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Children's Diagnoses Over a Four Year Period

Background

In Florida, children who receive Medicaid funded Mental Health services must meet either poverty, disability or other criteria related to out-of-home placement. Each of these groups is at high risk for poor behavioral health status and outcomes. This report examines patterns of diagnosis for children within the Medicaid system in Florida over a 4-year period (July 1, 1998 through June 30, 2002).

Methods

This is a statewide analysis using Medicaid fee-for-service claims. Encounter data from Area 1 and 6 managed care plans are not included. In this report we examine patterns of diagnosis for children from birth to 17 years of age who received Medicaid services during a 4-year period (July 1, 1998 through June 30, 2002). Both primary and secondary mental health diagnoses were used. Diagnoses were grouped into categories. A list of the specific diagnoses included in each of the reporting categories is presented in Table 1. Medicaid claims were obtained from all types of providers (general practitioners, pediatricians, mental health providers, etc.)

Within each year, the most prevalent and second most prevalent diagnosis was identified for each child. The frequency of each mental health and substance abuse diagnosis for each child was used to select the first and second most prevalent diagnosis.

Results

The number of children receiving services reimbursed by Medicaid in Florida increased 32%, from 93,789 in 1998 to 123,420 in 2001. This increase was evenly distributed across the diagnostic categories with no category showing a dramatic increase or decrease over the four-year period. The breakdown by age group of children who have received mental health services over all four years is as follows:



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**Table 1a:
Ages of Children Receiving Medicaid-Funded Mental Health Services**

Age Group	Percentage
Birth – 5 YOA	27.31%
6 – 10 YOA	28.50%
11 – 13 YOA	23.98%
14 – 17 YOA	20.22%

The most prevalent diagnostic category throughout the reporting period was Developmental Disorders/Mental Retardation (28.64%), followed by ADD/ADHD (24.69%), Adjustment Disorders (13.57%), Anxiety Disorders (7.33%), Affective Disorders (7.31%), Conduct Disorders (7.67%), Personality Disorders (5.86%), Substance Abuse (2.03%), Other Psychological Disorders (2.01%), and Schizophrenic and Other Psychotic Disorders (0.90%) (Figure 1).

The second most prevalent diagnostic categories throughout the reporting period were ADD/ADHD Disorders (26.18%), Developmental Disorders/Mental Retardation Disorders (23.68%), Affective Disorders (12.40%), Adjustment Disorders (11.80%), Conduct Disorders (8.02%), Anxiety Disorders (6.78%), Personality Disorders (5.56%), Substance Abuse (2.57%), Schizophrenic and Other Psychotic Disorders (1.58%), and Other Psychological Disorders (1.58%) (Figure 2).

The Mental Retardation/Developmental Disorders category includes three specific diagnoses (Mental Retardation, Specific Developmental Disorders, and Autism) with the specific Developmental Disorders accounting for 96% of diagnoses in this category over all four years. The most frequent diagnosis was non-specific and/or mixed development developmental delays. Speech/language delays were the next largest groups of diagnosis. Other groups of developmental delays included coordination, reading, arithmetical, Alexia, and other learning difficulties. Autism accounted for 4% of the diagnosis within this category. The third area, Mental Retardation (MR) accounted for less than 1% of persons with developmental disorders over the four years of data.

ADD/ADHD category has within it four areas (Attention Deficit (ADD) non-hyperactive, ADD with Hyperactive (ADHD), ADD with Developmental Delay, ADD with Conduct Disorder, and Other/Non-specific ADD). There was a small variation over the four years in these areas. The percentage ranges within each of the areas with ADD/ADHD are as follows:

**Table 1b:
ADD/ADHD Diagnoses Areas**

Area	Range
ADD non-hyperactive	20.03-24.09%
ADD with Hyperactive	71.28-74.98%
ADD w/Develop. Delay	< 1%
ADD w/Conduct Disorder	< 1 %
Other/non-specific ADD	3.5-4.05%

Since the relative frequency of diagnoses remained stable across the four years that we examined, we combined the data. Individuals therefore can be represented more than once in these data (figure 3.). Each of the four age groups had a distinctive pattern of diagnoses. Developmental Disorders/Mental Retardation was more likely to characterize children before the age of six than other age groups while, ADD/ADHD Disorders was most characteristic for children from the ages of 6 through 10.

Conduct, Affective, Personality, and Adjustment disorders were more prevalent in adolescents (ages 14-17). As expected, the frequency of substance abuse diagnoses increased substantially with age. It is interesting that some children had a diagnosis of substance abuse under the age of 14 (12.5%). Of these, 5% were under the age of six with tobacco (29.75%), Alcohol (13.27%) and cocaine (10.53%) being the most frequently abused drugs for these young children.

Children between the ages of 14 to 17 accounted for 84% of those diagnosed with a Substance abuse. The drug most frequently abused drug was Cannabis (Table 2).

**Table 2:
Drug Abuse Type for those 14 to 17 Years of Age**

Type Addiction	Percent
Cannabis	63.46%
Tobacco	13.43%
Cocaine	6.63%
Alcohol	5.36%
Drug (unknown type)	4.28%
Combination of Drugs	2.44%
Opioid	0.94%
Hallucinogen	0.88%
Barbiturate	0.60%
Amphetamine	0.16%
Antidepressant	0.12%