

Appendices

Appendix A	Service Utilization by Children Receiving San Diego County Children, Youth & Families Behavioral Health Services
Appendix B	Service Utilization by Children with Open Child Welfare Cases
Appendix C	Service Use by Youth Receiving Special Education Services
Appendix D	Service Utilization by Children active to the Probation sector
Appendix E	Service Utilization by Children active to Alcohol & Drug Services
Appendix F	Service Utilization by Children with a Dual Diagnosis
Appendix G	Service Utilization by Children with a Co-occurring Substance Use Disorder
Appendix H	Examination of Primary Diagnosis by Client Characteristics
Appendix I	Detailed Service Utilization Data Tables
Appendix J	References

Note that Service Utilization data is calculated in the Appendices at CLIENT LEVEL and may differ from service data calculated at PROVIDER LEVEL.

Appendix A: Service Utilization by Children Receiving County Behavioral Health Services

Summary demographics and service use data for the **18,338 children and youth served** by San Diego County Children, Youth & Families Behavioral Health Services in FY 2012-13.

<u>Age:</u>	<u>N</u>	<u>%</u>		<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	2232	12.2%		ADHD:	2229	14.5%
6-11:	5992	32.7%		Oppositional/Conduct:	2708	17.6%
12-17:	9191	50.1%		Depressive disorders:	3122	20.3%
18+:	923	5.0%		Bipolar disorders:	1087	7.1%
				Anxiety disorders:	1871	12.2%
<u>Gender:</u>	<u>N</u>	<u>%</u>		Adjustment disorders:	2932	19.1%
Female:	7441	40.6%		Schizophrenic disorders:	150	1.0%
Male:	10886	59.4%		Other:	876	5.7%
Unknown:	11	0.1%		Excluded:	397	2.6%
				<i>Invalid:</i>	2062	
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		<i>Missing Diagnosis:</i>	904	
White:	3805	20.7%				
Hispanic:	10346	56.4%		<u>Dual Diagnosis:</u>	1008	5.5%
Black:	2044	11.1%				
Asian/PI:	437	2.4%				
Native Am.:	91	0.5%				
Other:	468	2.6%				
Unknown:	1147	6.3%				
Use of Outpatient Services – Percent of CYFBHS clients using service, Mean Hours (Median Hours)						
Therapy:		73.6%		8.9 (6.8)		
Assessment:		65.3%		3.1 (2.5)		
Collateral:		48.2%		4.1 (1.7)		
Medication Support:		30.7%		3.0 (2.0)		
Case Management/Rehab:		38.9%		7.2 (3.0)		
Crisis Services:		3.7%		2.3 (1.7)		
TBS:		3.9%		45.9 (40.6)		
Use of Intensive Services – Percent of CYFBHS clients using service, Mean Days (Median Days)						
Day Treatment:		7.3%		74.0 (42)		
Inpatient:		4.0%		9.3 (5)		
Crisis Stabilization:		3.9%		1.6 (1)		

Appendix B: Service Utilization by Children with Open Child Welfare Cases

One area of interest to the San Diego County Children, Youth & Families Behavioral Health System of Care is the overlap between the behavioral health and child welfare sectors. It is well documented that children involved in the Child Welfare System (CWS) are an especially vulnerable population with studies estimating that over 40% of these children have significant emotional and behavioral health needs. These children have often experienced long-term abuse and/or neglect, which can have traumatic effects on children and require appropriate treatment.

To examine the Child Welfare – Behavioral Health overlap in San Diego County, a dataset containing a list of all children who had open Child Welfare cases during FY 2012-13 was obtained and compared to the CYFBHS dataset. **In FY 2012-13, 2,935 clients, or 16.0% of youth receiving mental health services, were also open to the Child Welfare System.** Looking at it from the Child Welfare perspective, 33.1% of youth with open Child Welfare cases in FY 2012-13 also received CYFBHS services during the year.

<u>Age:</u>	<u>N</u>	<u>%</u>		<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	822	28.0%		ADHD:	163	5.9%
6-11:	910	31.0%		Oppositional/Conduct:	296	10.8%
12-17:	1096	37.3%		Depressive disorders:	306	11.2%
18+:	107	3.6%		Bipolar disorders:	225	8.2%
				Anxiety disorders:	275	10.0%
<u>Gender:</u>	<u>N</u>	<u>%</u>		Adjustment disorders:	959	35.0%
Female:	1364	46.5%		Schizophrenic disorders:	18	0.7%
Male:	1571	53.5%		Other:	455	16.6%
				Excluded:	46	1.7%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		<i>Invalid:</i>	167	
White:	701	23.9%		<i>Missing Diagnosis:</i>	25	
Hispanic:	1291	44.0%				
Black:	534	18.2%		<u>Dual Diagnosis:</u>	125	4.3%
Asian/PI:	55	1.9%				
Native Am.:	35	1.2%				
Other:	36	1.2%				
Unknown:	283	9.6%				

Use of Outpatient Services – Percent of CYFBHS-CWS clients using service, Mean Hours (Median Hours)

Therapy:	62.3%	11.8 (9.0)
Assessment:	69.7%	3.8 (2.5)
Collateral:	50.8%	7.5 (2.9)
Medication Support:	30.5%	4.7 (3.4)
Case Management/Rehab:	36.1%	10.4 (3.5)
Crisis Services:	4.6%	2.9 (1.7)
TBS:	6.2%	56.6 (50.2)

Use of Intensive Services – Percent of CYFBHS-CWS clients using service, Mean Days (Median Days)

Day Treatment:	27.2%	74.0 (32)
Inpatient:	4.7%	11.9 (6)
Crisis Stabilization:	3.6%	2.1 (1)

Appendix C: Service Use by Youth Receiving Special Education Services

A goal of the San Diego County Children, Youth & Families Behavioral Health System of Care is to remove mental health barriers that affect success in school. Children with mental health issues may have difficulties in school, especially if their mental health condition impacts their school attendance and performance. Such children become involved in the Special Education system in their local school district, and a large percentage of these children are eligible for special education services under the Emotional Disturbance category.

The **Education definition of Emotional Disturbance (ED)** is as follows: a condition exhibiting one or more of the following characteristics, over a long period of time and to a marked degree, that adversely affects educational performance:

- 1) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- 2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- 3) Inappropriate types of behavior or feeling under normal circumstances;
- 4) A general pervasive mood of unhappiness or depression; or
- 5) A tendency to develop physical symptoms or fears associated with personal or school problems.

A student needs to meet only **one** of the five criteria of the definition of ED to be classified as ED and eligible for special education services.

Using a dataset obtained through the six San Diego County Special Education Local Plan Areas (SELPA) of all children receiving special education services, and identifying a subset receiving services under the ED eligibility category, children served by CYFBHS during FY 2012-13 were identified.

5,445 clients, or **29.7%** of all CYFBHS clients, were also open to Special Education services in FY 2012-13. **884** clients, or **4.8%** of all CYFBHS clients, were open to Special Education services under the Emotional Disturbance (ED) category in FY 2012-13. Data on both groups are presented below.

	CYFBHS & Special Education		CYFBHS & Emotionally Disturbed	
<u>Age:</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
0-5:	457	8.4%	6	0.7%
6-11:	1851	34.0%	165	18.7%
12-17:	2874	52.8%	647	73.2%
18+:	263	4.8%	66	7.5%
<u>Gender:</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Female:	1603	29.4%	293	33.1%
Male:	3842	70.6%	591	66.9%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
White:	1319	24.2%	316	35.7%
Hispanic:	2798	51.4%	332	37.6%
Black:	772	14.2%	188	21.3%
Asian/PI:	120	2.2%	16	1.8%
Native Am.:	30	0.6%	8	0.9%
Other:	120	2.2%	15	1.7%
Unknown:	286	5.3%	9	1.0%

	CYFBHS & Special Education		CYFBHS & Emotionally Disturbed	
Primary Diagnosis:	N	%	N	%
ADHD:	1111	22.9%	107	12.5%
Oppositional/Conduct:	891	18.4%	195	22.9%
Depressive disorders:	796	16.4%	161	18.9%
Bipolar disorders:	469	9.7%	210	24.6%
Anxiety disorders:	559	11.5%	79	9.3%
Adjustment disorders:	536	11.1%	28	3.3%
Schizophrenic disorders:	75	1.5%	36	4.2%
Other:	191	3.9%	18	2.1%
Excluded:	213	4.4%	19	2.2%
<i>Invalid:</i>	479		21	
<i>Missing Diagnosis:</i>	125		10	
Dual Diagnosis:	243	4.5%	69	7.8%
Use of Outpatient Services – Percent of clients using service, Mean Hours (Median Hours)				
	CYFBHS & Special Education		CYFBHS & Emotionally Disturbed	
Therapy:	72.3%	9.7 (7.5)	71.0%	11.3 (9.0)
Assessment:	63.2%	3.8 (2.7)	59.3%	5.0 (3.0)
Collateral:	52.1%	5.2 (2.3)	60.4%	7.7 (3.4)
Medication Support:	47.8%	3.5 (2.5)	70.4%	4.8 (3.4)
Case Management/Rehab:	40.3%	9.0 (3.4)	49.3%	12.3 (5.7)
Crisis Services:	4.6%	2.8 (1.7)	11.4%	3.6 (2.3)
TBS:	6.7%	49.2 (42.2)	13.9%	61.5 (60.5)
Use of Intensive Services – Percent of clients using service, Mean Days (Median Days)				
Day Treatment:	10.8%	96.9 (81)	28.7%	112.7 (108)
Inpatient:	5.6%	12.2 (7)	17.2%	14.6 (7)
Crisis Stabilization:	5.0%	2.0 (1)	12.3%	2.2 (1)

Appendix D: Service Utilization by Children active to the Probation sector

To examine the overlap between the Children, Youth & Families Behavioral Health System and the Probation System in San Diego County, a dataset containing a list of all children who had open Probation cases during FY 2012-13 was obtained and compared to the CYFBHS dataset. In FY 2012-13, **2,580** clients, or **14.1%** of all CYFBHS clients, were also open to the Probation System. Looking at it from the Probation perspective, 44.8% of youth with open Probation cases in FY 2012-13 also received CYFBHS services during the year.

<u>Age:</u>	<u>N</u>	<u>%</u>		<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	0	0.0%		ADHD:	202	10.6%
6-11:	3	0.1%		Oppositional/Conduct:	655	34.4%
12-17:	2147	83.2%		Depressive disorders:	403	21.2%
18+:	430	16.7%		Bipolar disorders:	179	9.4%
				Anxiety disorders:	172	9.0%
<u>Gender:</u>	<u>N</u>	<u>%</u>		Adjustment disorders:	151	7.9%
Female:	612	23.7%		Schizophrenic disorders:	29	1.5%
Male:	1968	76.3%		Other:	46	2.4%
				Excluded:	68	3.6%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		Invalid:	82	
White:	475	18.4%		Missing Diagnosis:	593	
Hispanic:	1525	59.1%				
Black:	436	16.9%		<u>Dual Diagnosis:</u>	580	22.5%
Asian/PI:	45	1.7%				
Native Am.:	14	0.5%				
Other:	37	1.4%				
Unknown:	48	1.9%				

Use of Outpatient Services – Percent of CYFBHS-Probation clients using service, Mean Hours (Median Hours)

Therapy:	68.7%	7.3 (4.2)
Assessment:	37.1%	4.0 (2.7)
Collateral:	36.3%	4.9 (1.6)
Medication Support:	38.9%	3.5 (2.7)
Case Management/Rehab:	78.3%	8.8 (5.0)
Crisis Services:	2.4%	2.0 (1.4)
TBS:	1.0%	33.0 (32.6)

Use of Intensive Services – Percent of CYFBHS-Probation clients using service, Mean Days (Median Days)

Day Treatment:	12.1%	64.6 (53)
Inpatient:	3.1%	9.4 (5)
Crisis Stabilization:	1.7%	1.5 (1)

Appendix E: Service Utilization by Children active to Alcohol & Drug Services

The characteristics of youth who were active to both the CYFBHS and ADS sectors were examined using a dataset obtained from ADS that listed all clients served during FY 2012-13. Overall, **659 youth receiving CYFBHS services (3.6%) were also active to ADS** during the fiscal year. Looking at it from the ADS perspective, 40.4% of youth open to ADS in FY 2012-13 also received CYFBHS services during the year.

Age:	N	%		Primary Diagnosis:	N	%
0-5:	0	0.0%		ADHD:	57	10.5%
6-11:	0	0.0%		Oppositional/Conduct:	152	28.0%
12-17:	576	87.4%		Depressive disorders:	137	25.3%
18+:	83	12.6%		Bipolar disorders:	55	10.1%
				Anxiety disorders:	60	11.1%
Gender:	N	%		Adjustment disorders:	41	7.6%
Female:	185	28.1%		Schizophrenic disorders:	10	1.8%
Male:	474	71.9%		Other:	7	1.3%
				Excluded:	23	4.2%
Race/Ethnicity:	N	%		Invalid:	15	
White:	145	22.0%		Missing Diagnosis:	102	
Hispanic:	399	60.5%				
Black:	75	11.4%		Dual Diagnosis:	258	39.2%
Asian/PI:	10	1.5%				
Native Am.:	9	1.4%				
Other:	10	1.5%				
Unknown:	11	1.7%				

Use of Outpatient Services – Percent of CYFBHS-ADS clients using service, Mean Hours (Median Hours)

Therapy:	73.1%	7.7 (4.8)
Assessment:	47.6%	3.8 (2.5)
Collateral:	44.2%	4.8 (1.8)
Medication Support:	42.0%	3.6 (2.6)
Case Management/Rehab:	71.2%	8.9 (5.0)
Crisis Services:	4.4%	2.2 (2.0)
TBS:	0.9%	31.5 (32.8)

Use of Intensive Services – Percent of CYFBHS-ADS clients using service, Mean Days (Median Days)

Day Treatment:	18.8%	71.5 (57)
Inpatient:	5.8%	8.9 (6)
Crisis Stabilization:	2.7%	1.7 (1.5)

Appendix F: Service Utilization by Children with a Dual Diagnosis

1,008 youth who received CYFBHS services in FY 2012-13 (5.5% of total CYFBHS population) had a secondary substance abuse diagnosis entered in Anasazi. The majority of these children and youth received substance abuse counseling as a part of their EPSDT mental health services.

<u>Age:</u>	<u>N</u>	<u>%</u>		<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	0	0.0%		ADHD:	52	5.2%
6-11:	4	0.4%		Oppositional/Conduct:	334	33.5%
12-17:	816	81.0%		Depressive disorders:	244	24.5%
18+:	188	18.7%		Bipolar disorders:	110	11.0%
				Anxiety disorders:	72	7.2%
<u>Gender:</u>	<u>N</u>	<u>%</u>		Adjustment disorders:	61	6.1%
Female:	321	31.8%		Schizophrenic disorders:	31	3.1%
Male:	687	68.2%		Other:	6	0.6%
				Excluded:	87	8.7%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		Invalid:	11	
White:	205	20.3%		Missing Diagnosis:	0	
Hispanic:	635	63.0%				
Black:	113	11.2%		<u>Dual Diagnosis:</u>	1008	100.0%
Asian/PI:	13	1.3%				
Native Am.:	8	0.8%				
Other:	16	1.6%				
Unknown:	18	1.8%				

Use of Outpatient Services – Percent of CYFBHS-DDx clients using service, Mean Hours (Median Hours)

Therapy:	75.3%	8.0 (5.7)
Assessment:	55.5%	3.3 (2.6)
Collateral:	50.5%	3.9 (1.3)
Medication Support:	42.3%	3.4 (2.5)
Case Management/Rehab:	66.1%	8.6 (5.0)
Crisis Services:	4.5%	2.5 (1.6)
TBS:	1.7%	32.8 (15.5)

Use of Intensive Services – Percent of CYFBHS-DDx clients using service, Mean Days (Median Days)

Day Treatment:	18.2%	68.7 (50)
Inpatient:	7.3%	9.0 (6)
Crisis Stabilization:	5.5%	1.9 (1)

Appendix G: Service Utilization by Children with a Co-occurring Substance Use Disorder

1,409 youth who received CYFBHS services in FY 2012-13 (7.7% of total CYFBHS population) had a co-occurring substance abuse problem, operationally defined as a dual diagnosis (a secondary substance abuse diagnosis) and/or involvement with Alcohol and Drug Services (ADS).

Age:	N	%		Primary Diagnosis:	N	%
0-5:	0	0.0%		ADHD:	89	6.9%
6-11:	4	0.3%		Oppositional/Conduct:	400	31.2%
12-17:	1167	82.8%		Depressive disorders:	323	25.2%
18+:	238	16.9%		Bipolar disorders:	145	11.3%
				Anxiety disorders:	110	8.6%
				Adjustment disorders:	83	6.5%
Gender:	N	%		Schizophrenic disorders:	35	2.7%
Female:	433	30.7%		Other:	10	0.8%
Male:	976	69.3%		Excluded:	87	6.8%
				Invalid:	25	
Race/Ethnicity:	N	%		Missing Diagnosis:	102	
White:	291	20.7%				
Hispanic:	872	61.9%		Dual Diagnosis:	1008	71.5%
Black:	163	11.6%				
Asian/PI:	21	1.5%				
Native Am.:	14	1.0%				
Other:	22	1.6%				
Unknown:	26	1.8%				

Use of Outpatient Services – Percent of CYFBHS-CoSub clients using service, Mean Hours (Median Hours)

Therapy:	73.9%	7.9 (5.3)
Assessment:	51.2%	3.5 (2.6)
Collateral:	47.0%	4.1 (1.4)
Medication Support:	41.4%	3.4 (2.5)
Case Management/Rehab:	67.8%	8.5 (5.0)
Crisis Services:	4.5%	2.5 (1.8)
TBS:	1.6%	33.5 (20.2)

Use of Intensive Services – Percent of CYFBHS-CoSub clients using service, Mean Days (Median Days)

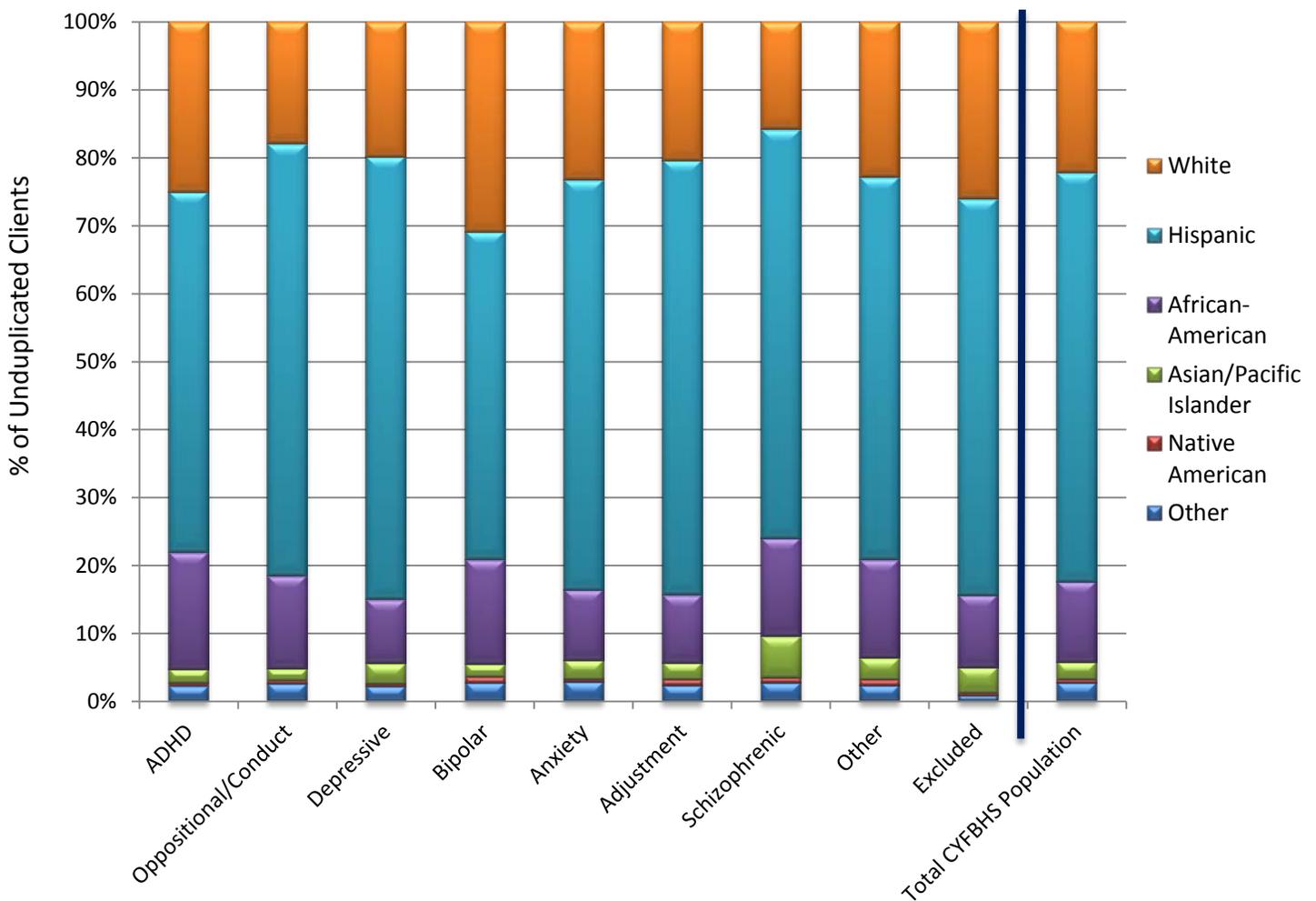
Day Treatment:	16.9%	69.4 (51)
Inpatient:	6.6%	9.1 (6)
Crisis Stabilization:	4.5%	1.8 (1)

Appendix H: Examination of Primary Diagnosis by Client Characteristics

The diagnosis categories are examined by race/ethnicity in **Figure H.1**. The racial/ethnic breakdown for the total CYFBHS sample is displayed on the far right for comparison purposes. There are differences in the distribution of diagnoses by racial/ethnic groups, with a large difference seen in the Bipolar disorders: almost 31% of youth diagnosed with Bipolar disorder are White, although White clients compose less than 21% of the total CYFBHS population. These results are similar to the patterns seen in the past five years, indicating that the distribution is consistent over time.

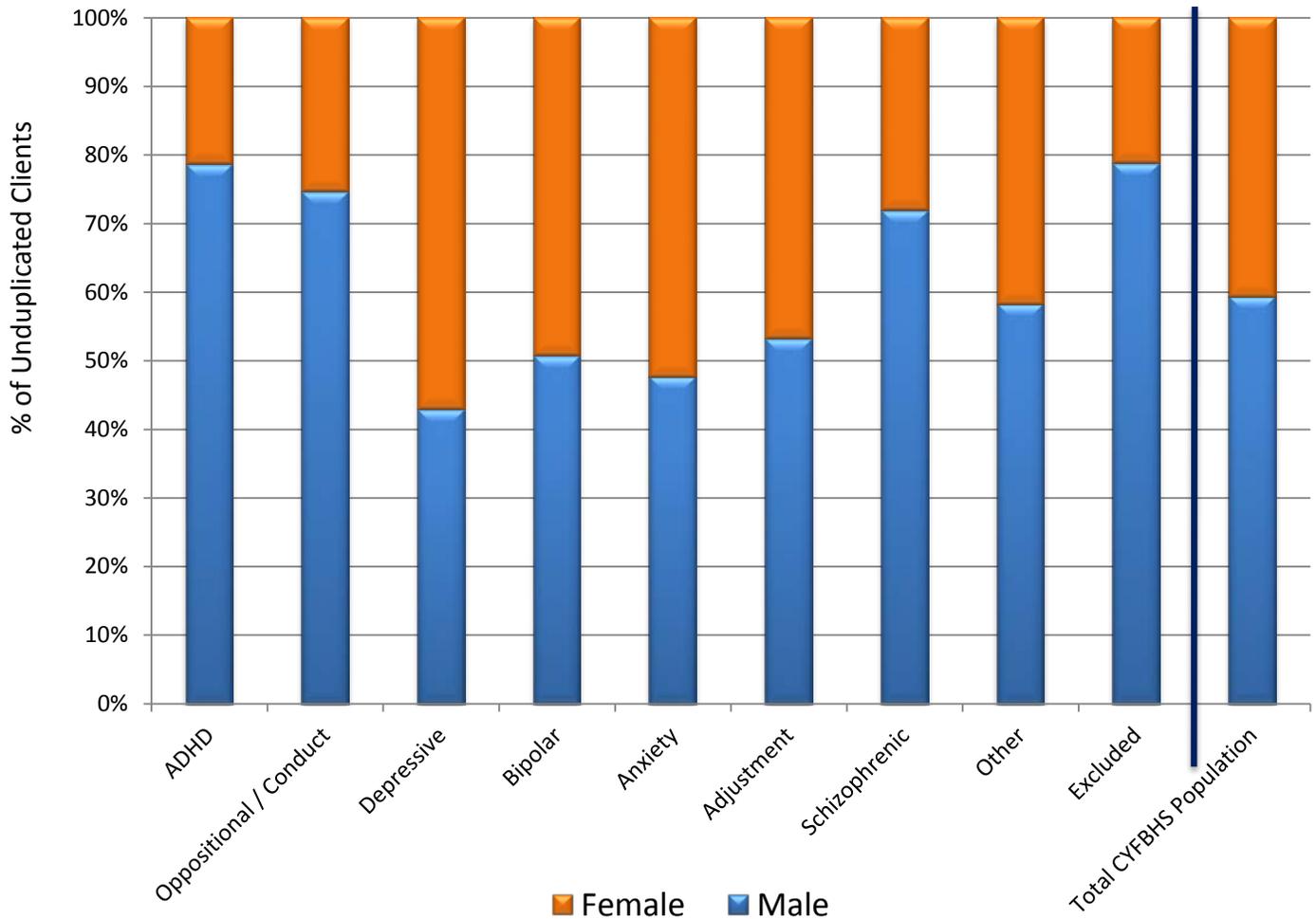
Although there is limited research on the racial/ethnic differences in the mental health diagnoses of children, several research studies have shown differences in mental health diagnosis along racial / ethnic lines. One of the most consistent findings is that African American youth tend to be more often diagnosed with disruptive behavior disorders.¹⁻³ In addition, several studies, including a Veterans Administration study involving over 100,000 veterans, have found that African-American adults are underdiagnosed with Bipolar disorders.⁴⁻⁸

Figure H.1: Diagnosis by Race/Ethnicity



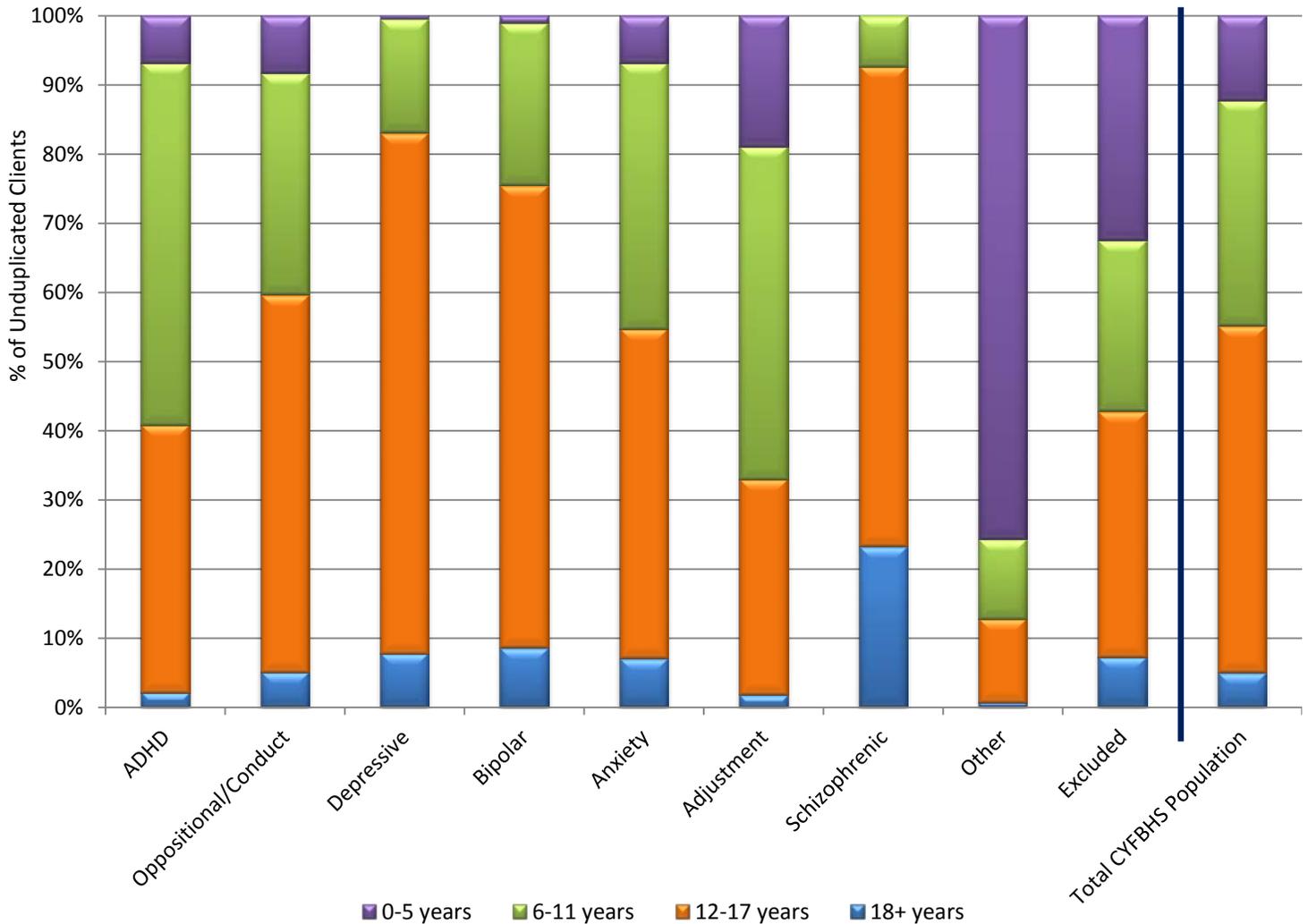
The patterns of diagnosis are significantly different by gender. Males are more likely to be diagnosed with externalizing disorders, such as ADHD or Oppositional disorders, while females are more likely to be diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared to their distribution in the total sample (**Figure H.2**). Again, these results are similar to the patterns over the past five years, indicating that the distribution is consistent over time. This is also consistent with previous research, which has found ADHD more likely recognized in boys, who tend to exhibit externalizing symptoms (i.e. disruptive behavior), than in girls, who are more likely to exhibit internalizing symptoms (i.e. inattentive behavior).⁹

Figure H.2: Primary Diagnosis by Gender



When diagnoses are examined by age, significant differences are present (**Figure H.3**). Young children (age 0-5) are being diagnosed with Title 9 excluded diagnoses and diagnoses that fall in the Other category at a markedly higher rate, compared to other age ranges. Elementary age children (age 6-11) are presenting most often with ADHD, anxiety, and adjustment disorders, while schizophrenic, depressive, and bipolar disorders are predominately diagnosed in adolescents. Finally, youth, ages 18 and older, who continue to be served through CYFBHS are most likely to have a diagnosis of schizophrenia. These patterns are consistent with those found in the previous five years.

Figure H.3: Primary Diagnosis by Age



These results are also consistent with national data on the onset of mental health disorders. The median age for onset of ADHD is seven years, while the median age of onset for an anxiety disorder is age 11.¹⁰ The onset of mood disorders (depressive, bipolar) is later than the onset of anxiety disorder. Schizophrenia often first appears in men in their late teens or early twenties, while women are generally affected in their twenties or early thirties.¹¹ Symptoms of many mental health disorders begin in childhood and adolescence, resulting in calls for increased prevention and early intervention efforts for children.

In summary, the distribution of diagnoses in the FY 2012-13 CYFBHS sample, as well as the relationship of diagnoses with race/ethnicity, gender, and age, is very similar to those found over the past five years. This would indicate that the patterns accurately reflect what is occurring in the system and that no major changes in diagnostic patterns occurred over the five-year period.

Appendix I: Detailed Service Utilization Data Tables

Table I.1: Outpatient Service Utilization by Diagnosis^a

Diagnosis	N	Therapy			Assessment			Collateral			Medication Support		
			Mean	Median		Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	18338	73.6%	8.9	6.8	65.3%	3.1	2.5	48.2%	4.1	1.7	30.7%	3.0	2.0
ADHD	2229	74.7%	9.6	7.5	55.5%	3.5	2.5	49.0%	4.7	2.3	62.4%	2.6	2.0
Oppositional/ Depressive	2708	78.2%	8.8	6.8	62.9%	3.4	2.5	57.6%	3.8	1.8	31.1%	3.3	2.2
Bipolar	3122	80.9%	9.4	7.5	68.4%	3.5	2.8	60.8%	3.4	1.4	34.3%	3.0	2.2
Anxiety	1087	76.9%	10.0	8.1	63.3%	1.0	3.0	60.5%	4.6	1.8	55.4%	4.2	2.9
Adjustment	1871	85.8%	10.4	8.8	69.2%	3.5	2.8	59.0%	4.2	1.8	37.5%	2.8	2.2
Schizophrenic	2932	79.3%	9.5	7.5	70.9%	3.1	2.6	55.5%	4.6	1.8	11.1%	2.5	1.7
Other	150	68.7%	9.6	7.1	60.0%	3.8	2.9	60.0%	5.4	3.2	70.7%	4.7	3.3
Excluded	876	31.8%	11.2	9.0	89.0%	2.8	2.3	38.7%	2.9	0.6	10.5%	3.4	2.3
	397	56.2%	9.0	6.7	68.3%	3.5	3.3	47.9%	4.0	1.3	33.8%	3.3	2.2

Diagnosis	N	Case Management			Crisis Services			TBS		
			Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	18338	38.9%	7.2	3.0	3.7%	2.3	1.7	3.9%	45.9	40.6
ADHD	2229	37.3%	7.7	2.9	1.6%	1.9	1.4	5.7%	42.9	37.1
Oppositional/C	2708	47.4%	7.4	3.4	3.6%	2.3	1.5	6.5%	49.0	43.0
Depressive	3122	48.1%	6.9	2.8	9.7%	2.2	1.7	4.0%	39.4	35.7
Bipolar	1087	50.3%	9.5	4.0	8.6%	3.0	2.0	9.8%	53.6	52.0
Anxiety	1871	45.1%	8.5	3.1	3.8%	1.4	1.2	4.0%	43.1	36.8
Adjustment	2932	35.5%	5.6	2.0	1.5%	2.1	1.7	2.2%	38.6	32.3
Schizophrenic	150	59.3%	10.0	4.3	16.0%	2.9	1.8	6.7%	45.5	33.0
Other	876	10.8%	7.5	1.5	0.7%	1.8	1.4	1.8%	63.7	68.7
Excluded	397	31.2%	8.2	4.9	1.5%	3.5	1.5	3.8%	65.1	67.1

^aYouth with an invalid or missing diagnosis are excluded from these analyses.

Table I.2: Intensive Levels of Service Utilization by Diagnosis^a

Diagnosis	N	Inpatient			Day Treatment			Crisis Stabilization		
			Mean	Median		Mean	Median		Mean	Median
		%	Days	Days	%	Days	Days	%	Days	Days
Total Sample	18338	4.0%	9.3	5.0	7.3%	74.0	42.0	3.9%	1.6	1.0
ADHD	2229	0.9%	6.5	5.0	5.7%	92.1	78.0	1.0%	1.5	1.0
Oppositional/C	2708	2.9%	8.8	5.0	8.0%	87.9	56.0	4.4%	1.7	1.0
Depressive	3122	10.5%	8.1	5.0	7.0%	90.5	73.5	11.4%	1.5	1.0
Bipolar	1087	10.8%	12.2	8.0	20.7%	114.7	105.0	8.6%	2.1	1.0
Anxiety	1871	2.8%	6.8	5.0	6.0%	64.4	32.0	1.9%	1.5	1.0
Adjustment	2932	0.9%	8.4	5.0	12.0%	17.4	7.0	1.4%	1.5	1.0
Schizophrenic	150	34.0%	18.0	9.0	14.0%	119.2	117.0	17.3%	1.9	1.0
Other	876	0.6%	5.4	5.0	4.0%	126.6	128.0	0.2%	1.5	1.5
Excluded	397	2.0%	20.8	20.0	4.5%	93.1	94.5	1.8%	2.0	2.0

^aYouth with an invalid or missing diagnosis are excluded from these analyses.

Table I.3: Outpatient Service Utilization by Race/Ethnicity^b

Race/ Ethnicity	N	Therapy			Assessment			Collateral			Medication Support		
			Mean	Median		Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	18338	73.6%	8.9	6.8	65.3%	3.1	2.5	48.2%	4.1	1.7	30.7%	3	2
White	3805	74.8%	10.1	7.5	65.0%	3.2	2.3	46.9%	4.8	2.1	39.8%	3.1	2.2
Hispanic	10346	77.2%	8.5	6.8	66.3%	3.1	2.5	51.6%	3.7	1.6	27.3%	2.8	2
Black	2044	70.4%	9.3	6.8	58.9%	3.6	2.5	47.0%	5.2	2.1	39.6%	3.6	2.6
Asian/ Pacific Islander	437	71.9%	8.8	6.9	62.7%	3.2	2.6	48.5%	4	1.8	28.1%	2.7	1.9
Native American	91	76.9%	10.6	9.4	70.3%	4.2	2.9	58.2%	4.4	2.2	40.7%	4.8	3.6
Other	468	69.4%	7.4	6	69.9%	3	2	43.4%	3.1	1.5	22.2%	3.2	2
Unknown	1147	45.4%	6.7	5	66.8%	2.5	2	24.1%	2.9	1	18.7%	2.1	1.7

Race/Ethnicity	N	Case Management			Crisis Services			TBS		
			Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	18338	38.9%	7.2	3	3.7%	2.3	1.7	3.9%	45.9	40.6
White	3805	32.9%	8.3	2.9	4.4%	2.2	1.5	5.5%	51.7	48
Hispanic	10346	44.4%	6.7	3	3.6%	2.3	1.7	3.6%	41.1	35.4
Black	2044	40.4%	8.9	3.5	4.5%	2.4	1.7	4.4%	52	40.8
Asian/ Pacific Islander	437	38.2%	8.8	4.5	4.8%	2	1.8	3.4%	40.5	41.5
Native American	91	45.1%	6.9	2	5.5%	1.4	0.5	14.3%	66.6	57.9
Other	468	29.7%	6.4	2.4	4.3%	2.5	1.8	2.4%	53.5	64.5
Unknown	1147	9.9%	3.5	2	0.5%	0.9	0.5	0.9%	25.9	19.7

^bYouth with a missing race/ethnicity code are excluded from these analyses.

Table I.4: Intensive Service Utilization by Race/Ethnicity^b

Race/Ethnicity	N	Inpatient			Day Treatment			Crisis Stabilization		
			Mean	Median		Mean	Median		Mean	Median
		%	Days	Days	%	Days	Days	%	Days	Days
Total Sample	18338	4.0%	9.3	5	7.3%	74	42	3.9%	1.6	1
White	3805	6.0%	9.8	6	9.2%	76.2	50	3.8%	1.9	1
Hispanic	10346	3.3%	9.3	5	5.6%	67.8	33	3.9%	1.6	1
Black	2044	4.3%	9.5	6	15.3%	84.2	53.5	4.5%	1.7	1
Asian/ Pacific Islander	437	5.3%	8.3	4	8.9%	58.2	29	9.2%	1.2	1
Native American	91	3.3%	4.3	4	20.9%	86.3	89	1.1%	2	2
Other	468	4.3%	12.5	7	5.3%	84	69	4.1%	1.6	1
Unknown	1147	3.1%	4.9	4	0.8%	60.4	19	0.4%	1	1

^bYouth with a missing race/ethnicity code are excluded from these analyses.

Appendix J: References

1. DelBello MP, Lopez-Larson MP, Soutullo CA, Strakowski SM. Effects of race on psychiatric diagnosis of hospitalized adolescents: a retrospective chart review. *J Child Adolesc Psychopharmacol*. Spring 2001;11(1):95-103.
2. Fabrega H, Jr., Ulrich R, Mezzich JE. Do Caucasian and black adolescents differ at psychiatric intake? *J Am Acad Child Adolesc Psychiatry*. Mar 1993;32(2):407-413.
3. Mak W, Rosenblatt A. Demographic Influences on Psychiatric Diagnoses Among Youth Served in California Systems of Care. *J Child Fam Stud*. 2002;11(2):165-178.
4. Mukherjee S, Shukla S, Woodle J, Rosen AM, Olarte S. Misdiagnosis of schizophrenia in bipolar patients: a multiethnic comparison. *Am J Psychiatry*. Dec 1983;140(12):1571-1574.
5. Blow FC, Zeber JE, McCarthy JF, Valenstein M, Gillon L, Bingham CR. Ethnicity and diagnostic patterns in veterans with psychoses. *Soc Psychiatry Psychiatr Epidemiol*. Oct 2004;39(10):841-851.
6. Bell CC, Mehta H. Misdiagnosis of black patients with manic depressive illness: second in a series. *J Natl Med Assoc*. Feb 1981;73(2):101-107.
7. Bell CC, Mehta H. The misdiagnosis of black patients with manic depressive illness. *J Natl Med Assoc*. Feb 1980;72(2):141-145.
8. Neighbors HW, Trierweiler SJ, Ford BC, Muroff JR. Racial differences in DSM diagnosis using a semi-structured instrument: the importance of clinical judgment in the diagnosis of African Americans. *J Health Soc Behav*. Sep 2003;44(3):237-256.
9. Biederman J, Mick E, Faraone SV, et al. Influence of gender on attention deficit hyperactivity disorder in children referred to a psychiatric clinic. *Am J Psychiatry*. Jan 2002;159(1):36-42.
10. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. Jun 2005;62(6):593-602.
11. Robins LN, Regier D, eds. *Psychiatric Disorders in America: The Epidemiologic Catchment Area Study*. New York: The Free Press; 1991.