

# 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 Alcohol & Drug 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 **17,301 children and youth served** by San Diego County Children, Youth & Families Behavioral Health Services (CYFBHS) in FY 2015-16.

<u>Age:</u>	<u>N</u>	<u>%</u>	<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	2118	12.2%	ADHD:	2061	12.8%
6-11:	5836	33.7%	Oppositional/Conduct:	2107	13.1%
12-17:	8349	48.3%	Depressive disorders:	3606	22.4%
18+:	998	5.8%	Bipolar disorders:	1154	7.2%
			Anxiety disorders:	2007	12.5%
			Stressor and Adjustment:	4102	25.5%
<u>Gender:</u>	<u>N</u>	<u>%</u>	<i>Adjustment disorders</i>	3332	
Female:	7622	44.1%	<i>PTSD/Other acute stress reaction</i>	770	
Male:	9656	55.8%	Schizophrenic disorders:	155	1.0%
Unknown:	23	0.1%	Other/Excluded:	879	5.5%
			<i>Invalid/Missing:</i>	1230	
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	<u>Dual Diagnosis:</u>	875	5.1%
White:	3463	20.0%			
Hispanic:	9777	56.5%			
Black:	1691	9.8%			
Asian/PI:	519	3.0%			
Native Am.:	95	0.5%			
Other:	466	2.7%			
Unknown:	1290	7.5%			
<b><u>Use of Outpatient Services</u> – Percent of CYFBHS clients using service, Mean Hours (Median Hours)</b>					
Therapy:		72.7%	8.4 (6.6)		
Assessment:		69.6%	3.0 (2.7)		
Collateral:		49.2%	4.0 (1.3)		
Medication Support:		26.7%	3.2 (2.3)		
Case Management/Rehab:		38.8%	7.6 (2.8)		
Crisis Services:		2.8%	1.6 (1.4)		
TBS:		4.4%	43 (39.3)		
<b><u>Use of Intensive Services</u> – Percent of CYFBHS clients using service, Mean Days (Median Days)</b>					
Day Treatment:		4.3%	99.0 (84)		
Inpatient:		4.0%	10.7 (6)		
Crisis Stabilization:		4.8%	1.8 (1)		

## 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 3899 clients (23% of the CYFBHS total) open to CYFBHS and *any other sector* during FY 2015-16.

<u>Age:</u>	<u>N</u>	<u>%</u>	<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	692	17.7%	ADHD:	293	8.3%
6-11:	720	18.5%	Oppositional/Conduct:	615	17.5%
12-17:	2061	52.9%	Depressive disorders:	547	15.6%
18+:	426	10.9%	Bipolar disorders:	270	7.7%
			Anxiety disorders:	224	6.4%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	1177	33.5%
Female:	1503	38.5%	<i>Adjustment disorders</i>	943	
Male:	2396	61.5%	<i>PTSD/Other acute stress reaction</i>	234	
Unknown:	0	0.0%	Schizophrenic disorders:	44	1.3%
			Other/Excluded:	344	9.8%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	<i>Invalid/Missing:</i>	385	
White:	814	20.9%			
Hispanic:	2006	51.4%	<u>Dual Diagnosis:</u>	580	14.9%
Black:	706	18.1%			
Asian/PI:	105	2.7%			
Native Am.:	34	0.9%			
Other:	84	2.2%			
Unknown:	150	3.8%			

### Use of Outpatient Services – Percent of CYFBHS/Any Sector clients using service, Mean Hours (Median Hours)

Therapy:	69.3%	9.1 (6.3)
Assessment:	64.7%	3.4 (2.6)
Collateral:	38.7%	7.2 (1.9)
Medication Support:	35.0%	4.1 (2.7)
Case Management/Rehab:	53.1%	11.2 (4.5)
Crisis Services:	2.5%	1.8 (1.2)
TBS:	3.5%	33.6 (27.3)

### Use of Intensive Services – Percent of CYFBHS/Any Sector clients using service, Mean Days (Median Days)

Day Treatment:	13.4%	96.3 (81)
Inpatient:	3.3%	12.8 (7)
Crisis Stabilization:	3.7%	2.4 (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 2015-16 was obtained and compared to the CYFBHS dataset. **In FY 2015-16, 2,161 clients, or 12.5% of youth receiving mental health services, were also open to the Child Welfare System.** Looking at it from the Child Welfare perspective, 31.1% of youth with open Child Welfare cases in FY 2015-16 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:	692	32.0%		ADHD:	156	8.1%
6-11:	716	33.1%		Oppositional/Conduct:	146	7.6%
12-17:	629	29.1%		Depressive disorders:	253	13.2%
18+:	124	5.7%		Bipolar disorders:	99	5.2%
				Anxiety disorders:	114	5.9%
<u>Gender:</u>	<u>N</u>	<u>%</u>		Stressor and Adjustment:	912	47.5%
Female:	1078	49.9%		<i>Adjustment disorders</i>	763	
Male:	1083	50.1%		<i>PTSD/Other acute stress reaction</i>	149	
				Schizophrenic disorders:	13	0.7%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>		Other/Excluded:	229	11.9%
White:	524	24.2%		<i>Invalid/Missing:</i>	239	
Hispanic:	991	45.9%				
Black:	416	19.3%		<u>Dual Diagnosis:</u>	74	3.4%
Asian/PI:	47	2.2%				
Native Am.:	26	1.2%				
Other:	40	1.9%				
Unknown:	117	5.4%				

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

Therapy:	64.8%	9.9 (7.5)
Assessment:	80.6%	3.5 (2.7)
Collateral:	41.1%	6.2 (1.8)
Medication Support:	27.8%	5.1 (3.7)
Case Management/Rehab:	34.5%	6.1 (1.8)
Crisis Services:	2.9%	1.8 (1.0)
TBS:	5.4%	34.3 (27.7)

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

Day Treatment:	12.9%	123.3 (127)
Inpatient:	3.3%	14.8 (8)
Crisis Stabilization:	4.3%	2.4 (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 2015-16.

## 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 2015-16 was obtained and compared to the CYFBHS dataset. In FY 2015-16, **1,679** clients, or **9.7%** of all CYFBHS clients, were also open to the Probation System. Looking at it from the Probation perspective, 47.3% of youth with open Probation cases in FY 2015-16 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:	138	9.0%
6-11:	4	0.2%	Oppositional/Conduct:	469	30.5%
12-17:	1372	81.7%	Depressive disorders:	270	17.5%
18+:	303	18.0%	Bipolar disorders:	162	10.5%
			Anxiety disorders:	102	6.6%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	257	16.7%
Female:	404	24.1%	<i>Adjustment disorders</i>	176	
Male:	1275	75.9%	<i>PTSD/Other acute stress reaction</i>	81	
			Schizophrenic disorders:	31	2.0%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	110	7.1%
White:	276	16.4%	<i>Invalid/Missing:</i>	140	
Hispanic:	962	57.3%			
Black:	311	18.5%	<u>Dual Diagnosis:</u>	479	28.5%
Asian/PI:	57	3.4%			
Native Am.:	8	0.5%			
Other:	42	2.5%			
Unknown:	23	1.4%			
<b>Use of Outpatient Services</b> – Percent of CYFBHS-Probation clients using service, Mean Hours (Median Hours)					
Therapy:		75.5%		8.1 (5.2)	
Assessment:		44.3%		3.3 (2.2)	
Collateral:		35.4%		8.6 (2.0)	
Medication Support:		46.2%		3.5 (2.6)	
Case Management/Rehab:		78.3%		14.2 (7.6)	
Crisis Services:		1.7%		1.9 (1.2)	
TBS:		1.3%		34.4 (18.3)	
<b>Use of Intensive Services</b> – Percent of CYFBHS-Probation clients using service, Mean Days (Median Days)					
Day Treatment:		16.1%		69.3 (54)	
Inpatient:		2.7%		11.2 (6)	
Crisis Stabilization:		2.8%		2.1 (1)	

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

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 2015-16. Overall, **501 youth receiving CYFBHS services (2.9%) were also active to SUD** during the fiscal year. Looking at it from the ADS perspective, 19% of youth open to SUD in FY 2015-16 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:	27	5.9%
6-11:	1	0.2%	Oppositional/Conduct:	108	23.6%
12-17:	428	85.4%	Depressive disorders:	99	21.6%
18+:	72	14.4%	Bipolar disorders:	51	11.1%
			Anxiety disorders:	38	8.3%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	87	19.0%
Female:	163	32.5%	Adjustment disorders	47	
Male:	338	67.5%	PTSD/Other acute stress reaction	40	
			Schizophrenic disorders:	8	1.7%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	40	8.7%
White:	87	17.4%	Invalid/Missing:	43	
Hispanic:	327	65.3%			
Black:	52	10.4%	<u>Dual Diagnosis:</u>	188	37.5%
Asian/PI:	11	2.2%			
Native Am.:	1	0.2%			
Other:	6	1.2%			
Unknown:	17	3.4%			
<b>Use of Outpatient Services</b> – Percent of CYFBHS-ADS clients using service, Mean Hours (Median Hours)					
Therapy:		75.2%		7.4 (5.0)	
Assessment:		53.3%		3.2 (2.5)	
Collateral:		39.5%		6.5 (1.5)	
Medication Support:		43.5%		3.5 (2.5)	
Case Management/Rehab:		72.7%		11.7 (6.8)	
Crisis Services:		4.8%		2.1 (2.1)	
TBS:		1.6%		22.3 (19.2)	
<b>Use of Intensive Services</b> – Percent of CYFBHS-ADS clients using service, Mean Days (Median Days)					
Day Treatment:		14.4%		61.4 (42)	
Inpatient:		6.0%		12.2 (6)	
Crisis Stabilization:		4.2%		2.6 (2)	

\*ADS dataset was expanded to include youth through age 25 to align with TAY parameters; this number is not directly comparable to previous years.

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

875 youth who received CYFBHS services in FY 2015-16 (5.1% 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:	1	0.1%	ADHD:	37	4.2%
6-11:	3	0.3%	Oppositional/Conduct:	222	25.4%
12-17:	665	76.0%	Depressive disorders:	245	28.0%
18+:	206	23.5%	Bipolar disorders:	67	7.7%
			Anxiety disorders:	48	5.5%
<u>Gender:</u>	<u>N</u>	<u>%</u>	Stressor and Adjustment:	133	15.2%
Female:	311	35.5%	Adjustment disorders	74	
Male:	563	64.3%	PTSD/Other acute stress reaction	59	
			Schizophrenic disorders:	20	2.3%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	Other/Excluded:	102	11.7%
White:	163	18.6%	Invalid/Missing:	1	
Hispanic:	530	60.6%			
Black:	126	14.4%	<u>Dual Diagnosis:</u>	875	100.0%
Asian/Pl:	17	1.9%			
Native Am.:	6	0.7%			
Other:	16	1.8%			
Unknown:	17	1.9%			

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

Therapy:	75.7%	7.5 (4.9)
Assessment:	53.3%	3.1 (2.5)
Collateral:	41.6%	5.2 (1.2)
Medication Support:	39.7%	3.2 (2.3)
Case Management/Rehab:	69.6%	13.0 (7.3)
Crisis Services:	3.9%	2.4 (1.6)
TBS:	1.6%	35.3 (18.0)

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

Day Treatment:	17.4%	72.7 (56)
Inpatient:	6.1%	10.2 (6)
Crisis Stabilization:	6.9%	1.5 (1)

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

1,188 youth who received CYFBHS services in FY 2015-16 (6.9% 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).

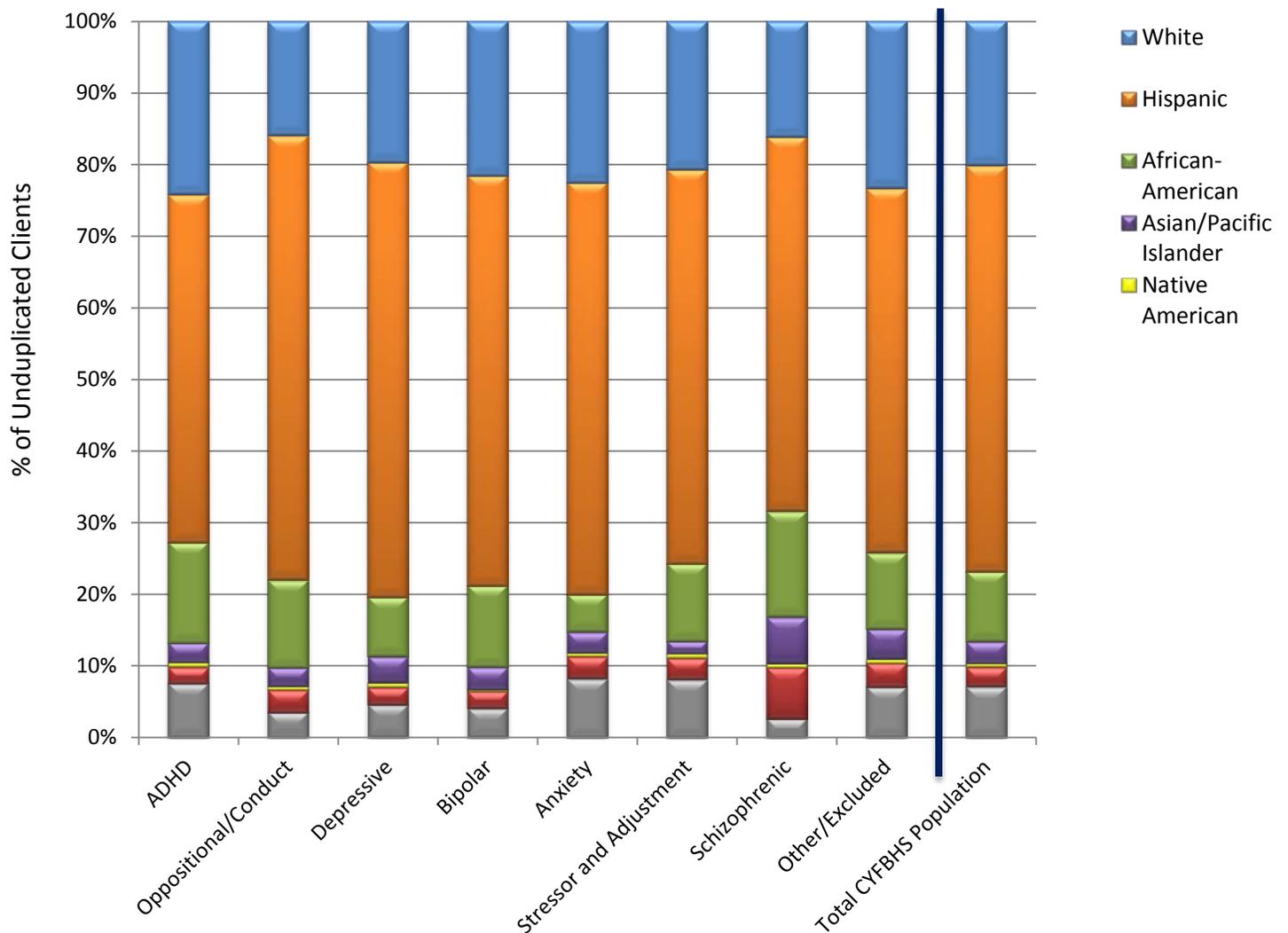
<u>Age:</u>	<u>N</u>	<u>%</u>	<u>Primary Diagnosis:</u>	<u>N</u>	<u>%</u>
0-5:	1	0.1%	ADHD:	57	5.0%
6-11:	4	0.3%	Oppositional/Conduct:	282	24.7%
12-17:	936	78.8%	Depressive disorders:	301	26.3%
18+:	247	20.8%	Bipolar disorders:	106	9.3%
			Anxiety disorders:	79	6.9%
			Stressor and Adjustment:	189	16.5%
<u>Gender:</u>	<u>N</u>	<u>%</u>	<i>Adjustment disorders</i>	101	
Female:	408	34.3%	<i>PTSD/Other acute stress reaction</i>	88	
Male:	779	65.6%	Schizophrenic disorders:	24	2.1%
			Other/Excluded:	106	9.3%
<u>Race/Ethnicity:</u>	<u>N</u>	<u>%</u>	<i>Invalid/Missing:</i>	44	
White:	219	18.4%	<u>Dual Diagnosis:</u>	875	73.7%
Hispanic:	736	62.0%			
Black:	150	12.6%			
Asian/PI:	26	2.2%			
Native Am.:	7	0.6%			
Other:	21	1.8%			
Unknown:	29	2.4%			
<b><u>Use of Outpatient Services</u></b> – Percent of CYFBHS-CoSub clients using service, Mean Hours (Median Hours)					
Therapy:		74.5%		7.5 (5.0)	
Assessment:		52.5%		3.1 (2.5)	
Collateral:		40.2%		5.5 (1.3)	
Medication Support:		41.0%		3.3 (2.4)	
Case Management/Rehab:		69.7%		12.4 (6.8)	
Crisis Services:		4.3%		2.2 (1.6)	
TBS:		1.8%		31.9 (20.0)	
<b><u>Use of Intensive Services</u></b> – Percent of CYFBHS-CoSub clients using service, Mean Days (Median Days)					
Day Treatment:		16.0%		70.7 (51)	
Inpatient:		6.1%		11.3 (6)	
Crisis Stabilization:		6.1%		1.7 (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: 62% of youth diagnosed with Oppositional/Conduct disorders are Hispanic, although Hispanic clients comprise 57% 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.

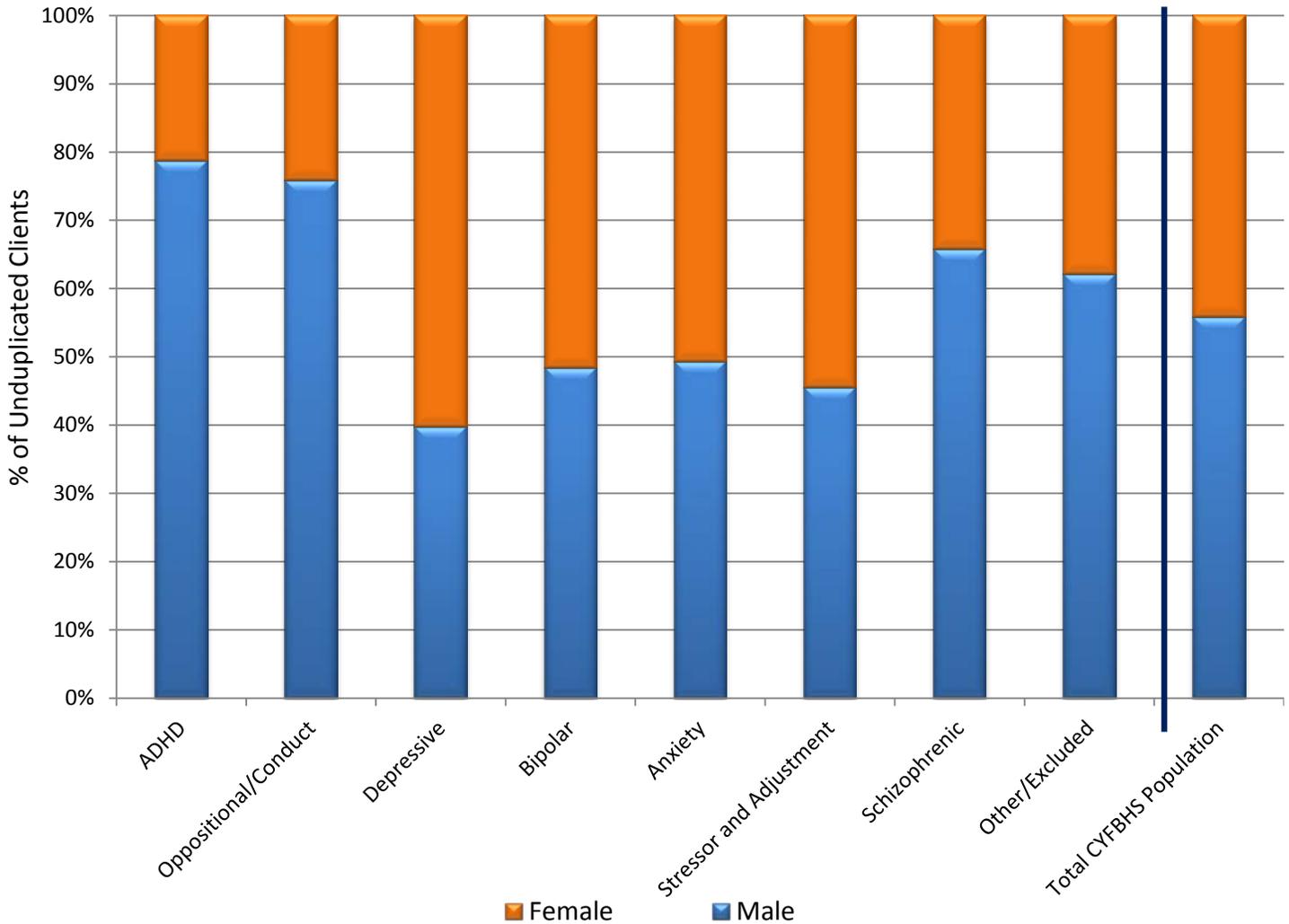
Although there is limited research on the racial/ethnic differences in the mental health diagnoses of children, several research studies have shown differences in mental health diagnosis along racial / ethnic lines. One of the most consistent findings is that African American youth tend to be more often 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**



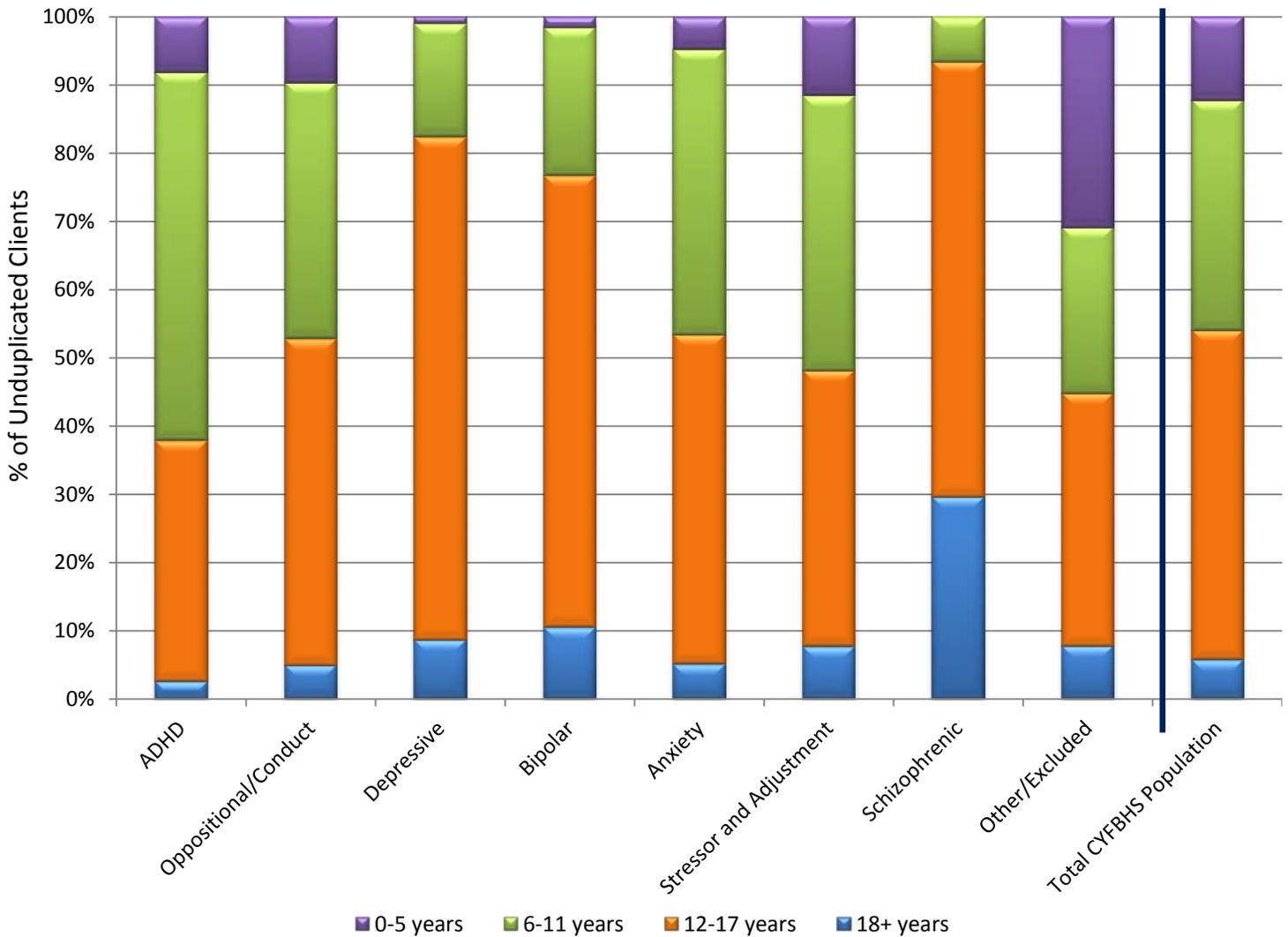
The patterns of diagnosis are significantly different by gender. Males are more likely to be diagnosed with externalizing disorders, such as ADHD or Oppositional disorders, while females are more likely to be diagnosed with internalizing disorders, such as depressive or anxiety disorders, as compared 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 2015-16 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	17301	72.7%	8.4	6.6	69.6%	3.0	2.7	49.2%	4.0	1.3	26.7%	3.2	2.3
ADHD	2061	70.5%	8.8	7.0	62.3%	2.8	2.5	53.5%	4.2	1.5	53.5%	2.9	2.3
Opp/Conduct	2107	80.3%	8.4	6.6	67.0%	3.0	2.7	56.2%	3.8	1.4	26.0%	3.2	2.3
Depressive	3606	75.2%	8.5	6.8	70.1%	3.3	2.9	56.0%	4.0	1.2	31.8%	3.2	2.2
Bipolar	1154	73.7%	8.9	7.0	66.6%	3.2	2.8	57.2%	4.9	1.3	36.0%	3.7	2.5
Anxiety	2007	83.0%	8.7	7.5	72.4%	2.7	2.5	54.5%	2.7	1.1	27.7%	2.7	2.1
Stressor and Adjustment†	4102	81.9%	7.9	6.0	73.9%	2.7	2.4	46.6%	4.1	1.2	13.0%	3.1	1.9
Schizophrenic	155	52.9%	8.8	6.3	47.1%	4.2	3.6	44.5%	5.6	2.0	57.4%	5.3	3.3
Other/Excluded	879	63.3%	9.3	6.9	74.5%	3.4	2.7	41.2%	6.1	1.7	23.0%	3.5	2.8

Diagnosis	N	Case Management			Crisis Services			TBS		
			Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	17301	38.8%	7.6	2.8	2.8%	1.6	1.4	4.4%	43.0	39.3
ADHD	2061	38.1%	7.9	2.8	1.3%	1.2	0.6	6.3%	38.4	30.8
Opp/Conduct	2107	46.7%	8.7	3.6	1.7%	1.5	1.2	6.6%	42.3	36.7
Depressive	3606	46.0%	8.3	3.3	6.5%	1.7	1.5	5.0%	36.5	26.1
Bipolar	1154	44.2%	10.9	3.3	4.7%	1.4	1.1	5.6%	42.7	34.0
Anxiety	2007	37.3%	5.6	2.5	2.3%	1.7	1.7	4.2%	46.9	45.3
Stressor and Adjustment†	4102	35.3%	5.8	2.0	1.6%	1.8	1.5	2.6%	40.6	29.9
Schizophrenic	155	49.7%	9.7	4.7	5.2%	1.7	1.6	4.5%	32.1	20.8
Other/Excluded	879	31.7%	9.8	3.8	1.3%	1.4	1.5	5.0%	44.3	35.2

\*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	17301	4.0%	10.7	6.0	4.3%	99.0	84.0	4.8%	1.8	1.0
ADHD	2061	0.8%	16.3	7.0	5.0%	108.0	90.5	2.1%	1.8	1.0
Opp/Conduct	2107	1.9%	9.2	6.0	5.9%	100.5	82.0	2.4%	1.7	1.0
Depressive	3606	11.5%	9.4	5.0	5.9%	100.8	93.0	12.8%	1.8	1.0
Bipolar	1154	7.5%	13.4	7.0	8.8%	93.5	72.0	6.6%	2.1	1.0
Anxiety	2007	1.4%	5.8	4.5	2.9%	100.4	85.0	2.0%	1.4	1.0
Stressor and Adjustment†	4102	1.0%	10.9	6.0	2.1%	82.6	56.5	2.8%	1.5	1.0
Schizophrenic	155	25.2%	23.2	13.0	18.1%	105.5	90.0	16.1%	2.8	2.0
Other/Excluded	879	1.1%	12.2	7.0	2.5%	111.2	85.5	2.2%	1.7	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	Median		Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	17301	72.7%	8.4	6.6	69.6%	3.0	2.7	49.2%	4.0	1.3	26.7%	3.2	2.3
White	3463	73.0%	9.6	7.5	69.3%	3.1	2.7	50.4%	5.4	1.6	34.9%	3.5	2.6
Hispanic	9777	74.8%	8.4	6.8	71.6%	3.0	2.8	54.0%	3.5	1.2	23.5%	2.9	2.1
Black	1691	70.3%	8.2	6.2	64.3%	3.2	2.7	45.9%	4.9	1.4	35.6%	3.7	2.6
Asian/ Pacific Islander	519	66.3%	9.2	7.3	70.1%	3.5	3.1	50.5%	4.5	1.6	29.5%	3.1	2.3
Native American	95	70.5%	8.9	6.2	66.3%	2.6	2.5	52.6%	3.0	1.2	34.7%	2.4	2.0
Other	466	65.7%	7.9	6.2	71.2%	2.8	2.6	52.4%	3.2	1.0	27.0%	2.8	2.2
Unknown	1222	68.1%	5.2	4.0	65.0%	1.4	0.8	13.5%	2.0	1.0	16.7%	2.5	1.6

Race/Ethnicity	N	Case Management			Crisis Services			TBS		
			Mean	Median		Mean	Median		Mean	Median
		%	Hours	Hours	%	Hours	Hours	%	Hours	Hours
Total Sample	17301	38.8%	7.6	2.8	2.8%	1.6	1.4	4.4%	43.0	39.3
White	3463	37.0%	8.0	2.8	3.8%	1.5	1.5	5.2%	43.9	36.6
Hispanic	9777	43.3%	7.2	2.8	2.9%	1.7	1.5	4.6%	40.0	33.2
Black	1691	42.0%	9.6	3.5	2.5%	1.4	1.1	4.7%	38.0	28.7
Asian/ Pacific Islander	519	38.2%	8.7	2.7	3.3%	1.8	1.3	3.1%	35.2	28.3
Native American	95	36.8%	7.6	2.1	1.1%	0.5	0.5	3.2%	1.3	1.8
Other	466	37.6%	6.9	2.4	1.7%	1.3	0.8	5.2%	41.1	31.6
Unknown	1222	7.4%	4.7	1.8	0.6%	0.8	0.6	0.5%	46.0	45.2

<sup>‡</sup>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	Median		Mean	Median		Mean	Median
		%	Days	Days	%	Days	Days	%	Days	Days
Total Sample	17301	4.0%	10.7	6.0	4.3%	99.0	84.0	4.8%	1.8	1.0
White	3463	5.7%	11.2	6.0	5.0%	98.6	86.5	5.5%	1.8	1.0
Hispanic	9777	3.5%	10.5	6.0	3.3%	97.2	80.5	4.9%	1.8	1.0
Black	1691	4.2%	12	7.0	11.8%	101.4	87.0	5.6%	2.0	1.0
Asian/ Pacific Islander	519	5.0%	8.3	6.5	3.9%	124.1	121.5	6.6%	1.6	1.0
Native American	95	7.4%	10.7	5.0	6.3%	109.8	127.5	4.2%	1.3	1.0
Other	466	4.5%	10.8	6.0	3.0%	73.4	60.0	4.5%	1.9	1.0
Unknown	1222	1.9%	8.2	4.0	0.2%	98.7	130.0	0.6%	1.3	1.0

<sup>‡</sup>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 2015-16: 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:	5	1.9%	5	1.4%	3	1.3%
6-11:	62	23.0%	96	27.5%	40	16.9%
12-17:	187	69.3%	231	66.2%	172	72.6%
18+:	16	5.9%	17	4.9%	22	9.3%
<b>Gender:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Female:	103	38.1%	167	47.9%	101	42.6%
Male:	167	61.9%	182	52.1%	136	57.4%
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:	87	32.2%	102	29.2%	67	28.3%
Hispanic:	110	40.7%	165	47.3%	114	48.1%
African-American:	54	20.0%	58	16.6%	41	17.3%
Asian/Pacific Islander:	7	2.6%	12	3.4%	6	2.5%
Native American	3	1.1%	2	0.6%	1	0.4%
Other/Unknown:	9	3.3%	10	2.9%	8	3.4%
<b>Primary Diagnosis:</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
ADHD:	43	16.0%	62	17.8%	18	7.6%
Oppositional/Conduct:	44	16.4%	40	11.5%	43	18.1%
Depressive disorders:	63	23.4%	128	36.7%	62	26.2%
Bipolar disorders:	33	12.3%	37	10.6%	43	18.1%
Anxiety disorders:	19	7.1%	28	8.0%	21	8.9%
Stressor and Adjustment:	48	17.8%	33	9.5%	31	13.1%
<i>Adjustment disorders</i>	32		14		16	
<i>PTSD/Other acute stress reaction</i>	16		19		15	
Schizophrenic disorders:	2	0.7%	5	1.4%	10	4.2%
Other/Excluded:	17	6.3%	16	4.6%	9	3.8%
<i>Invalid/Missing:</i>	1		0		0	

## Appendix K: WRAP by Program (continued)

	Wraparound Program					
	SDCC Wrapworks (6930, 6940, 6990)		MHS Families Fwd (8800, 8850, 8860)		Fred Finch Wrap (8820)	
<b><u>Living Situation</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>
House or Apartment	194	71.9%	315	90.3%	162	68.4%
Correctional Facility	37	13.7%	7	2.0%	39	16.5%
Foster Home	10	3.7%	4	1.1%	15	6.3%
Group Home	9	3.3%	6	1.7%	11	4.6%
Residential Treatment Center	8	3.0%	2	0.6%	1	0.4%
Children's Shelter	4	1.5%	3	0.9%	0	0.0%
Homeless	4	1.5%	6	1.7%	3	1.3%
Other/Unknown	4	1.5%	6	1.7%	6	2.5%
<b><u>Insurance Status</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>
Medi-Cal	216	80.0%	301	86.2%	186	78.5%
Private Insurance	23	8.5%	27	7.7%	28	11.8%
Other Insurance	16	5.9%	21	6.0%	13	5.5%
Uninsured/Unknown	15	5.6%	0	0.0%	10	4.2%
<b><u>Primary Care Physician (N=)</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>
Yes	238	90.8%	342	98.3%	217	93.1%
No	24	9.2%	6	1.7%	16	6.9%
<b><u>History of Trauma (N=)</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>	<b><u>N</u></b>	<b><u>%</u></b>
Yes	236	88.4%	321	92.0%	207	87.3%
No	31	11.6%	28	8.0%	30	12.7%
<b><u>Average Outpatient Treatment Hours per Client</u></b>	33.7 hours		22.1 hours		17.9 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.