

# Appendices

Appendix A	Service Utilization by Children Receiving San Diego County Children, Youth & Families Behavioral Health Services
Appendix B	Service Utilization by Children active to Any Other Sector
Appendix C	Service Utilization by Children with Open Child Welfare Cases
Appendix D	Service Use by Youth Receiving Special Education Services
Appendix E	Service Utilization by Children active to the Probation sector
Appendix F	Service Utilization by Children active to Substance Use Disorder Services
Appendix G	Service Utilization by Children with a Dual Diagnosis
Appendix H	Service Utilization by Children with a Co-occurring Substance Use Disorder
Appendix I	Examination of Primary Diagnosis by Client Characteristics
Appendix J	Detailed Service Utilization Data Tables
Appendix K	WRAP by program
Appendix L	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 **15,430 children and youth served** by San Diego County Children, Youth & Families Behavioral Health Services (CYFBHS) in FY 2017-18.

<b>Age:</b>	<b>N</b>	<b>%</b>		<b>Primary Diagnosis:</b>	<b>N</b>	<b>%</b>
0-5:	1,825	11.8%		ADHD:	1,689	11.7%
6-11:	5,039	32.7%		Oppositional/Conduct:	1,609	11.2%
12-17:	7,750	50.2%		Depressive disorders:	4,732	32.9%
18+:	816	5.3%		Bipolar disorders:	425	3.0%
				Anxiety disorders:	2,036	14.1%
				Stressor and Adjustment:	3,209	22.3%
<b>Gender:</b>	<b>N</b>	<b>%</b>		<i>Adjustment disorders</i>	2,119	
Female:	6,964	45.1%		<i>PTSD/Other acute stress reaction</i>	1,090	
Male:	8,454	54.8%		Schizophrenic disorders	145	1.0%
Other:	10	0.1%		Other/Excluded:	550	3.8%
Unknown:	2	<0.1%		Invalid/Missing:	1,035	
<b>Race/Ethnicity:</b>	<b>N</b>	<b>%</b>				
White:	3,105	20.1%		Dual Diagnosis:	643	4.2%
Hispanic:	9,307	60.3%				
Black:	1,444	9.4%				
Asian/PI:	473	3.1%				
Native American:	75	0.5%				
Other:	422	2.7%				
Unknown:	604	3.9%				
<b>Use of Outpatient Services</b> – Percent of CYFBHS clients using service, Mean Hours (Median Hours)						
Therapy:			73.5%		8.9 (7.1)	
Assessment:			73.6%		3.2 (2.8)	
Collateral:			49.7%		2.6 (1.2)	
Medication Support:			28.0%		3.1 (2.2)	
Case Management/Rehab:			47.7%		5.1 (2.0)	
Crisis Services:			2.7%		1.4 (1.0)	
TBS:			5.2%		39.8 (35.9)	
IHBS			4.2%		13.9 (8.1)	
ICC			11.7%		15.8 (3.5)	
<b>Use of Intensive Services</b> – Percent of CYFBHS clients using service, Mean Days (Median Days)						
Day Treatment:			2.8%		84.1 (60)	
Inpatient:			4.0%		10.4 (6)	
Crisis Stabilization:			6.4%		2.2 (2)	

## Appendix B: Service Utilization by Children active to Any Other Sector

CYFBHS works collaboratively with other behavioral health entities in San Diego County; primarily **Child Welfare Services, Probation, and Substance Use Disorder Treatment**. Demographic and service use data for each individual sector overlap follow; data here reflect the 3,211 clients (21% of the CYFBHS total) open to CYFBHS and *any other sector* during FY 2017-18.

<u>Age:</u>	<u>N</u>	<u>%</u>	<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	572	17.8%	ADHD:	213	7.5%
6-11:	538	16.8%	Oppositional/Conduct:	406	14.3%
12-17:	1739	54.2%	Depressive disorders:	601	21.1%
18+:	362	11.3%	Bipolar disorders:	103	3.6%
			Anxiety disorders:	233	8.2%
			Stressor and Adjustment:	1092	38.3%
<u>Gender:</u>	<u>N</u>	<u>%</u>	<i>Adjustment disorders</i>	705	
Female:	1230	38.3%	<i>PTSD/Other acute stress reaction</i>	387	
Male:	1981	61.7%	Schizophrenic disorders:	29	1.0%
Unknown:	0	0.0%	Other/Excluded:	172	6.0%
			<i>Invalid/Missing:</i>	362	
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>			
White:	705	22.0%			
Hispanic:	1718	53.5%	<u>Dual Diagnosis:</u>	415	12.9%
Black:	541	16.8%			
Asian/PI:	77	2.4%			
Native American:	32	1.0%			
Other:	63	2.0%			
Unknown:	75	2.3%			
<b>Use of Outpatient Services</b> – Percent of CYFBHS/Any Sector clients using service, Mean Hours (Median Hours)					
Therapy:		70.3%		9.9 (6.7)	
Assessment:		65.1%		3.8 (2.7)	
Collateral:		37.0%		4.6 (1.7)	
Medication Support:		37.7%		4.0 (2.7)	
Case Management/Rehab:		52.2%		6.0 (2.7)	
Crisis Services:		3.1%		1.4 (0.8)	
TBS:		4.2%		33.4 (23.2)	
IHBS:		11.6%		11.0 (6.5)	
ICC:		28.2%		16.6 (5.3)	
<b>Use of Intensive Services</b> – Percent of CYFBHS/Any Sector clients using service, Mean Days (Median Days)					
Day Treatment:		11.0%		80.7 (52)	
Inpatient:		3.8%		10.9 (7)	
Crisis Stabilization:		4.6%		2.5 (2)	

## Appendix C: 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 2017-18 was obtained and compared to the CYFBHS dataset. **In FY 2017-18, 1,918 clients, or 12.4% of youth receiving mental health services, were also open to the Child Welfare System.** Looking at it from the Child Welfare perspective, 33.5% of 5,729 youth with open Child Welfare cases in FY 2017-18 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:	572	29.8%	ADHD:	112	6.7%
6-11:	538	28.1%	Oppositional/Conduct:	149	9.0%
12-17:	671	35.0%	Depressive disorders:	322	19.4%
18+:	137	7.1%	Bipolar disorders:	43	2.6%
			Anxiety disorders:	127	7.6%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	794	47.8%
Female:	929	48.4%	<i>Adjustment disorders</i>	505	
Male:	989	51.6%	<i>PTSD/Other acute stress reaction</i>	289	
			Schizophrenic disorders:	14	0.8%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	100	6.0%
White:	487	25.4%	<i>Invalid/Missing:</i>	257	
Hispanic:	905	47.2%			
Black:	361	18.8%	<u>Dual Diagnosis:</u>	111	5.8%
Asian/PI:	40	2.1%			
Native American:	30	1.6%			
Other:	38	2.0%			
Unknown:	57	3.0%			

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

Therapy:	66.4%	11.8 (8.4)
Assessment:	80.8%	4.0 (2.8)
Collateral:	44.6%	5.7 (2.3)
Medication Support:	33.8%	4.8 (3.3)
Case Management/Rehab:	45.9%	4.9 (1.8)
Crisis Services:	3.9%	1.5 (0.8)
TBS:	6.3%	35.5 (24.7)
IHBS	13.6%	11.0 (6.4)
ICC	38.9%	13.4 (4.1)

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

Day Treatment:	11.2%	104.2 (82)
Inpatient:	3.6%	11.5 (7)
Crisis Stabilization:	5.0%	2.7 (2)

## Appendix D: 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.

Special Education services data were not available in FY 2017-18.

## Appendix E: 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 2017-18 was obtained and compared to the CYFBHS dataset. In FY 2017-18, **1,370** clients, or **8.9%** of all CYFBHS clients, were also open to the Probation System. Looking at it from the Probation perspective, 46.1% of 2,975 youth with open Probation cases in FY 2017-18 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:	119	9.4%
6-11:	0	0.0%	Oppositional/Conduct:	284	22.4%
12-17:	1132	82.6%	Depressive disorders:	278	21.9%
18+:	238	17.4%	Bipolar disorders:	65	5.1%
			Anxiety disorders:	112	8.8%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	320	25.2%
Female:	314	22.9%	<i>Adjustment disorders</i>	207	
Male:	1056	77.1%	<i>PTSD/Other acute stress reaction</i>	113	
			Schizophrenic disorders:	15	1.2%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	77	6.1%
White:	253	18.5%	<i>Invalid/Missing:</i>	100	
Hispanic:	806	58.8%			
Black:	230	16.8%	<u>Dual Diagnosis:</u>	319	23.3%
Asian/PI:	43	3.1%			
Native Am.:	2	0.1%			
Other:	23	1.7%			
Unknown:	13	0.9%			
<b><u>Use of Outpatient Services</u> – Percent of CYFBHS-Probation clients using service, Mean Hours (Median Hours)</b>					
Therapy:		78.3%		8.3 (5.1)	
Assessment:		42.3%		3.3 (2.1)	
Collateral:		24.7%		1.9 (0.8)	
Medication Support:		50.4%		3.6 (2.6)	
Case Management/Rehab:		63.4%		7.3 (4.3)	
Crisis Services:		2.4%		1.4 (1.0)	
TBS:		1.1%		20.1 (18.5)	
IHBS:		10.4%		10.1 (6.2)	
ICC:		15.9%		30.8 (21.3)	
<b><u>Use of Intensive Services</u> – Percent of CYFBHS-Probation clients using service, Mean Days (Median Days)</b>					
Day Treatment:		15.1%		53.14 (32)	
Inpatient:		2.7%		9.9 (5)	
Crisis Stabilization:		3.1%		1.6 (2)	

## Appendix F: Service Utilization by Children active to Substance Use Disorder Services

The characteristics of youth who were active to both the CYFBHS and SUD sectors were examined using a dataset obtained from SUD that listed all clients served during FY 2017-18. Overall, **441 youth receiving CYFBHS services (2.9%) were also active to SUD** during the fiscal year. Looking at it from the SUD perspective, 14.6% of 3,021 youth open to SUD in FY 2017-18 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:	28	6.8%
6-11:	0	0.0%	Oppositional/Conduct:	72	17.5%
12-17:	367	83.2%	Depressive disorders:	138	33.6%
18+:	74	16.8%	Bipolar disorders:	22	5.4%
			Anxiety disorders:	44	10.7%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	74	18.0%
Female:	132	29.9%	Adjustment disorders	39	
Male:	309	70.1%	PTSD/Other acute stress reaction	35	
			Schizophrenic disorders:	5	1.2%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	28	6.8%
White:	93	21.1%	Invalid/Missing:	30	
Hispanic:	277	62.8%			
Black:	42	9.5%	<u>Dual Diagnosis:</u>	147	33.3%
Asian/PI:	12	2.7%			
Native American:	0	0.0%			
Other:	8	1.8%			
Unknown:	9	2.0%			
<b>Use of Outpatient Services – Percent of CYFBHS-SUD clients using service, Mean Hours (Median Hours)</b>					
Therapy:		74.4%		8.0 (5.2)	
Assessment:		51.7%		3.2 (2.6)	
Collateral:		34.2%		1.8 (0.8)	
Medication Support:		46.5%		3.6 (2.9)	
Case Management/Rehab:		65.1%		6.8 (3.5)	
Crisis Services:		3.2%		0.9 (0.8)	
TBS:		2.3%		18.9 (17.8)	
IHBS		10.7%		11.8 (8.7)	
ICC		16.6%		32.9 (21.3)	
<b>Use of Intensive Services – Percent of CYFBHS-SUD clients using service, Mean Days (Median Days)</b>					
Day Treatment:		12.2%		61.4 (48)	
Inpatient:		9.1%		9.4 (6)	
Crisis Stabilization:		6.3%		2.6 (2)	

## Appendix G: Service Utilization by Children with a Dual Diagnosis

643 youth who received CYFBHS services in FY 2017-18 (4.2% of total CYFBHS population) had a secondary substance abuse diagnosis entered in CCBH. Many of these children and youth may have 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:	26	4.1%
6-11:	0	0.0%	Oppositional/Conduct:	98	15.3%
12-17:	503	78.2%	Depressive disorders:	241	37.6%
18+:	140	21.8%	Bipolar disorders:	31	4.8%
			Anxiety disorders:	57	8.9%
			Stressor and Adjustment:	119	18.6%
<u>Gender:</u>	<u>N</u>	<u>%</u>	<i>Adjustment disorders</i>	48	
Female:	234	36.4%	<i>PTSD/Other acute stress reaction</i>	71	
Male:	408	63.5%	Schizophrenic disorders:	7	1.1%
Other:	1	0.2%	Other/Excluded:	62	9.7%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	<i>Invalid/Missing:</i>	2	
White:	116	18.0%			
Hispanic:	409	63.6%			
Black:	84	13.1%	<u>Dual Diagnosis:</u>	643	100.0%
Asian/PI:	12	1.9%			
Native American:	5	0.8%			
Other:	12	1.9%			
Unknown:	5	0.8%			
<b><u>Use of Outpatient Services</u></b> – Percent of CYFBHS-DDx clients using service, Mean Hours (Median Hours)					
Therapy:		78.4%		7.6 (5.0)	
Assessment:		54.9%		3.3 (2.9)	
Collateral:		34.4%		2.0 (1.0)	
Medication Support:		45.3%		3.0 (2.3)	
Case Management/Rehab:		63.0%		7.0 (3.4)	
Crisis Services:		4.2%		1.4 (1.1)	
TBS:		1.7%		13.6 (3.7)	
IHBS		7.6%		10.0 (6.0)	
ICC		20.7%		16.2 (4.1)	
<b><u>Use of Intensive Services</u></b> – Percent of CYFBHS-DDx clients using service, Mean Days (Median Days)					
Day Treatment:		17.6%		70.9 (35)	
Inpatient:		6.4%		9.3 (5)	
Crisis Stabilization:		6.8%		1.7 (1)	

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

937 youth who received CYFBHS services in FY 2017-18 (6.1% 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 Substance Use Disorder Treatment (SUD).

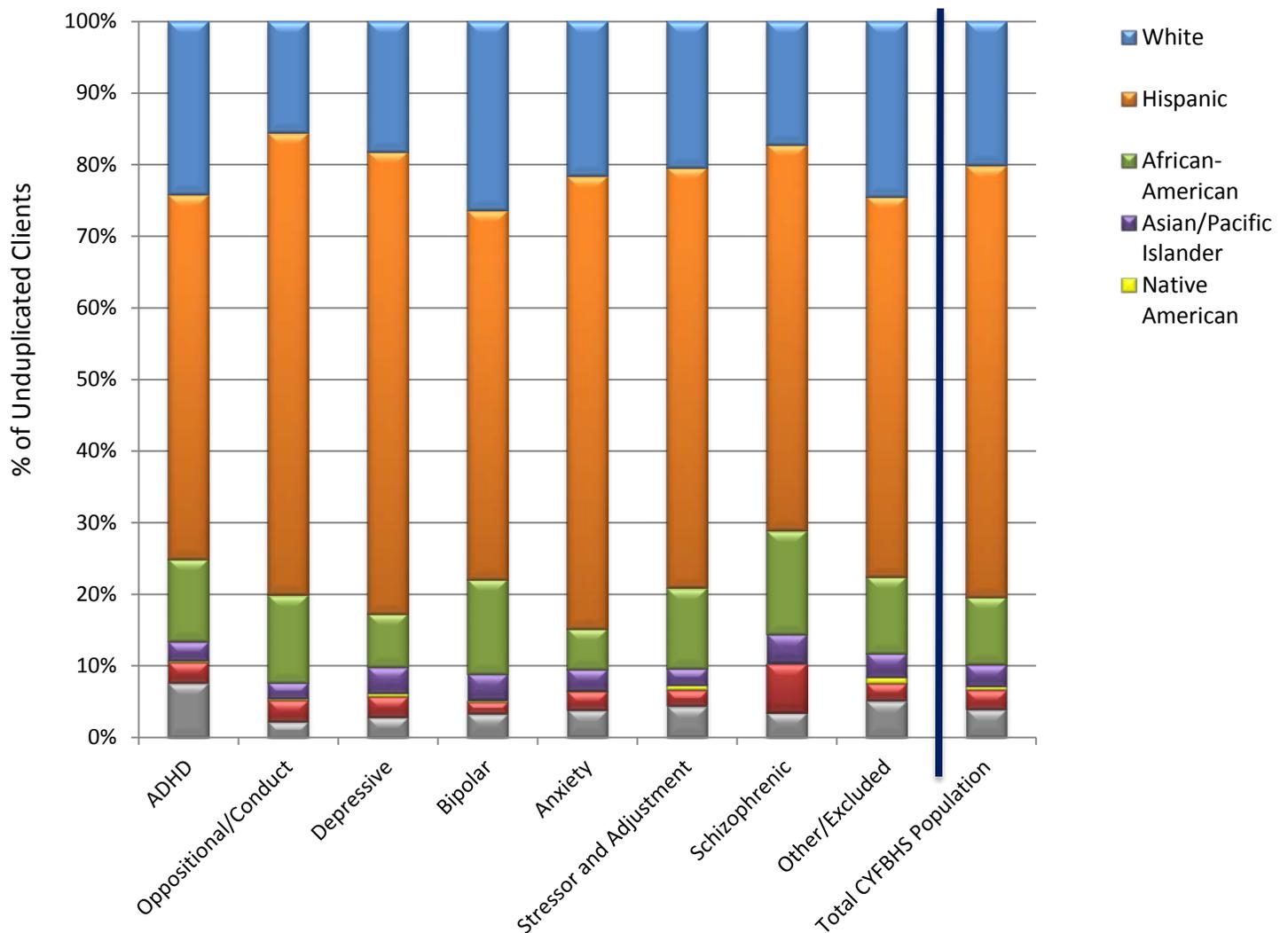
<u>Age:</u>	<u>N</u>	<u>%</u>		<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	0	0.0%		ADHD:	50	5.5%
6-11:	0	0.0%		Oppositional/Conduct:	144	15.9%
12-17:	751	80.1%		Depressive disorders:	331	36.5%
18+:	186	19.9%		Bipolar disorders:	45	5.0%
				Anxiety disorders:	89	9.8%
				Stressor and Adjustment:	169	18.6%
<u>Gender:</u>	<u>N</u>	<u>%</u>		<i>Adjustment disorders</i>	74	
Female:	322	34.4%		<i>PTSD/Other acute stress reaction</i>	95	
Male:	614	65.5%		Schizophrenic disorders:	11	1.2%
Other:	1	0.1%		Other/Excluded:	68	7.5%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		<i>Invalid/Missing:</i>	30	
White:	181	19.3%				
Hispanic:	582	62.1%				
Black:	115	12.3%		<u>Dual Diagnosis:</u>	643	68.6%
Asian/PI:	23	2.5%				
Native American:	5	0.5%				
Other:	17	1.8%				
Unknown:	14	1.5%				
<b>Use of Outpatient Services</b> – Percent of CYFBHS-CoSub clients using service, Mean Hours (Median Hours)						
Therapy:		75.8%		7.7 (5.1)		
Assessment:		53.4%		3.3 (2.8)		
Collateral:		33.8%		1.9 (0.8)		
Medication Support:		44.8%		3.3 (2.5)		
Case Management/Rehab:		63.4%		7.1 (3.4)		
Crisis Services:		3.7%		1.3 (1.1)		
TBS:		2.1%		14.0 (5.5)		
IHBS		8.6%		11.1 (6.7)		
ICC		19.3%		20.8 (5.7)		
<b>Use of Intensive Services</b> – Percent of CYFBHS-CoSub clients using service, Mean Days (Median Days)						
Day Treatment:		15.9%		69.1 (41)		
Inpatient:		7.9%		9.7 (6)		
Crisis Stabilization:		7.0%		2.0 (1)		

# Appendix I: Examination of Primary Diagnosis by Client Characteristics

The diagnosis categories are examined by race/ethnicity in **Figure I.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; for example, a large difference is seen in the Oppositional/Conduct disorders: 64% of youth diagnosed with Oppositional/Conduct disorders are Hispanic, although Hispanic clients comprise 59% 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.

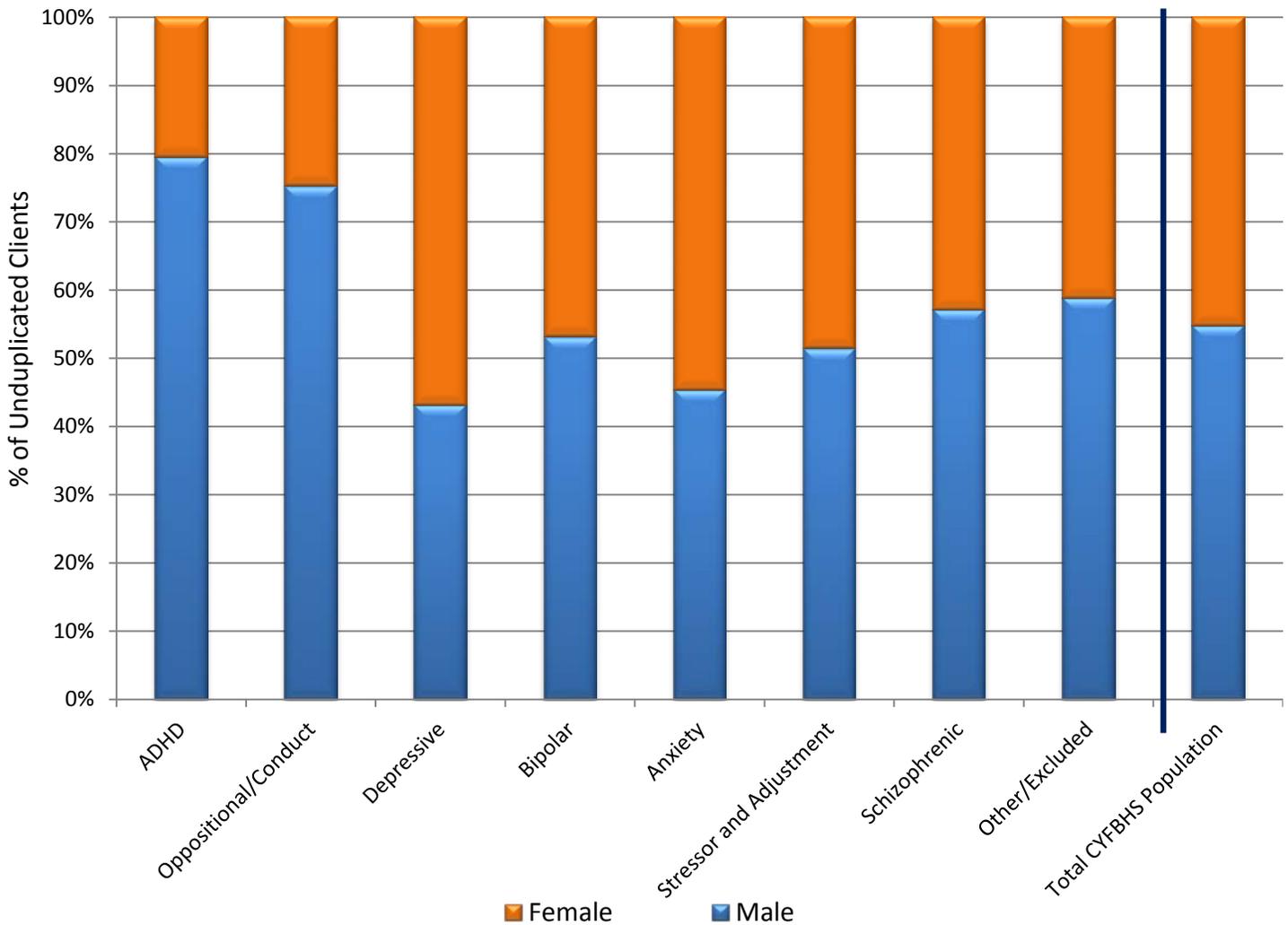
Although there is limited research on the racial/ethnic differences in the mental health diagnoses of children, several research studies have shown differences in mental health diagnosis along racial/ethnic lines. One of the most consistent findings is that African American youth tend to be more often diagnosed with disruptive behavior disorders.<sup>1-3</sup> 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.<sup>4-8</sup>

**Figure I.1: Diagnosis by Race/Ethnicity**



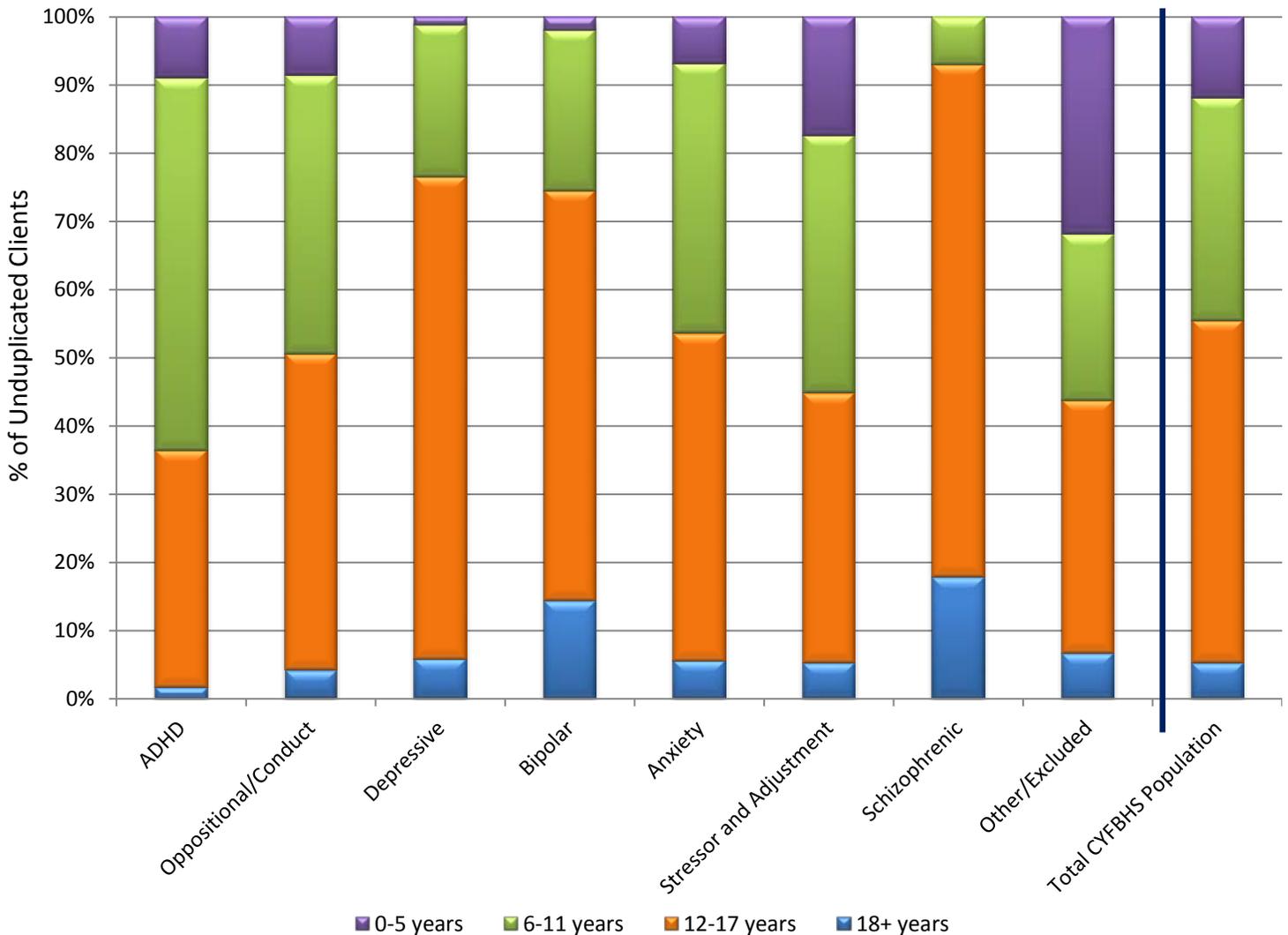
The patterns of diagnosis are significantly different by gender. Males are more likely to be diagnosed with externalizing disorders, such as ADHD or Oppositional disorders, while females are more likely to be diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared to their distribution in the total sample (**Figure I.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).<sup>9</sup>

**Figure I.2: Primary Diagnosis by Gender**



When diagnoses are examined by age, significant differences are present (**Figure I.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 and stressor/adjustment disorders; 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 I.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.<sup>10</sup> 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.<sup>11</sup> 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 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. However, the distribution of diagnoses in the FY 2017-18 CYFBHS sample is not directly comparable to previous years due to the reclassification of diagnostic categories to align with ICD-10.

## Appendix J: Detailed Service Utilization Data Tables

**Table J.1: Outpatient Service Utilization by Diagnosis\*†**

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	15,430	73.5%	8.9	7.1	73.6%	3.2	2.8	49.7%	2.6	1.2	28.0%	3.1	2.2
ADHD	1,689	74.3%	9.1	7.5	67.1%	2.9	2.5	54.5%	2.6	1.4	50.1%	2.7	2.0
Opp/Conduct	1,609	81.2%	8.3	6.5	71.0%	3.1	2.8	57.4%	2.3	1.2	28.8%	2.8	1.8
Depressive	4,732	78.7%	8.9	7.2	76.4%	3.3	3.0	55.4%	2.0	1.0	29.8%	3.2	2.4
Bipolar	425	69.9%	11.3	7.7	61.9%	3.4	2.9	45.9%	2.6	1.3	45.9%	4.1	2.9
Anxiety	2,036	82.0%	8.8	7.4	75.8%	3.0	2.8	52.8%	2.1	1.0	27.2%	2.7	2.1
Stressor and Adjustment†	3,209	79.3%	8.7	6.8	73.6%	3.2	2.7	48.7%	3.9	1.5	17.6%	3.1	2.2
Schizophrenic	145	54.5%	12.7	8.0	58.6%	3.8	3.2	47.6%	2.5	1.6	61.4%	4.7	4.0
Other/Excluded	550	72.4%	9.4	7.1	68.7%	3.6	2.9	44.5%	3.9	1.7	29.5%	3.9	2.4

Diagnosis	N	Case Management			Crisis Services			TBS			IHBS			ICC		
			Mean	Median		Mean	Median		Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	15,430	47.7%	5.1	2.0	2.7%	1.4	1.0	5.2%	39.8	35.9	4.2%	13.9	8.1	11.7%	15.8	3.5
ADHD	1,689	44.8%	5.7	2.3	1.1%	1.9	1.3	7.9%	41.0	36.1	3.5%	15.1	8.7	7.6%	20.3	4.6
Opp/Conduct	1,609	53.3%	5.6	2.6	1.9%	1.4	0.8	7.9%	46.7	43.9	4.8%	12.3	6.8	11.1%	19.0	5.6
Depressive	4,732	54.0%	5.0	2.0	4.9%	1.4	1.0	5.7%	33.5	26.3	4.4%	14.9	9.6	13.1%	15.9	2.7
Bipolar	425	44.9%	9.3	2.7	4.2%	2.1	1.2	6.8%	36.3	30.4	8.2%	14.9	7.6	18.4%	20.7	5.9
Anxiety	2,036	44.7%	4.1	1.8	1.4%	1.5	1.0	3.4%	44.2	43.2	2.5%	13.6	10.1	7.4%	14.1	2.5
Stressor and Adjustment†	3,209	50.4%	4.5	1.7	2.1%	1.2	0.7	3.8%	42.0	41.7	5.3%	12.0	6.1	16.6%	11.9	3.6
Schizophrenic	145	56.6%	10.4	2.7	11.7%	1.4	1.0	17.2%	35.6	26.7	12.4%	17.2	9.9	23.4%	37.1	23.7
Other/Excluded	550	40.4%	5.7	2.9	1.8%	1.2	0.7	4.4%	52.6	53.2	4.0%	19.5	20.8	12.9%	17.2	3.1

\*Youth with an invalid or missing diagnosis are excluded from these analyses.

†In alignment with ICD-10, Adjustment disorders and PTSD/Other acute stress reaction are classified within the Stressor and Adjustment category.

**Table J.2: Intensive Levels of Service Utilization by Diagnosis\***

Diagnosis	N	Inpatient			Day Treatment			Crisis Stabilization		
			Mean	Median		Mean	Median		Mean	Median
		%	Days	Days	%	Days	Days	%	Days	Days
Total Sample	15,430	4.0%	10.4	6.0	2.8%	84.1	59.5	6.4%	2.2	2.0
ADHD	1,689	0.7%	6.3	6.0	3.4%	80.1	44.0	1.4%	1.8	1.0
Opp/Conduct	1,609	1.7%	9.0	5.0	4.5%	84.1	58.0	2.1%	2.0	2.0
Depressive	4,732	7.6%	9.1	6.0	3.3%	83.4	61.0	12.1%	2.2	2.0
Bipolar	425	8.9%	14.7	8.0	5.9%	85.0	52.0	10.1%	3.2	2.0
Anxiety	2,036	1.1%	14.3	5.5	2.0%	93.7	71.0	2.7%	1.5	1.0
Stressor and Adjustment†	3,209	2.4%	9.8	6.0	1.9%	66.1	40.0	6.2%	1.9	1.0
Schizophrenic	145	33.8%	19.5	15.0	9.0%	152.2	180.0	29.0%	2.6	2.0
Other/Excluded	550	2.7%	12.0	5.0	1.6%	110.9	92.0	2.2%	1.9	1.0

\*Youth with an invalid or missing diagnosis are excluded from these analyses.

†In alignment with ICD-10, Adjustment disorders and PTSD/Other acute stress reaction are classified within the Stressor and Adjustment category.

**Table J.3: Outpatient Service Utilization by Race/Ethnicity<sup>‡</sup>**

Race/ Ethnicity	N	Therapy			Assessment			Collateral			Medication Support		
		%	Mean Hours	Median Hours	%	Mean Hours	Median Hours	%	Mean Hours	Median Hours	%	Mean Hours	Median Hours
Total Sample	15,430	73.5%	8.9	7.1	73.6%	3.2	2.8	49.7%	2.6	1.2	28.0%	3.1	2.2
White	3,105	73.5%	9.9	7.7	72.1%	3.3	2.7	48.5%	3.0	1.4	35.1%	3.3	2.4
Hispanic	9,307	75.4%	8.6	7.1	75.1%	3.2	2.9	52.5%	2.5	1.1	24.8%	2.9	2.1
Black	1,444	72.7%	9.3	6.7	69.7%	3.4	2.8	49.9%	3.1	1.2	35.9%	3.3	2.4
Asian/ Pacific Islander	473	70.0%	9.5	7.6	72.5%	3.2	3.0	49.5%	2.2	1.1	24.1%	3.0	2.0
Native American	75	64.0%	9.0	5.8	86.7%	3.5	2.7	45.3%	4.2	1.3	21.3%	3.3	2.1
Other	422	68.7%	7.8	6.6	74.9%	3.1	2.8	48.3%	2.6	1.0	20.9%	3.9	2.4
Unknown	604	54.3%	7.3	5.6	64.5%	2.2	0.8	14.6%	1.9	1.0	30.6%	1.8	1.1

Race/Ethnicit	N	Case Management			Crisis Services			TBS			IHBS			ICC		
		%	Mean Hours	Median Hours	%	Mean Hours	Median Hours	%	Mean Hours	Median Hours	%	Mean Hours	Median Hours	%	Mean Hours	Median Hours
Total Sample	15,430	47.7%	5.1	2.0	2.7%	1.4	1.0	5.2%	39.8	35.9	4.2%	13.9	8.1	11.7%	15.8	3.5
White	3,105	42.1%	4.9	1.7	3.3%	1.2	0.7	6.3%	43.8	42.2	5.6%	13.6	6.9	14.6%	16.6	4.1
Hispanic	9,307	52.3%	5.0	2.1	2.6%	2.4	1.0	5.2%	38.7	35.0	3.6%	14.1	9.3	10.3%	15.2	3.0
Black	1,444	47.7%	6.5	2.4	3.1%	2.1	1.2	5.4%	35.0	25.8	6.6%	14.1	7.7	19.9%	15.8	3.8
Asian/ Pacific Islander	473	44.6%	4.7	1.9	1.9%	1.1	0.7	3.0%	39.0	45.3	2.5%	15.6	8.2	7.8%	18.0	3.4
Native American	75	36.0%	4.8	1.5	2.7%	1.4	1.4	4.0%	53.3	76.8	9.3%	7.1	4.8	25.3%	12.5	2.2
Other	422	43.1%	3.8	1.9	2.6%	1.5	0.8	4.5%	40.5	43.2	1.9%	11.1	7.2	8.1%	15.2	3.8
Unknown	604	12.8%	3.5	1.2	1.2%	1.0	1.2	1.8%	47.0	52.9	1.7%	17.7	14.9	3.7%	22.1	5.2

‡Youth with a missing race/ethnicity code are excluded from these analyses.

**Table J.4: Intensive Service Utilization by Race/Ethnicity<sup>‡</sup>**

Race/Ethnicity	N	Inpatient			Day Treatment			Crisis Stabilization		
		%	Mean Days	Median Days	%	Mean Days	Median Days	%	Mean Days	Median Days
Total Sample	15,430	4.0%	10.4	6.0	2.8%	84.1	59.5	6.4%	2.2	2.0
White	3,105	4.9%	9.6	7.0	2.5%	78.8	50.5	7.3%	2.3	2.0
Hispanic	9,307	3.5%	10.6	6.0	2.4%	84.8	66.0	6.1%	2.1	2.0
Black	1,444	4.4%	11.2	6.5	8.1%	87.4	59.0	7.7%	2.4	2.0
Asian/ Pacific Islander	473	4.9%	15.5	7.0	2.3%	51.2	32.0	9.1%	1.8	1.0
Native American	75	2.7%	4.5	4.5	2.7%	171.0	171.0	10.7%	2.0	2.0
Other	422	5.9%	9.7	5.0	1.4%	95.3	36.0	5.0%	1.8	2.0
Unknown	604	4.7%	6.7	5.0	0.0%	0.0	0.0	1.8%	1.8	1.0

‡Youth with a missing race/ethnicity code are excluded from these analyses.

## Appendix K: WRAP by Program

Wraparound is a comprehensive and proven treatment modality which partners mental health professionals with families for youth needing intensive supports in their home community. Three Wraparound Programs served clients in CYFBHS in FY 2017-18: SDCC Wrapworks, MHS Families Forward, and Fred Finch Wraparound. Demographics and Service Use data by program are as follows:

	Wraparound Program					
	SDCC Wrapworks (6930, 6940, 6990)		MHS Families Fwd (8800, 8850, 8860)		Fred Finch Wrap (8820)	
<b>Age:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
0-5:	1	0.6%	1	0.4%	3	1.9%
6-11:	29	16.0%	63	26.4%	26	16.3%
12-17:	142	78.5%	164	68.6%	123	76.9%
18+:	9	5.0%	11	4.6%	8	5.0%
<b>Gender:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Female:	79	43.6%	134	56.1%	72	45.0%
Male:	102	56.4%	105	43.9%	88	55.0%
Unknown:	0	0.0%	0	0.0%	0	0.0%
<b>Race/Ethnicity:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
White:	47	26.0%	63	26.4%	49	30.6%
Hispanic:	89	49.2%	134	56.1%	81	50.6%
African-American:	30	16.6%	29	12.1%	23	14.4%
Asian/Pacific Islander:	8	4.4%	3	1.3%	3	1.9%
Native American	0	0.0%	2	0.8%	1	0.6%
Other/Unknown:	7	3.9%	8	3.3%	3	1.9%
<b>Primary Diagnosis:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
ADHD:	17	9.4%	19	8.0%	16	10.1%
Oppositional/Conduct:	28	15.5%	28	11.8%	29	18.2%
Depressive disorders:	67	37.0%	111	46.8%	47	29.6%
Bipolar disorders:	12	6.6%	8	3.4%	11	6.9%
Anxiety disorders:	13	7.2%	16	6.8%	16	10.1%
Stressor and Adjustment:	28	15.5%	40	16.9%	35	22.0%
<i>Adjustment disorders</i>	9		6		15	
<i>PTSD/Other acute stress reaction</i>	19		34		20	
Schizophrenic disorders:	7	3.9%	8	3.4%	3	1.9%
Other/Excluded:	9	5.0%	7	3.0%	2	1.3%
<i>Invalid/Missing:</i>	0		2		1	

## Appendix K: WRAP by Program (continued)

	SDCC Wrapworks (6930, 6940, 6990)		Wraparound Program			
			MHS Families Fwd (8800, 8850, 8860)		Fred Finch Wrap (8820)	
<b><u>Living Situation</u></b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
House or Apartment	126	69.6%	215	90.0%	101	63.1%
Correctional Facility	29	16.0%	8	3.3%	32	20.0%
Foster Home	6	3.3%	2	0.8%	12	7.5%
Group Home	7	3.9%	1	0.4%	6	3.8%
Residential Treatment Center	2	1.1%	2	0.8%	2	1.3%
Children's Shelter	1	0.6%	1	0.4%	2	1.3%
Homeless	6	3.3%	6	2.5%	3	1.9%
Other/Unknown	4	2.2%	4	1.7%	2	1.3%
<b><u>Insurance Status</u></b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Medi-Cal	142	78.5%	215	90.0%	121	75.6%
Private Insurance	18	9.9%	13	5.4%	29	18.1%
Other Insurance	5	2.8%	11	4.6%	6	3.8%
Uninsured/Unknown	16	8.8%	0	0.0%	4	2.5%
<b><u>Primary Care Physician</u></b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Yes	166	94.9%	226	96.6%	148	94.9%
No	9	5.1%	8	3.4%	8	5.1%
<b><u>History of Trauma</u></b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Yes	167	92.3%	223	93.3%	147	92.5%
No	14	7.7%	16	6.7%	12	7.5%
<b><u>Average Outpatient Treatment Hours per Client</u></b>	66.2 hours		62.2 hours		41.6 hours	

## Appendix L: 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.