.2%	23	16.9%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b Offense refers to the primary alleged offense for which the juvenile was referred to the local juvenile probation department.

^c 'SA' stands for Separation Anxiety.

^d Present State DISC and DSM-IV criteria necessitate that youth with Major Depression do not also receive a disorder of Dysthymia.

^e Past six months.

Table B6
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Disposition^b

Disorder	Impairment Not Considered									
	Supervisory Caution (n=71)		Deferred Prosecution (n=176)		Adjudicated to Probation (n=388)		Committed to TYC (n=43)		Certified as Adult (n=8)	
	n	%	n	%	n	%	n	%	n	%
No DISC Disorder	39	54.9%	111	63.1%	195	50.3%	20	46.5%	4	50.0%
Any DISC Disorder	32	45.1%	65	36.9%	193	49.7%	23	53.5%	4	50.0%
Any Anxiety Disorder (without SA)^c	14	19.7%	30	17.0%	85	21.9%	13	30.2%	4	50.0%
Any Anxiety Disorder (with SA)^c	19	26.8%	42	23.9%	145	37.4%	21	48.8%	4	50.0%
Agoraphobia	6	8.5%	10	5.7%	36	9.4%	4	9.3%	3	37.5%
Generalized Anxiety Disorder	2	2.8%	0	0.0%	15	3.9%	2	4.7%	2	25.0%
Obsessive-Compulsive Disorder	7	10.1%	10	5.7%	32	8.4%	7	16.3%	1	14.3%
Panic Disorder	1	1.4%	0	0.0%	14	3.6%	3	7.0%	0	0.0%
Post Traumatic Stress Disorder	1	1.4%	6	3.4%	10	2.6%	6	14.0%	1	14.3%
Social Phobia	5	7.0%	6	3.4%	17	4.4%	4	9.3%	0	0.0%
Specific Phobia	2	3.0%	10	5.8%	24	6.3%	4	9.5%	1	14.3%
Separation Anxiety	10	23.8%	19	14.8%	99	30.3%	16	41.0%	1	14.3%
Any Affective Disorder	5	7.0%	6	3.4%	30	7.7%	8	18.6%	1	12.5%
Manic Episode	0	0.0%	0	0.0%	5	1.3%	2	4.7%	0	0.0%
Hypomanic Episode	1	1.5%	1	0.6%	7	1.8%	1	2.3%	0	0.0%
Major Depressive Disorder ^d	4	6.0%	5	2.9%	23	6.1%	6	14.0%	1	14.3%
Dysthymic Disorder	0	0.0%	0	0.0%	1	0.3%	1	2.3%	0	0.0%
Any Disruptive Disorder	14	19.7%	22	12.5%	86	22.2%	6	14.0%	1	12.5%
Attention Deficit Hyperactivity Disorder	2	3.1%	3	1.8%	3	0.8%	0	0.0%	0	0.0%
Conduct Disorder ^e	11	16.9%	15	8.7%	78	20.9%	6	14.0%	1	14.3%
Oppositional Defiant	5	7.7%	9	5.2%	22	5.9%	0	0.0%	1	14.3%
Any Substance Use Disorder	18	25.4%	31	17.6%	97	25.0%	13	30.2%	1	12.5%
Alcohol Abuse	5	8.1%	8	4.7%	23	6.2%	3	7.0%	0	0.0%
Alcohol Dependence	1	1.4%	4	2.3%	4	1.0%	0	0.0%	1	14.3%
Marijuana Abuse	10	16.7%	13	7.6%	38	10.3%	3	7.0%	0	0.0%
Marijuana Dependence	7	11.7%	12	7.0%	45	12.2%	10	23.3%	1	14.3%
Other Substance Abuse	2	3.3%	7	4.1%	11	3.0%	3	7.0%	0	0.0%
Other Substance Dependence	0	0.0%	2	1.2%	9	2.5%	1	2.3%	0	0.0%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	8	11.3%	23	13.1%	50	12.9%	8	18.6%	1	12.5%
Suicide Attempt (last 4 weeks)	3	4.2%	4	2.3%	11	2.8%	3	7.0%	0	0.0%
Suicide Attempt (whole life)	8	11.3%	22	12.5%	49	12.6%	11	25.6%	2	25.0%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b This table does not contain pending cases (n=95) or dismissed, withdrawn, not guilty, adjudicated with no disposition or consolidated cases (n=228).

^c 'SA' stands for Separation Anxiety.

^d Present State DISC and DSM-IV criteria necessitate that youth with Major Depression do not also receive a disorder of Dysthymia.

^e Past six months.

Table B7
Psychiatric Disorder Profiles Based on the DISC for the Prevalence Sample^a by Referral History^b

Disorder	Impairment Not Considered									
	No Prior Referrals (n=470)		One Prior Referral (n=187)		Two Prior Referrals (n=116)		Three Prior Referrals (n=89)		Four or More Prior Referrals (n=147)	
	n	%	n	%	n	%	n	%	n	%
No DISC Disorder	289	61.5%	89	47.6%	44	37.9%	47	52.8%	61	41.5%
Any DISC Disorder	181	38.5%	98	52.4%	72	62.1%	42	47.2%	86	58.5%
Any Anxiety Disorder (without SA)^c	86	18.3%	49	26.2%	38	32.8%	18	20.2%	39	26.5%
Any Anxiety Disorder (with SA)^c	129	27.4%	74	39.6%	51	44.0%	32	36.0%	64	43.5%
Agoraphobia	36	7.7%	21	11.2%	10	8.8%	9	10.1%	16	11.1%
Generalized Anxiety Disorder	9	1.9%	4	2.1%	7	6.1%	3	3.4%	9	6.3%
Obsessive-Compulsive Disorder	25	5.4%	18	9.6%	17	14.9%	7	8.0%	17	12.1%
Panic Disorder	7	1.5%	9	4.8%	3	2.7%	3	3.4%	6	4.2%
Post Traumatic Stress Disorder	12	2.6%	6	3.2%	6	5.3%	4	4.6%	10	7.1%
Social Phobia	18	3.8%	10	5.3%	6	5.2%	5	5.6%	17	11.6%
Specific Phobia	24	5.2%	17	9.1%	13	11.6%	9	10.1%	10	7.4%
Separation Anxiety	70	18.9%	49	29.9%	36	37.9%	23	30.7%	42	43.3%
Any Affective Disorder	22	4.7%	13	7.0%	16	13.8%	8	9.0%	22	15.0%
Manic Episode	2	0.4%	2	1.1%	2	1.8%	2	2.3%	2	1.4%
Hypomanic Episode	6	1.3%	2	1.1%	4	3.6%	1	1.1%	3	2.2%
Major Depressive Disorder ^d	16	3.5%	11	5.9%	11	9.7%	7	8.0%	19	13.7%
Dysthymic Disorder	2	0.4%	0	0.0%	1	0.9%	0	0.0%	1	0.7%
Any Disruptive Disorder	67	14.3%	45	24.1%	29	25.0%	19	21.3%	45	30.6%
Attention Deficit Hyperactivity Disorder	5	1.1%	1	0.6%	3	2.9%	0	0.0%	1	0.8%
Conduct Disorder ^e	54	11.9%	39	20.9%	24	21.8%	16	18.6%	43	31.4%
Oppositional Defiant	25	5.5%	18	9.6%	11	10.0%	5	5.7%	10	7.3%
Any Substance Use Disorder	82	17.4%	63	33.7%	34	29.3%	20	22.5%	57	38.8%
Alcohol Abuse	18	4.0%	15	8.1%	6	5.5%	5	5.9%	19	14.0%
Alcohol Dependence	12	2.6%	8	4.3%	4	3.4%	1	1.1%	9	6.1%
Marijuana Abuse	30	6.7%	24	13.0%	14	13.0%	7	8.2%	16	11.8%
Marijuana Dependence	41	9.2%	30	16.3%	14	13.0%	10	11.8%	30	22.1%
Other Substance Abuse	8	1.8%	8	4.3%	4	3.7%	3	3.5%	6	4.4%
Other Substance Dependence	8	1.8%	10	5.4%	4	3.7%	2	2.4%	11	8.1%
Suicide Ideation/Attempt										
Suicide Ideation (last 4 weeks)	46	9.8%	33	17.6%	18	15.5%	12	13.5%	22	15.0%
Suicide Attempt (last 4 weeks)	6	1.3%	8	4.3%	7	6.0%	2	2.2%	9	6.1%
Suicide Attempt (whole life)	49	10.4%	33	17.6%	20	17.2%	10	11.2%	26	17.7%

^a Because of early termination, prevalence for some diagnoses is based on a slightly reduced n.

^b The referral history computations included formal referrals to probation since January 1, 1999 only.

^c 'SA' stands for Separation Anxiety.

^d Present State DISC and DSM-IV criteria necessitate that youth with Major Depression do not also receive a disorder of Dysthymia.

^e Past six months.

Table C1
Positive Impacts of the Special Needs Diversionary Program
(As Reported by Program Personnel)^a

County (Number of Teams)	MHMR Center	Positive Impact
Phase One Projects Funded on September 1, 2001^b		
Bexar (4)	Center for Health Care Services	The site reports that the majority of the families and youth that are involved truly identify the resources within themselves to manage stressors. A secondary impact was identified as the ability to provide services to youth that were not available prior to receiving the funding for the pilot program.
Dallas (4)	Dallas Metro Care	"The Special Needs Diversionary Program has given us the opportunity to 'build the bridge' between Dallas Metrocare Services (DMS), our local mental health provider, and the department allowing us to communicate, build and establish a relationship with DMS in order to serve families that in the past would have fallen 'between the cracks.' Families are now receiving services by a team of juvenile department professionals and local mental health professionals. This program has benefited families and youth served by the department even outside of the Special Needs Diversionary Program because of the 'bridge' that now exists between the two agencies. Secondly, this program has allowed us to serve the most severe cases that would otherwise be going to placement or TYC. We have found that these youth would have been placed at a level of care 5 and/or 6 without an opportunity to receive intensive services if not for the Special Needs Diversionary Program." (Teresa Mendez, Dallas County Juvenile Probation Department)
El Paso (2)	Center for Life Management	"The officers stated that the thing that amounts to the largest impact for this program is the team concept. They each expressed that the concept of coming together for the betterment of families instead of 'butting heads' over issues is its strongest point. They feel that they are more in touch with the treatment process because they are actually involved in it and communication of issues is instantaneous. They also feel that four heads are better than one in solving the very complex problems that these families present, and they feel that the shared responsibility is a valuable asset. They said that they also feel that they have gained a better understanding and appreciation of each other's roles and how the respective systems work." (Karen Perez, Director of Special Programs, El Paso Juvenile Probation Department)
Harris (4)	Harris County MHMRA	"The largest positive impact that this initiative has had is the delivery of needed mental (health) services to families that have not received these services before. The ability to provide these services in the home insures the delivery of these needed services. Linking the families to community-based service providers enables ongoing services." (Henry Gonzales, Administrator, Harris County Juvenile Probation Department)
Tarrant (4)	Tarrant County MHMRA	"The impact to Tarrant County Juvenile Services from the TCOMI/FPP has been widespread. Not only has it brought an even higher level of awareness for the increased need of juvenile mental health services but also has increased the awareness of the scope and impact that mental health impairments have in the lives of these youth, their families, and the community. The TCOMI/FPP has shown us a way to do what some had thought was impossible and that is to collaborate at an even greater level. It not only increased our current collaborative efforts but also showed us and many other agencies that collaboration not only works but also is a real answer to the issues facing those youth with mental impairments. With the increased collaboration came new ideas and more "out-of-the-box" thinking which opened new ways doing and the re-thinking of old ways. The result was not only TCOMI/FPP but a better way of treating and working with our youth and their families." (Gary Acrey, Supervisor, Tarrant County Juvenile Probation Department)
Travis (4)	Travis County MHMRA	The largest positive impact reported by the program staff was that mental health services are provided in the community, versus in residential placements, so that families can be more involved in the treatment and change process.
Phase Two Projects Funded January 1, 2002^c		
Angelina (1)	Burke Center MHMR	"Even though it has not worked in every case, overall, the largest positive impact has been the ability to keep high-risk offenders in the community." (Glen Arnold, Special Needs Diversionary Program ,Specialized Juvenile Probation Officer)
Jasper (1)	Burke Center MHMR	"Providing intensive dual services, which enable the client to remain in the community. It is simply helping the client and his/her family get better." (Tom Talbot, Chief Juvenile Probation Officer, 1 st Judicial District)
Ellis (1)	Dallas Metro Care	"The largest positive impact from this initiative is to finally be able to provide help and support to hurting families who have had no where to turn. It has brought together agencies, schools, and community resources. The families have reported that they have benefited from the multi-family group by supporting each other, sharing with each other, and not feeling so lonely and isolated. "In-home"

County (Number of Teams)	MHMR Center	Positive Impact
		counseling is good, but the real impact we have seen is from our adolescent group and multi-family group. We have had bipolar teens tear up when we tell them they will be meeting with a group of other teens with mental health disorders. " (Janis Burdett, Specialized Juvenile Probation Officer, Ellis County Juvenile Probation Department)
Hale (1)	Central Plains MHMR	"The unique cooperation between TJPC and MHMR and the combination of intensive supervision and counseling services that enable the client to be responsible to the legal system while resolving the root causes of his/her behavior." (Eddie Subleadea, Chief Juvenile Probation Officer, Hale County Juvenile Probation)
Jefferson (1)	Spinndle Top MHMR	The largest positive impact was noted as the fact that the contact has been preventative and the families are getting mental health services they might not have received under a different program.
McLennan (1)	Heart of Texas MHMR	"This initiative makes wraparound service available on a small scale in a community where this model has not been practiced. It will hopefully be a beginning which leads to a greater service capacity." (Keith Warren, Heart of Texas MHMR)
Randall (1)	Texas Panhandle MHMR	"This project has formalized many of the previous services which Randall County has been providing for a long time. The biggest impact that I have observed is the "in-home" family services which are coordinated with both MHMR and JPO." (Barry Gilbert, Specialized Officer Randall County Juvenile Probation Department)
San Patricio (1)	Coastal Plains MHMR	"This is the first time that juveniles and their families have had this level of intensive, professional support and assistance available to them. Team members are available 24/7 when the family is in crisis and have successfully deescalated crisis situations, thus preventing the need to hospitalize or detain the youth." (Marla Ruvalcaba, 36 th Judicial District, Juvenile Probation Department)

^a Data regarding positive impacts were collected in June 2002.

^b Cameron County (along with Tropical Texas MHMR) and Hidalgo County (along with Tropical Texas MHMR) did not have active teams at the time the survey was administered to collect information about the positive impacts of the SNDP.

^b Ft. Bend County (along with Texana MHMR) and Smith County (along with Andrews Center MHMR) did not submit a report. Williamson County (along with Bluebonnet Trails MHMR) did not have active teams at the time the survey was administered.

Table C2
Barriers to Implementation of the Special Needs Diversionary Program
(As Reported by Program Personnel)^a

County (Number of Teams)	MHMR Center	Barriers to Implementation
Phase One Projects Funded on September 1, 2001		
Bexar (4)	Center for Health Care Services	The major presenting barrier reported was the difficulty in coordinating two drastically different systems. The program director advised that coordinating two drastically different systems affects the ability to communicate, manage the required paperwork, and in meeting the program and coordinating agency requirements.
Cameron (2)	Tropical Texas MHMR	The major presenting barrier to program implementation reported by the juvenile probation staff was that the program was in operation from September 1, 2002 to September 1, 2003 without a contract for services with the local mental health and mental retardation center. Subsequently, the specialized officers had been supervising offenders with mental illness without the mental health professional (LPHA) component of the team.
Dallas (4)	Dallas Metro Care	The major presenting barrier reported was difficulty in hiring the specialized probation officers. Dallas County also reports that there has been difficulty in communicating funding and programmatic issues between the Dallas Area North Star initiative and the contract mental health provider. Additionally, they report that educating other probation personnel as to the intent and referral process of the program has been a difficult process in stimulating referrals into the program.
El Paso (2)	Center for Life Management	El Paso juvenile probation department advised that a majority of their youth are Spanish speaking only households. El Paso also advises that they are receiving a majority of referrals from severe substance abusing youth resulting in a majority of youth being discharged to residential placement. Additionally, El Paso reports that educating the court system as well as the rest of the probation department as to the intent and process of the Special Needs Diversionary Program has been a difficult process in stimulating referrals into the program.
Harris (4)	Harris County MHMRA	The major presenting barrier reported was finding qualified staff with the appropriate criteria to fill the LPHA position within the teams during the initial start up of the program. This program was in operation for approximately 6 months before all positions were filled.
Hidalgo (2)	Tropical Texas MHMR	The major presenting barrier to program implementation reported by the juvenile probation staff was that the program was in operation from September 1, 2002 to September 1, 2003 without a contract for services with the local mental health and mental retardation center. Subsequently, the specialized officers had been supervising offenders with mental illness without the mental health professional (LPHA) component of the team.
Tarrant (4)	Tarrant County MHMRA	One of the barriers to implementation reported was working with the current juvenile system to incorporate a new way of thinking into an old way of doing business. A secondary barrier reported by Tarrant County was some complications in transferring juvenile probation officers from their prior positions into the specialized caseloads.
Travis (4)	Travis County MHMRA	The major presenting barrier to implementation was finding qualified staff with the appropriate criteria to fill the LPHA positions within the teams.
Phase Two Projects Funded January 1, 2002^b		
Angelina (1)	Burke Center MHMR	The major presenting barriers to implementation reported were getting the proper staff hired, juveniles being spread out over two large geographical counties, and getting juvenile probation and the juvenile judges to understand the TCOMI services and referral process.
Jasper (1)	Burke Center MHMR	The major presenting barrier reported was difficulty in hiring the juvenile probation officer and in finding qualified staff with the appropriate criteria to fill the LPHA position within the team.
Ellis (1)	Dallas Metro Care	"The major presenting barrier reported by the Ellis County program was dealing with the North Star/Value Options managed health care system. According to the program staff, the mental health provider was overwhelmed with paperwork and billing, the families were denied medications, and it would take weeks to work through the bureaucratic maze." (Janis Burdett, Specialized Juvenile Probation Officer, Ellis County Juvenile Probation Department)
Ft. Bend (1)	Texana MHMR	The major presenting barrier reported was finding qualified staff with the appropriate criteria to fill the LPHA position within the teams.
Hale (1)	Central Plains MHMR	The major presenting barrier reported was educating the probation department and court system as to the intent and referral process of the Special Needs Diversionary Program.

County (Number of Teams)	MHMR Center	Barriers to Implementation
Jefferson (1)	Spinndle Top MHMR	The major presenting barrier reported was finding qualified staff with the appropriate criteria to fill the LPHA position within the teams.
McLennan (1)	Heart of Texas MHMR	The major presenting barrier reported was finding qualified staff with the appropriate criteria to fill the LPHA position within the teams.
Randall (1)	Texas Panhandle MHMR	The Randall County program reported that the major presenting barrier was “getting the two different organization’s paperwork and time frames to match.” (Barry Gilbert, Specialized Officer Randall County Juvenile Probation Department)
San Patricio (1)	Coastal Plains MHMR	“As we work with these families, we find that the juveniles may make progress in many areas; however, they continue to have multiple problems in school. The school is very frustrated working with this particular population. Many are not trained to deal with this type of population nor do they have programs designed to deal with special population. Our team feels that the schools need to develop a program to work with these types of children. Another obstacle is the difficulty in hiring staff to fill vacant positions. MHMR has had an opening since October 2002 that they have been unable to fill due to lack of applicants for the position. In the rural areas, support services are limited. If the juvenile and/or family really need additional services after they have completed their time with the TCOMI project and do not voluntarily obtain mental health services through community resources, there are no services for the kids and their families.” (Marla Ruvalcaba, 36 th Judicial District, Juvenile Probation Department)
Smith (1)	Andrews Center MHMR	The major presenting problem was finding qualified staff with the appropriate criteria to fill the LPHA position within the team. This program has been running for approximately 7 months without the mental health professional.

^a Data regarding barriers to implementation were collected each month when the program sites submitted data to the TJPC from January.

^b Williamson County (along with Bluebonnet Trails MHMR) did not have an active team at the time the survey was administered.

Table C3
Enrollments and Screenings for the Special Needs Diversionary Program by County
in FY 2002

SNDP Site	Enrolled (n=764)		Screened Out (n=997)	
	N	%	N	%
Angelina/Nacogdoches	16	2.1%	0	0.0%
Bexar	89	11.6%	94	9.4%
Cameron	28	3.7%	0	0.0%
Dallas	80	10.5%	37	3.7%
Ellis	15	2.0%	5	0.5%
El Paso	43	5.6%	11	1.1%
Fort Bend	12	1.6%	6	0.6%
Hale	23	3.0%	6	0.6%
Harris	94	12.3%	153	15.3%
Hidalgo	31	4.1%	66	6.6%
Jasper/Tyler	8	1.0%	0	0.0%
Jefferson	19	2.5%	18	1.8%
McLennan	16	2.1%	8	0.8%
Randall	18	2.4%	11	1.1%
San Patricio	40	5.2%	29	2.9%
Smith	16	2.1%	22	2.2%
Tarrant	119	15.6%	502	50.4%
Travis	83	10.9%	20	2.0%
Williamson	14	1.8%	9	0.9%
<i>Total</i>	<i>764</i>	<i>100.0%</i>	<i>997</i>	<i>99.9%</i>

NOTE: Percentages may not total 100.0% due to rounding.

Table C4
Most Frequently Reported Primary Diagnoses Among Juveniles Enrolled in the
Special Needs Diversionary Program by County in FY 2002^a

SNDP Site	#1 Primary Diagnosis	#2 Primary Diagnosis
Angelina/Nacogdoches	Major Depression/ Dysthymic Disorder	Attention Deficit Hyperactivity Disorder Oppositional Defiant Disorder
Bexar	Other DSM IV Axis I diagnosis	Major Depression/ Dysthymic Disorder
Cameron	Major Depression/ Dysthymic Disorder	Conduct Disorder
Dallas	Other DSM IV Axis I diagnosis	Conduct Disorder
Ellis	Major Depression/ Dysthymic Disorder	Mania/Hypomania
El Paso	Major Depression/ Dysthymic Disorder	Conduct Disorder
Fort Bend	Major Depression/ Dysthymic Disorder Oppositional Defiant Disorder Other DSM IV Axis I diagnosis	
Hale	General Anxiety Disorder Oppositional Defiant Disorder Other DSM IV Axis I diagnosis	
Harris	Major Depression/ Dysthymic Disorder	Conduct Disorder
Hidalgo	Conduct Disorder	Other DSM IV Axis I diagnosis
Jasper/Tyler	Attention Deficit Hyperactivity Disorder	Oppositional Defiant Disorder
Jefferson	Conduct Disorder	Oppositional Defiant Disorder
McLennan	Oppositional Defiant Disorder	Other DSM IV Axis I diagnosis
Randall	Oppositional Defiant Disorder	Major Depression/ Dysthymic Disorder Mania/Hypomania Conduct Disorder
San Patricio	Conduct Disorder	Major Depression/ Dysthymic Disorder
Smith	Oppositional Defiant Disorder	Conduct Disorder
Tarrant	Oppositional Defiant Disorder	Conduct Disorder
Travis	Major Depression/ Dysthymic Disorder	Conduct Disorder
Williamson	Other DSM IV Axis I diagnosis	Major Depression/ Dysthymic Disorder

^a If more than one diagnosis is listed in each column, then the diagnoses tied for that position with the same number of juveniles possessing that diagnosis.

Table C5
Completed and Active (at the End of FY 2002) Juveniles in the
Special Needs Diversionary Program by County in FY 2002

SNDP Site	Completed (n=361)		Active (at the end of FY 02) (n=403)	
	N	%	N	%
Angelina/Nacogdoches	7	1.9%	9	2.2%
Bexar	54	15.0%	35	8.7%
Cameron	0	0.0%	28	6.9%
Dallas	34	9.4%	46	11.4%
Ellis	9	2.5%	6	1.5%
El Paso	30	8.3%	13	3.2%
Fort Bend	1	0.3%	11	2.7%
Hale	14	3.9%	9	2.2%
Harris	61	16.9%	33	8.2%
Hidalgo	17	4.7%	14	3.5%
Jasper/Tyler	0	0.0%	8	2.0%
Jefferson	5	1.4%	14	3.5%
McLennan	9	2.5%	7	1.7%
Randall	7	1.9%	11	2.7%
San Patricio	16	4.4%	24	6.0%
Smith	2	0.6%	14	3.5%
Tarrant	61	16.9%	58	14.4%
Travis	25	6.9%	58	14.4%
Williamson	9	2.5%	5	1.2%
<i>Total</i>	<i>361</i>	<i>100.0%</i>	<i>403</i>	<i>99.9%</i>

NOTE: Percentages may not total 100.0% due to rounding.

Table C6
Average Length of Stay for Juveniles in the
Special Needs Diversionary Program by County in FY 2002

SNDP Site	Average Length of Stay (days)
Angelina/Nacogdoches	100.9
Bexar	157.6
Cameron	151.3
Dallas	102.4
Ellis	120.4
El Paso	80.0
Fort Bend	103.8
Hale	136.8
Harris	143.0
Hidalgo	105.2
Jasper/Tyler	85.7
Jefferson	86.3
McLennan	139.4
Randall	108.0
San Patricio	150.9
Smith	112.9
Tarrant	71.0
Travis	100.9
Williamson	157.6