



Arizona Department of Health Services
Division of Behavioral Health Services

Diversity Report
July 2006 to June 2007

Table of Contents

Executive Summary and Recommendations	Page 3
Characteristics of Data	Page 9
Enrollment By Race	Page 10
Enrollment By Ethnicity	Page 13
Disenrollment by Race	Page 15
Disenrollment by Ethnicity	Page 17
Referral by Race	Page 18
Referral by Ethnicity	Page 19
Utilization of Services : Adults by Race	Page 20
Utilization of Services: Children by Race	Page 21
Utilization of Services: Adults by Ethnicity	Page 22
Utilization of Services: Children by Ethnicity	Page 23
Utilization of Traditional Healing: Adults & Children by Race	Page 24
Utilization of Traditional Healing: Adults & Children by Ethnicity	Page 25
Utilization of Interpreter Services: Adults & Children by Race	Page 26
Utilization of Interpreter Services: Adults & Children by Ethnicity	Page 28
Axis I Diagnosis 1 by Race	Page 29
Axis I Diagnosis 1 by Ethnicity	Page 30
Axis I Diagnosis 2 by Race	Page 31
Axis I Diagnosis 2 by Ethnicity	Page 32

Executive Summary

This report intended to provide information on diverse populations receiving services in the Arizona public behavioral health system and to highlight the importance of culture and social influences in providing effective care. It covers the four most recognized racial and ethnic minority groups in the United States. According to Federal classifications race is defined as, African Americans (blacks), American Indians and Alaska Natives, Asian Americans and Pacific Islanders and White Americans (whites). Hispanic American (Latino) is an ethnicity and may apply to a person of any race (U.S. Office of Management and Budget [OMB], 2003).¹ Age is broken into four (4) age-bands: birth to 5 year olds, 6 to 12 year olds, 13 to 17 year olds, 18 year olds and up (adults).

The data depicted in this report represents individuals enrolled in the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) during the fiscal year 2007; July 2006 through June 2007. The information was pulled from the Client Information System database (CIS) and includes a population of 210,680 (unduplicated counts). Individuals are defined in categories that include race, ethnicity and age.

Race is a social construct used to distinguish people in terms of one or more *physical* markers that are deemed socially significant, usually with profound affect. Everything from health to wealth is influenced by whether others see you as African American, white, Asian American, Native American, or something else. Race as a *sociological* concept is thus an invaluable analytical tool – if the user remembers that it refers to socially significant physical differences, such as skin color rather than biological differences. It is also important to note that perceptions of racial difference are socially constructed and often arbitrary (Brym, R. and Lie, J.2007). The concept of race is especially potent when certain social groups are separated, treated as inferior or superior, and given differential access to power and other valued resources.

An ethnic group is composed of people whose perceived *cultural* markers are deemed socially significant. Ethnic groups differ from one another in terms of language, religion, customs, values and ancestors (Brym, R. and Lie J.2007). The term “race,” may overlap with ethnicity, but each has a different social meaning. For example, in many national surveys and in the 1990 U.S. census, Native Hawaiians and Vietnamese Americans are classified together in the racial category of “Asian and Pacific Islander Americans.” Native Hawaiians, however, may have little in common with Vietnamese Americans in terms of their heritage. Similarly, Caribbean blacks and Pacific Northwest Indians have different ethnicities than others within their same racial category. And, as noted earlier, because Hispanic (Latino) are categorized as an ethnicity, the different Latino American ethnic subgroups such as Cubans, Dominicans, Mexicans, Puerto Ricans and Peruvians include individuals of all races.²

Culture and society play pivotal roles in mental health, mental illness, and mental health services. Understanding the wide-ranging roles of culture and society enables the mental health field to design and deliver services that are more responsive to the needs of racial and ethnic minorities. Culture is broadly defined as a common heritage or set of beliefs, norms, and values (DHHS, 1999). It refers to the shared attributes of one group. Anthropologists often describe culture as a system of shared meanings. The term

¹ MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY: A Supplement to Mental Health: A Report of the Surgeon General

<http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html>

² MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY: A Supplement to Mental Health: A Report of the Surgeon General

<http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html>

"culture" is as applicable to whites as it is to racial and ethnic minorities. The dominant culture for much of United States history focused on the beliefs, norms, and values of European Americans. But today's America is unmistakably multicultural. And because there are a variety of ways to define a cultural group (e.g., by ethnicity, religion, geographic region, age group, sexual orientation, or profession), many people consider themselves as having multiple cultural identities.³

Culture affects how individuals communicate symptoms; seek help, what coping skills they have and how much stigma they attach to mental illness, as well as, strengths; such as resilience and adaptive ways of coping and all are brought into the treatment setting. All people bring culture to the clinical setting and this applies to the individuals providing the treatment, as well. Every group of professionals embodies a "culture" in the sense that they too have a shared set of beliefs, norms, and values. Health professionals in the United States and the institutions in which they train and practice are rooted in Western medicine which emphasizes the primary of the human body in disease and the acquisition of knowledge through scientific and empirical methods.⁴ This view may diverge from the individual receiving services and may create barriers to care, especially if they have different cultural backgrounds.

Culture, race and language affect the perception, utilization, and, potentially, the outcomes of mental health services. Therefore, the provision of culturally and linguistically appropriate mental health services is a key ingredient for any programming designed to meet the needs of diverse racial and ethnic populations. This programming should include: (1) language access for persons with limited English proficiency; (2) services provided in a manner that is congruent, rather the conflicting, with cultural norms; and (3) the capacity of the provider to convey understanding and respect for the client's worldview and experiences. (Surgeon General Report, Mental Health: Culture, Race, Ethnicity – Supplement)

The information in this report is an opportunity for DBHS, RBHAs and providers to explore the diversity of populations receiving services. Conduct further discussion on the importance of race, ethnicity, culture and social influences on care and how we can provide culturally and linguistically effective care for diverse cultural and racial groups receiving services in Arizona.

The following are some of the Highlights gleaned from the data and recommendations:

Enrollment

Total unduplicated enrolled behavioral health individuals: 192,382 (91%) with Race and 195,321 (93%) with Ethnicity

- Total missing Race: 18,298 (8.7% of the unduplicated enrolled individuals)
- Total missing Ethnicity: 15,359 (7.3% of the unduplicated enrolled individuals)

Recommendation:

Improved data quality can assist DBHS to accurately determine the number of recipients for all populations across the state and to plan for future needs and services. RBHAs and contracted providers can use the data to assist with local planning and developing services for their regions. DBHS should explore the reducing the percentage of data missing for the categorizing of both race and ethnicity.

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Top referral source by race and ethnicity: Self/Family/Friend

Referral of clients for services occurs through several means including: self/family/friend, other behavioral health provider, AHCCCS, CPS 24 hour Urgent Response, ADES, Department of Education, and Criminal Justice among others. The number one referral source is self/family/friend for all race groups followed by other behavioral health provider and then other. It is the top referral source for the Hispanic population, as well.

Recommendation:

The importance of family and community involvement in the process to recovery is critical. DBHS/RBHAs should continue to support and further reinforce this important referral source that provides support and strength for individuals. The other two categories of referral sources are much smaller in comparison to Self/Family/Friend, DBHS/RBHAs should explore how to further develop connection to these other sources to increase the number of referrals from both “other behavioral health providers” (includes Health Plans) and the “other” (includes state agencies) involved with individuals in need of public behavioral health services.

Enrollment

Enrolled by race: 72% percent of total enrolled are adults and 28% percent of enrolled are children

The overall highest percentage of enrolled were adults across all races. In the African American race category, following adults are the 6 to 12 (14.5%) and 13 to 17 year olds (13.2%). It is the opposite in the Native American race category. The age breakouts are almost evenly split in the Asian/Pacific Islander category. In the Multi Race category, 6 to 12 year olds (19.3%) are slightly more than 13 to 17 year olds (16.4%).

Enrolled by ethnicity: 86% percent of total enrolled are White and 29% percent of enrolled are Hispanics

Within the Hispanic population, the greatest number of enrolled was in the 18 and up category (17.6%). Non Hispanics represented 71.5% of this population, with 54.6% in the 18 and up age category and 17% reporting being less than 18 years old. A breakdown of Hispanic and Non-Hispanic clients by age group indicates that 28.5% reporting Hispanics, 10.9% were children. Of the total child population alone, 39% reported being Hispanic with 61% being Non Hispanic. The 6 to 12 and 13 to 17 age brackets make up a little over 9% of the total Hispanic enrolled versus almost 15% of Non Hispanic population. The greatest percent of Hispanic children are in the 6 to 12 and 13 to 17 age brackets and make up a little over 9% of the total enrolled.

Recommendation:

DBHS/RBHAs should look at the type of services available to African American, Native American and Hispanic children in age ranges with the higher percentages and determine if there are sufficient and culturally and linguistically effective services for these populations.

Disenrollment by Race and Ethnicity

The top three reasons for disenrollment by race are Inter-TRBHA transfer, Lack of contact and Treatment completed. The highest disenrollment occurs in the 18 and up age group across all racial groups. Of those disenrolled, the majority were White. Of the total African American enrolled population 8.59% were disenrolled and they have the highest Inter TRBHA Transfer. Asian/Pacific Islanders and Multi-Race have the lowest percentage in each of the three reasons.

Children constituted 28% of total disenrolled. Multi Race was almost 50/50 adults/kids ratio, compared to other races where the disenrollment ratio was 70/30.

Recommendation:

DBHS should examine the reason for the high number of disenrollment for the category Inter-TRBHA transfer through the Inter RBHA transfer Workgroup and determine what the next steps in reducing the percentage of disenrollment.

Utilization of Services by Race and Ethnicity

Adults utilized 75% all services versus children's 25% a 3:1 ratio
72% percent of total enrolled are adults and 28% percent of enrolled are children.

Utilization by race adults:

White enrolled recipients utilized 87.7% of the services and make up 86.5% of total enrolled
African American enrolled recipients utilized 7.2% of the services and make up 7.1% of total enrolled
Native American enrolled recipients utilized 3.2% of the services and make up 4.6% of total enrolled
Pacific Islanders enrolled recipients utilized 1.1% of the services and make up 1.0% of total enrolled

Utilization by race for children:

Adult White enrolled recipients utilized 85.3% of the services and make up 84.1% of total enrolled
African American enrolled recipients utilized 8.8% of the services and make up 8.5% of total enrolled
Native American enrolled recipients utilized 3.8% of the services and make up 5.4% of total enrolled
Pacific Islanders enrolled recipients utilized 0.5% of the services and make up 0.5% of total enrolled

Utilization by Ethnicity:

Hispanic Adult enrolled recipients utilized 22.2% of the services and make up 28.5% of total enrolled
Non Hispanic Adult enrolled recipients utilized 77.8% of the services and make up 71.5% of total enrolled

Utilization by Ethnicity:

Hispanic Children enrolled recipients utilized 37.1.2% of the services and make up 39% of total enrolled
Non Hispanic Children enrolled recipients utilized 62.9% of the services and make up 61% of total enrolled

Top 3 utilization services: Support Services, Treatment Services, Medical Services

Adult service utilization: Across all racial groups, the same three categories of services are most utilized: Support Services, Treatment Services, and Medical Services except in the Native American population which only used the top two (Support Services & Treatment Services). Total cost for all services utilized by adults (18 and up) was over \$536 million with a total client count of 410,225 (duplicated since clients had multiple services). The top 3 service categories for adults (all races) accounted for approximately 65% of all services costing a little over \$262 million. The utilization rate for all races except the Native American population (4.6% enrolled, 3.2% of services utilized), were approximately equal to their enrollment rate.

Children's services utilization: Across all racial groups the same three services are most utilized: Support Services, Treatment Services, and Medical Services, except in the Native American population that only utilized the top two categories. Total cost for all services utilized by children was over \$192 million for FY 2007. Total cost for the top 3 services utilized by children was over \$116 million with 106,094 clients

(duplicated since clients received multiple services). Almost 74% of the services utilized were by the top 3 categories.

Recommendation:

DBHS and RBHAs should explore utilization of services for the Native American and Hispanic populations in both the adult and children’s categories and determine factors that account for lower utilization for these populations.

Top diagnosis by race and ethnicity

For African American, Asian/Pacific Islander, and White the top diagnosis for children is Axis 1.1: Attention Deficit Disorder with Hyperactivity (ADHD). Adult African Americans had the top diagnosis of Schizoaffective Disorder, Unspecified for a total of 700 adults (7%).

Native Americans had the top diagnosis of Child Neglect (Nutritional) for a total of 93 children (43%). Adult Native Americans had the top diagnosis of other and Unspecified Alcohol Dependence, Unspecified for a total of 1,143 adults (18%).

White adults had the top diagnosis of Depressive Disorder, not Elsewhere Classified for a total of 10,865 adults (9%).

Hispanic and Non Hispanic children had the top diagnosis of Axis 1.1: Attention Deficit Disorder with Hyperactivity (ADHD) for the 6 to 12 and 13 to 17 year olds.

Hispanic and Non Hispanic adults (9%) had the top diagnosis of Depressive Disorder, not Elsewhere Classified.

Recommendation:

DBHS and RBHAs should look at the prevalent diagnosis of Axis 1.1: Attention Deficit Disorder with Hyperactivity (ADHD) and determine if services are sufficient to meet the needs of these age ranges and that clinical staff are sufficiently skilled to effectively treat children with this diagnosis.

DBHS and RBHAs should explore the top diagnosis of Child Neglect (Nutritional) for a total of 93 children (43%) for Native Americans and the top diagnosis of other and Unspecified Alcohol Dependence, Unspecified for a total of 1,143 Native American adults (18%). They should determine if services are sufficient to meet the needs of these populations and that clinical staff are sufficiently skilled to effectively treat these diagnoses. Additionally, RBHAs should provide opportunities for front line providers/staff to participate in training and other activities that will assist them in effectively treating diverse populations.

Traditional Healing

An overwhelming percentage of White Adults (80%) and Children (78%) utilized Traditional Healing Services. The vast majority of the utilization of Traditional Healing Services was by Non Hispanic Adults. Non Hispanic children were twice as likely as Hispanic children to access Traditional Healing Services.

Recommendation:

Traditional healing is a covered service and is sometimes incorporated in substance abuse treatment. The recognition of traditional healing in the substance abuse treatment field, might explain the number of none

Native American using the service. Culturally responsive services such as these assist in the engagement and increase treatment adherence for culturally diverse populations. RBHAs should explore how to incorporate other culturally responsive services to improve effectiveness of treatment.

Utilization of oral interpretation

DBHS is required by Federal Regulations to provide oral interpretation services available free of charge to each potential enrollee and enrollee. In Arizona, the threshold language is Spanish and the most commonly used language other than English. A total of \$333,730.56 was utilized by 1,706 adults in Interpreter Services. Hispanic Adults (85.3%) used a total of \$195,215.56 and Non Hispanics utilized (14.7%) for a total of \$138,515.00.

A total of \$595,940.07 was utilized by 43,306 children in Interpreter Services. Hispanic Children (93.9%) used \$528,822.13 and Non Hispanic (6.1%) utilized \$67,117.84.

Recommendation:

DBHS and RBHAs track and trend the usage of oral interpretation and assess if the RBHA/providers have adequate capacity to effectively meet the Limited English Proficiency needs of their region and local communities.

Characteristics of Data

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The data depicted in this report represents individuals enrolled in the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) during the fiscal year 2007; July 2006 through June 2007. The information was pulled from the Client Information System database (CIS) and includes a population of 210,680 (unduplicated counts). Individuals are defined in categories that include race, ethnicity and age.

Clients are examined by the following categories:

- ✚ Enrollment by Race and Ethnicity
- ✚ Disenrollment by Race and Ethnicity
- ✚ Referral by Race and Ethnicity

Utilization of Services:

- ✚ Adults by Race
- ✚ Children by Race
- ✚ Adult by Ethnicity
- ✚ Children by Ethnicity

Traditional Healing:

- ✚ Adult by Race
- ✚ Adult by Ethnicity
- ✚ Children by Race
- ✚ Children by Ethnicity

Interpreter Services:

- ✚ Adult by Race
- ✚ Adult by Ethnicity
- ✚ Children by Race
- ✚ Children by Ethnicity

Diagnosis (dx) for Adults and Children

- ✚ Diagnosis (dx): Axis 1.1 by Race and Ethnicity
- ✚ Dx: Axis 1.2 by Race and Ethnicity
- ✚ Dx: Axis 2.1 by Race and Ethnicity

⁵ MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY: A Supplement to Mental Health: A Report of the Surgeon General

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Enrollment by Race

The data in Table 1 demonstrates the prevalence of clients by race and age group. Of the 210,680, client data was found on 192,382⁶. The majority of clients enrolled to services identified themselves as White (85.9%), followed by African Americans (7.5%), Native Americans (4.8%), Multi Race (1.0%) and Asian/Pacific Islander (0.8%).

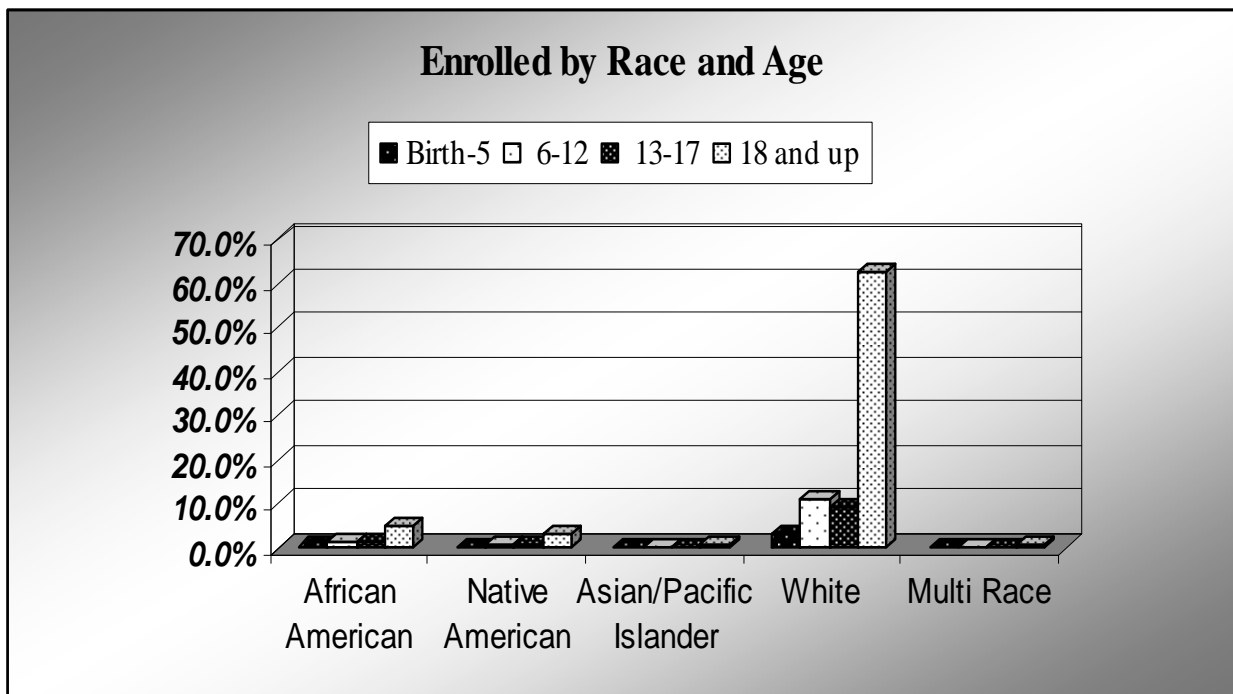
Table 1 presents the breakdown of client enrollment within racial categories by age group. In every racial category the majority of clients were within the 18 years and up age group. This was most notable among the White population with 62.5% of the total clients in the age bracket of 18 and up. Children (<18) make up 28% and adults make up 72% of the total enrolled population. The adult to child ratio is approximately 3:1. In three of the four race categories, adult to child ratio mirrors that of the overall enrolled population. However, within the Asian/Pacific Islander category, it is over 5:1 adult to child ratio.

Within the child age bands in each race category, the largest groups of enrollees in three out of the four races are the 6 to 12 year olds, except in the Native American race where 13 to 17 year olds have the largest percentage. Asian/Pacific Islander and Multi Race represent less than 2% of the total race; however there is great variation in age brackets within these two races.

Graph 1 presents a visual depiction of prevalence rates by race and age.

- Persons identifying as White represent the majority of clients across age groups (~86%).
- Asian/Pacific Islander and Multi Race groups represent less than 2% of the total population.
- African American and Asian/Pacific Islander children (<18) are almost evenly distributed between 6 to 12 and 13 to 17 age brackets.
- Whereas Native Americans have the highest differences between these two age groups (over 5%).
- White and Multi Race children have a slight difference between 6 to 12 and 13 to 17 year olds (~3%).

Graph 1: Total Enrolled by Race and Age



⁶ Total number of enrolled clients does not account for “missing” cases where the clients did not indicate their racial identity. **18,298** clients (8.7%) fell within the “missing” category for this variable. The clients included in this category do not match the total unduplicated count of 210, 680 because of the missing client data.

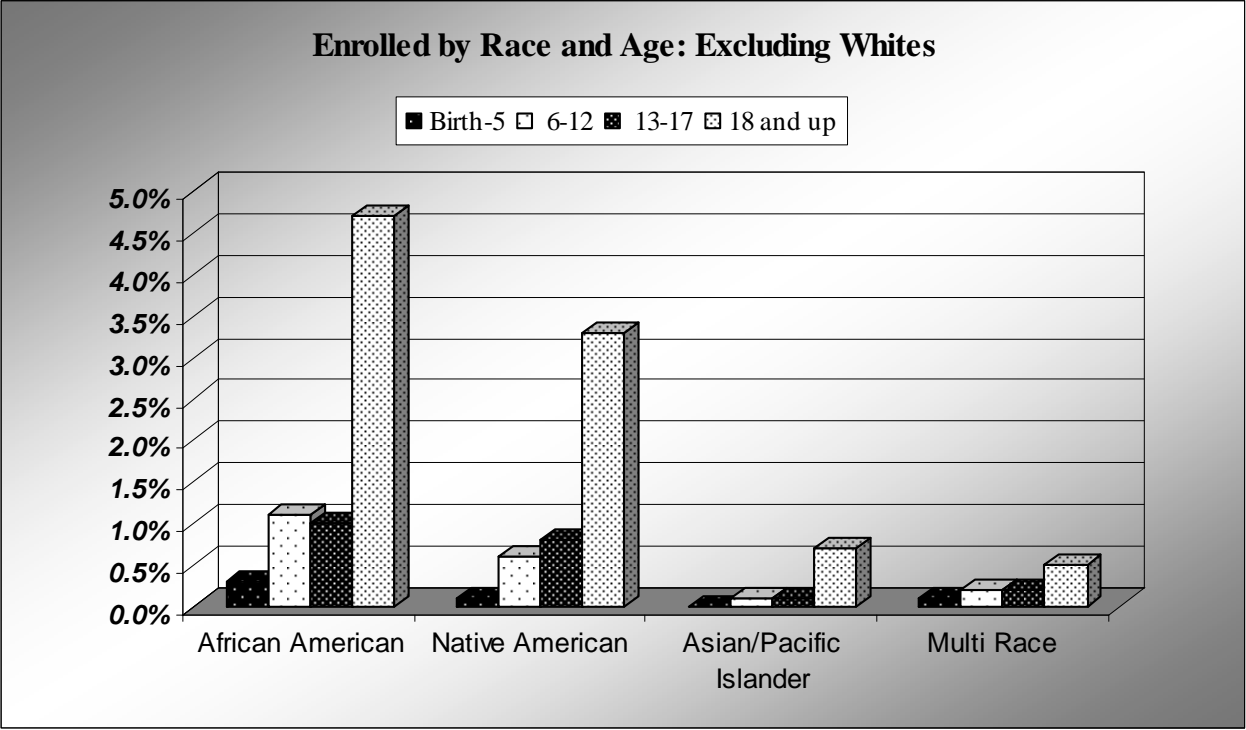
Table 1: Total Enrolled by Race and Age

Race	Age Bands	Client Count	% of Children Subtotal	% of Specific Race	% of Total Race
African American	Birth to 5	508	11.3%	3.5%	0.30%
	6 to 12	2,090	46.5%	14.5%	1.10%
	13 to 17	1,894	42.2%	13.2%	1.00%
	<i>Children Subtotal</i>	<i>4,492</i>	<i>100%</i>	<i>31.2%</i>	<i>2.30%</i>
	18 and up	9,888		68.8%	5.10%
	Total African American	14,380		100%	7.50%
Native American	Birth to 5	216	7.5%	2.3%	0.10%
	6 to 12	1,074	37.2%	11.6%	0.60%
	13 to 17	1,594	55.3%	17.2%	0.80%
	<i>Children Subtotal</i>	<i>2,884</i>	<i>100%</i>	<i>31.0%</i>	<i>1.50%</i>
	18 and up	6,399		68.9%	3.30%
	Total Native American	9,283		100%	4.80%
Asian/Pacific Islander	Birth to 5	26	10.4%	1.6%	0.00%
	6 to 12	115	46.2%	7.2%	0.06%
	13 to 17	108	43.4%	6.8%	0.06%
	<i>Children Subtotal</i>	<i>249</i>	<i>100%</i>	<i>16%</i>	<i>0.10%</i>
	18 and up	1,347		84%	0.70%
	Total Asian/Pacific Islander	1,596		100%	0.80%
White	Birth to 5	6,003	13.3%	3.6%	3.10%
	6 to 12	21,328	47.4%	12.9%	11.10%
	13 to 17	17,673	39.3%	10.7%	9.20%
	<i>Children Subtotal</i>	<i>45,004</i>	<i>100%</i>	<i>27%</i>	<i>23.40%</i>
	18 and up	120,164		72.8%	62.50%
	Total White	165,168		100%	85.90%
Multi Race	Birth to 5	166	19.2%	8.5%	0.09%
	6 to 12	377	43.7%	19.3%	0.20%
	13 to 17	320	37.1%	16.4%	0.17%
	<i>Children Subtotal</i>	<i>863</i>	<i>100%</i>	<i>44%</i>	<i>0.45%</i>
	18 and up	1,092		55.9%	0.56%
	Total Multi Race	1,955		100%	1.0%
	Total Adult	138,890			72.2%
	Total Children	53,492			27.80%
	Total Race	192,382			100%

Graph 2 highlights the prevalence by age group in the other racial categories. Among all racial groups, persons in the 18 and up category represented the majority of clients served.

- In the African American race category, following adults are the 6 to 12 and 13 to 17 year olds.
- It is the opposite in the Native American race category.
- The age breakouts are almost evenly spilt in the Asian/Pacific Islander category.
- In the Multi Race category, 6 to 12 year olds (19.3%) are slightly more than 13 to 17 year olds (16.4%).

Graph 2: Total Enrolled by Race and Age: Excluding White



Enrollment by Ethnicity

Of the total 210,680 unduplicated enrolled clients for FY 07, 195,321 clients identified ethnicity, 28.5% self-identified as Hispanic. Within the Hispanic client population, the greatest number fell in the 18 and up category (17.6%). Non Hispanics represented 71.5% of this population, with 54.6% in the 18 and up age category and 17% reporting being less than 18 years old.

Table 2 presents a breakdown of Hispanic and Non-Hispanic clients by age group.

- Of the 28.5% reporting Hispanics, 10.9% were children.
- Of the total child population alone, 39% reported being Hispanic with 61% being Non Hispanic (note: $21,304/54,393 * 100 = 39\%$).
- The 6 to 12 and 13 to 17 age brackets make up a little over 9% of the total Hispanic enrolled versus almost 15% of Non Hispanic population.

Table 2: Total Enrolled by Ethnicity and Age.

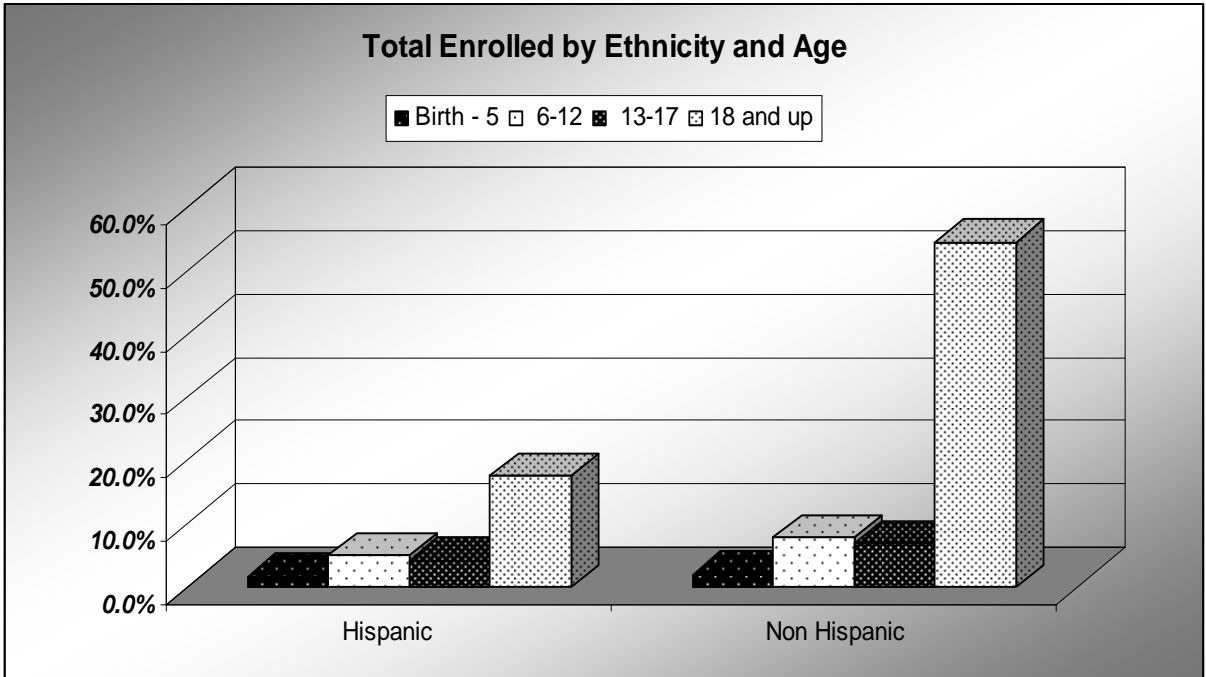
Ethnicity	Age	Client Count	Percent
Hispanic	Birth - 5	3,256	1.7%
	6-12	9,812	5.0%
	13-17	8,236	4.2%
	<i>Children Subtotal</i>	<i>21,304</i>	<i>10.9%</i>
	18 and up	34,347	17.6%
	Total Hispanic	55,651	28.5%
Non Hispanic	Birth - 5	4,051	2.1%
	6-12	15,364	7.9%
	13-17	13,674	7.0%
	<i>Children Subtotal</i>	<i>33,089</i>	<i>17.0%</i>
	18 and up	106,581	54.6%
	Total Non Hispanic	139,670	71.5%
	Total Adult	140,928	72.2%
	Total Children	54,393	27.8%
	Total Ethnicity⁷	195,321	100%

Graph 3 presents a visual depiction of the age data between ethnic groups. It can clearly be seen that 18 and up are the largest group in both Hispanic and Non Hispanic groups.

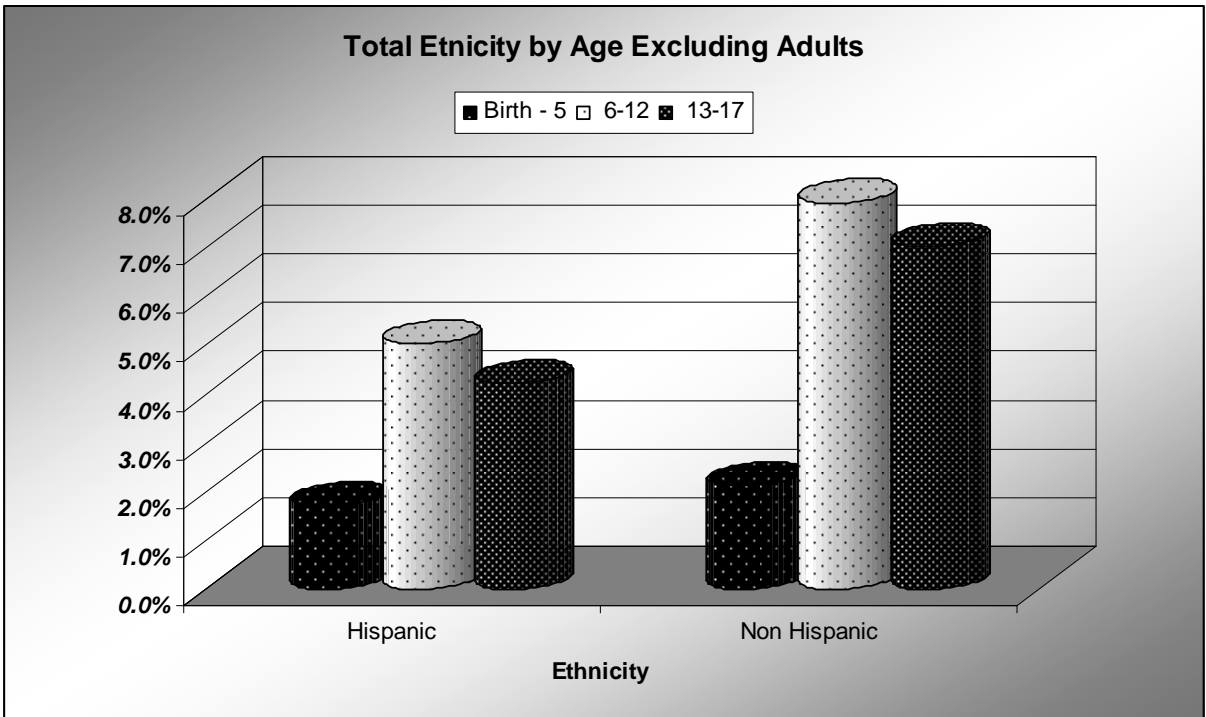
Graph 4 presents a visual depiction of the age data between ethnic groups excluding adults (18 and up). Once the adults are removed, next largest age group is the 6 to 12 year olds in both the Hispanic and Non Hispanic populations.

⁷ Total Ethnicity does not include missing data. In the current fiscal year, 15,359 individuals (7.3%) did not indicate ethnicity.

Graph 3: Total Enrolled By Ethnicity and Age



Graph 4: Total Enrolled by Ethnicity and Age Excluding Adults



Disenrollment by Race

Reasons for disenrollment include: treatment completed, change in eligibility or entitlement, declination of further treatment, lack of contact, incarceration, moving out of area, transfer to another provider within the T/RHBA, and completion of crisis treatment. Table 3 shows the disenrollment rates by race category and age group. The highest disenrollment occurs in the 18 and up age group across all racial groups. Of those disenrolled, the majority were White. Children constituted 28% of total disenrolled. Multi Race was almost 50/50 adults/kids ratio, compared to other races were the disenrollment ratio was 70/30.

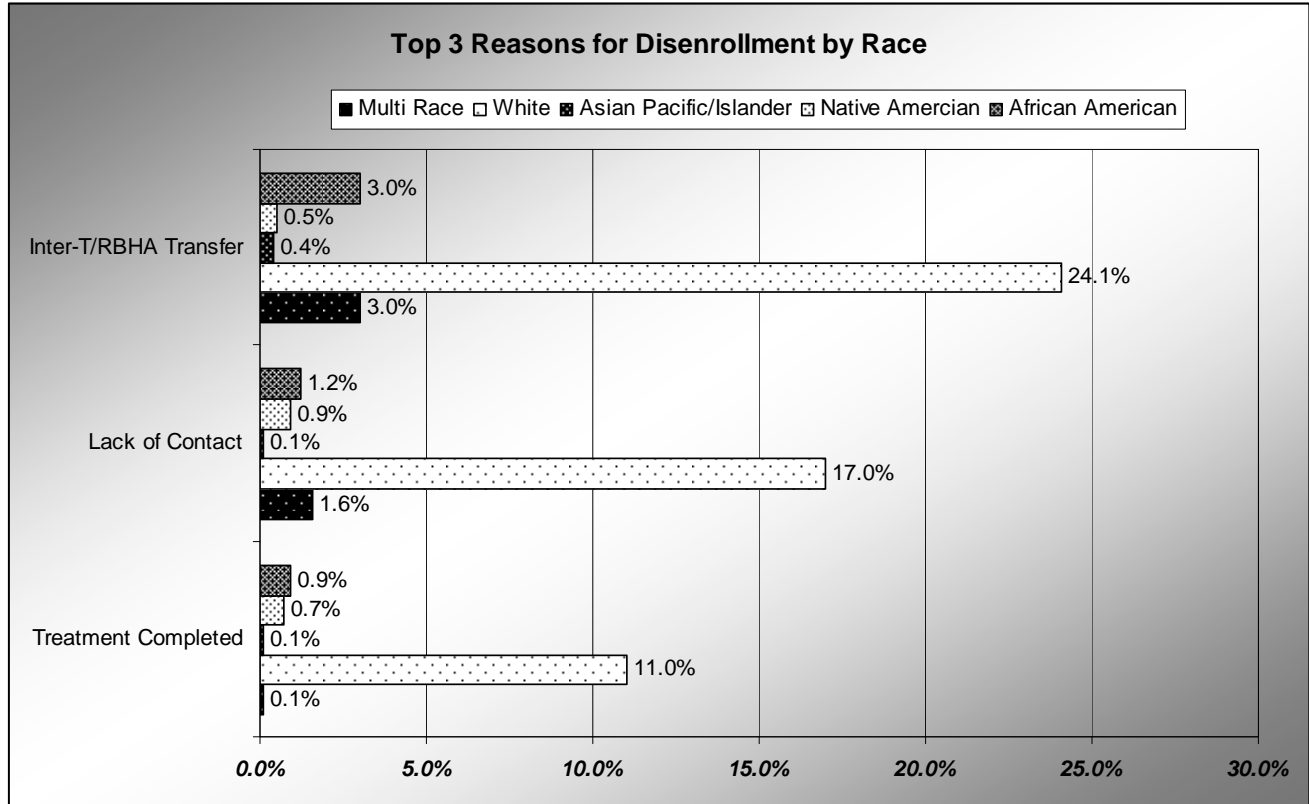
Table 3: Disenrollment by Race and Age

Race	Age Bands	Client Count	% of Children Subtotal	% of Specific Race	% of Total Race
African American	Birth -5	413	11%	4%	0.30%
	6 to 12	1,752	47%	15%	1.28%
	13 to 17	1,542	42%	13%	1.13%
	<i>Children Subtotal</i>	<i>3707</i>	<i>100%</i>	<i>32%</i>	<i>2.72%</i>
	18 and up	8,014		68%	5.87%
	Total African American	11,721		100%	8.59%
Native American	Birth -5	118	9%	2%	0.09%
	6 to 12	454	35%	10%	0.33%
	13 to 17	720	56%	15%	0.53%
	<i>Children Subtotal</i>	<i>1292</i>	<i>100%</i>	<i>27%</i>	<i>0.95%</i>
	18 and up	3,475		73%	2.55%
	Total Native American	4,767		100%	3.49%
Asian/Pacific Islander	Birth -5	19	10%	2%	0.01%
	6 to 12	94	47%	7%	0.07%
	13 to 17	86	43%	7%	0.06%
	<i>Children Subtotal</i>	<i>199</i>	<i>100%</i>	<i>16%</i>	<i>0.15%</i>
	18 and up	1,062		84%	0.78%
	Total Asian/ Pacific Islander	1,261		100%	0.92%
White	Birth -5	4262	13%	4%	3.12%
	6 to 12	15,659	47%	13%	11.47%
	13 to 17	13,105	40%	11%	9.60%
	<i>Children Subtotal</i>	<i>33,026</i>	<i>100%</i>	<i>28%</i>	<i>24.19%</i>
	18 and up	84,684		72%	62.03%
	Total White	117,710		100%	86.22%
Multi Race	Birth -5	91	21%	9%	0.07%
	6 to 12	169	38%	16%	0.12%
	13 to 17	183	41%	17%	0.13%
	<i>Children Subtotal</i>	<i>443</i>	<i>100%</i>	<i>41%</i>	<i>0.32%</i>
	18 and up	625		59%	0.46%
	Total Multi Race	1,068		100%	0.32%
	Total Adult	97,860			72%
	Total Children	38,667			28%
	Total Race	136,527			100%

The top three reasons for disenrollment by race are depicted in Graph 4 below.

- Inter-T/RBHA Transfer, Lack of Contact, & Treatment Completed are the top three reasons for disenrollment.
- Whites are the largest group in all reasons for disenrollment.
- African Americans have the highest Inter T/RBHA Transfer.
- Asians/Pacific Islanders and Multi-Race have the lowest percentage in each of the three reasons.

Graph 4: Top Three Reasons for Disenrollment by Race



Disenrollment by Ethnicity

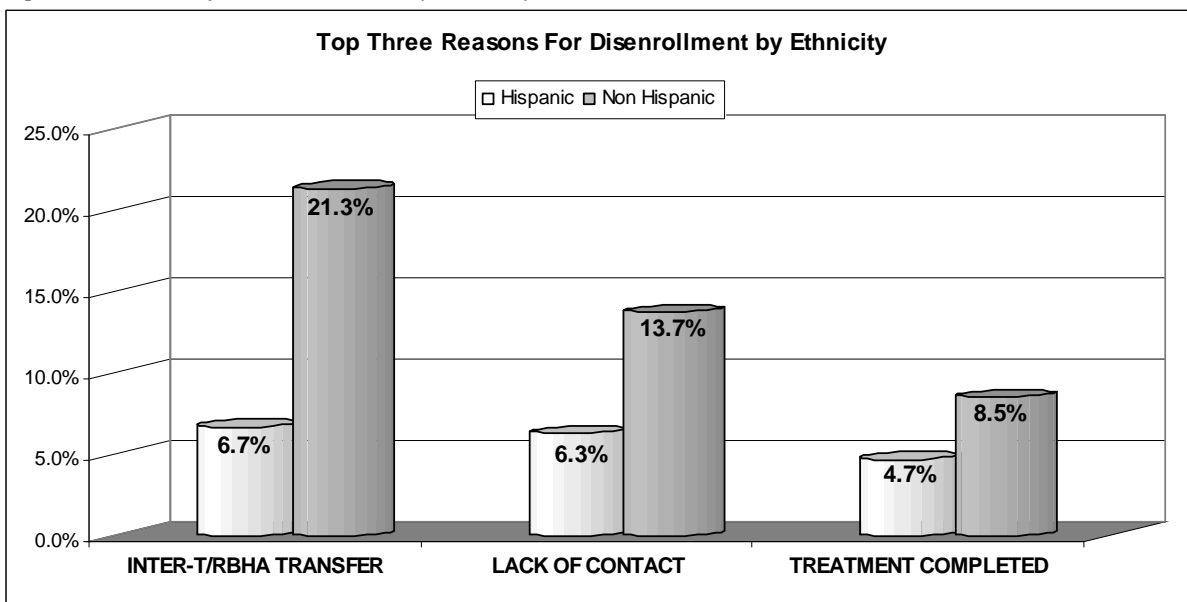
Table 4 below shows the rates of disenrollment by ethnicity and age group. In both ethnic groups, the greatest disenrollment occurred in the 18 and up age range. Within the children population, Non Hispanic 6 to 12 year olds show the highest rate of disenrollment (almost 8%), while Hispanic birth to 5 age group shows the lowest rate of disenrollment (less than 2%).

Table 4: Disenrollment by Ethnicity and Age.

Ethnicity	Age Bands	Number of Clients Disenrolled	Percentage of Total Disenrollment ⁸
Hispanic	Birth -5	2,431	1.74%
	6 to 12	7,306	5.24%
	13 to 17	6,205	4.45%
	<i>Children Subtotal</i>	<i>15,942</i>	<i>11.43%</i>
	18 and up	24,802	17.78%
Total Hispanic		40,744	29.21%
Non Hispanic	Birth -5	2,859	2.05%
	6 to 12	11,032	7.91%
	13 to 17	9,747	6.99%
	<i>Children Subtotal</i>	<i>23,638</i>	<i>16.95%</i>
	18 and up	75,087	53.84%
Total Non Hispanics		98,725	70.79%
Total Adult		99,889	71.62%
Total Children		39,580	28.38%
Total Disenrolled⁹		139,469	100%

The top 3 reasons for disenrollment are depicted in Graph 5 for each ethnic group. Non Hispanic's reason for disenrollment compared to Hispanic is 3:1 in Inter-T/RBHA transfer and 2:1 in Lack of Contact and Treatment Completed.

Graph 5: Top Three Reasons for Disenrollment by Ethnicity.



⁸ Percentages are based on the total persons disenrolled by Ethnicity.

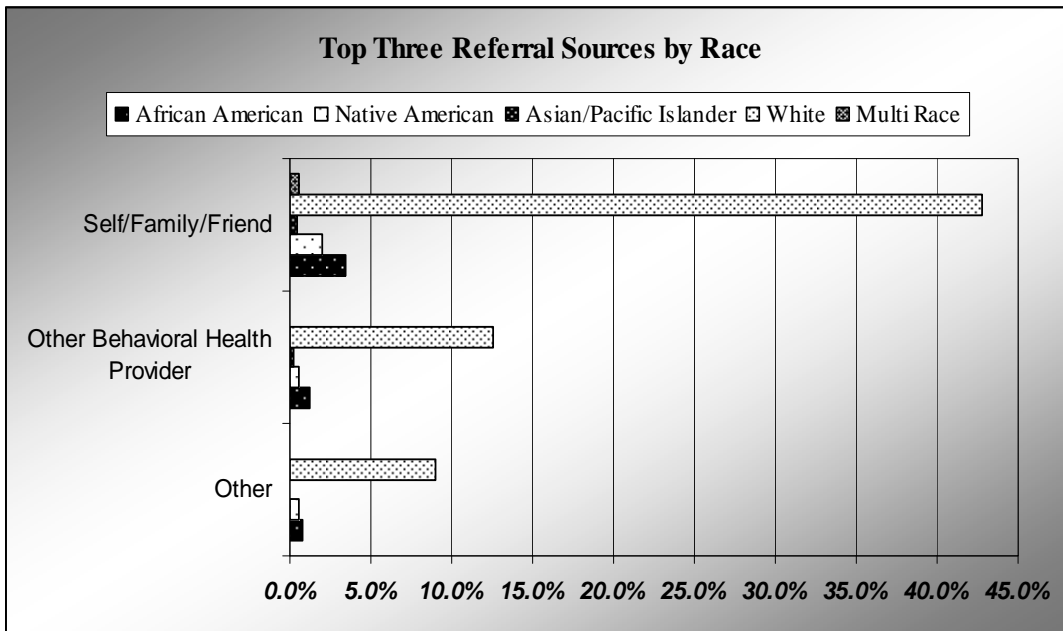
⁹ Total Disenrolled by Ethnicity does not include missing data which consists of **12,698 individuals, 6.4%** of the grand total.

Referral by Race

Referral of clients into services occurs through several means including: self/family/friend, other behavioral health provider, AHCCCS, CPS 24 hour Urgent Response, ADES, Department of Education, and Criminal Justice among others. For all race categories 18 and up (adults) make up the vast majority of referrals to the Behavioral Health System, followed by 6 to 12 year olds in the African American, Asian/Pacific Islander, White and Multi Race categories. The only exception to this trend is the Native American population, where the 13 to 17 year old are the second largest group following the adult population.

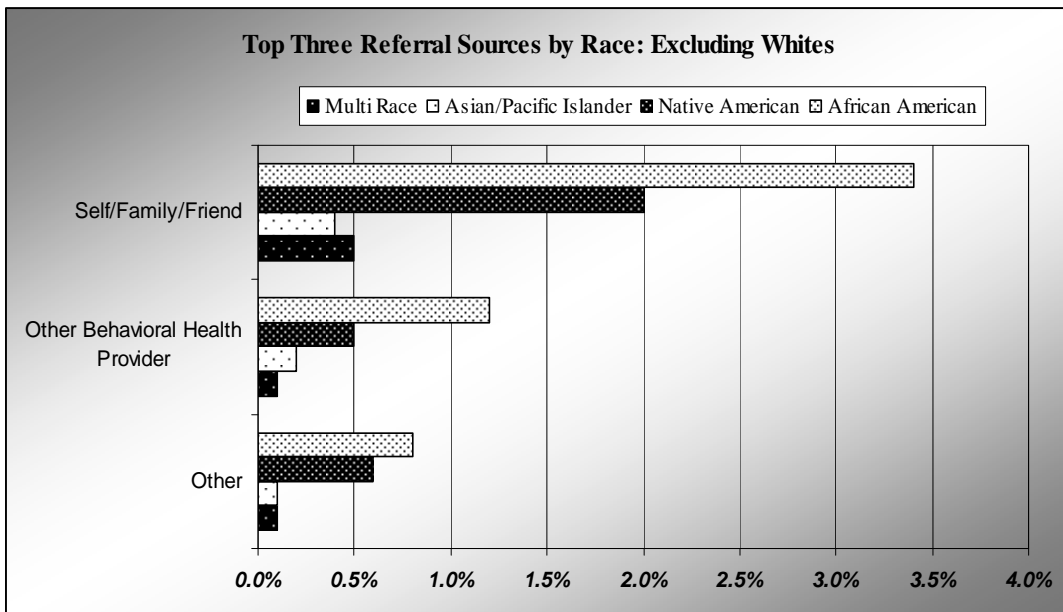
Graph 6 depicts the top three referral sources by racial category. The number one referral source is self/family/friend for all race groups followed by other behavioral health provider and then other. Whites are the highest percentage in all three referral sources, followed distantly by African Americans, Native Americans and Multi Race.

Graph 6: Top Three Referral Sources by Race.



Graph 7 depicts the top three referral sources by racial category excluding whites.

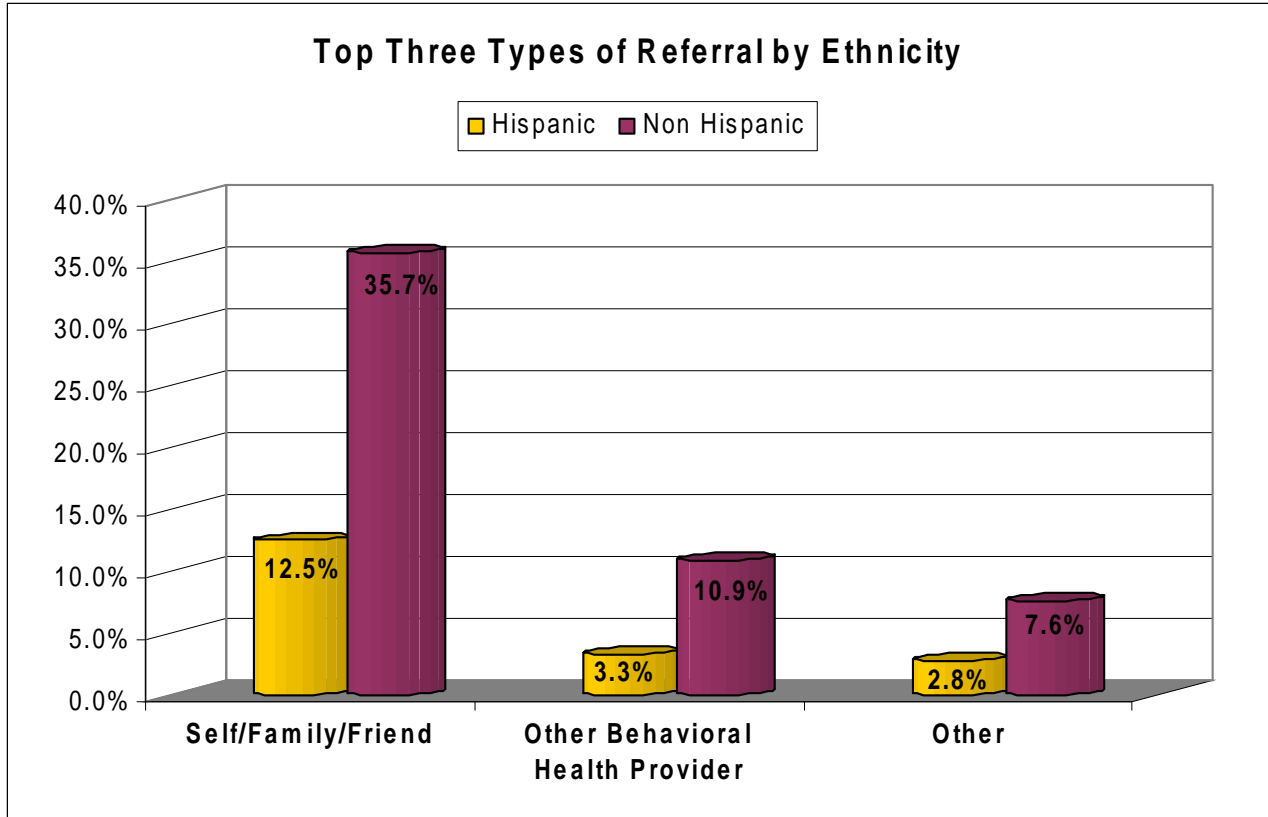
Graph 7: Top Three Referral Sources by Race: Excluding Whites.



Referral by Ethnicity

Graph 8 depicts the top three referral sources the rates of referral among ethnic groups. Across ethnic groups the primary referral source is self/family/friend.

Graph 8: Top Three Types of Referral by Ethnicity.



Utilization of Services: Adults by Race

Table 5 shows the total cost of services that adults in each racial group utilized. Across all racial groups, the same three categories of services are most utilized: Support Services, Treatment Services, and Medical Services except in the Native American population which only used the top two (Support Services & Treatment Services).

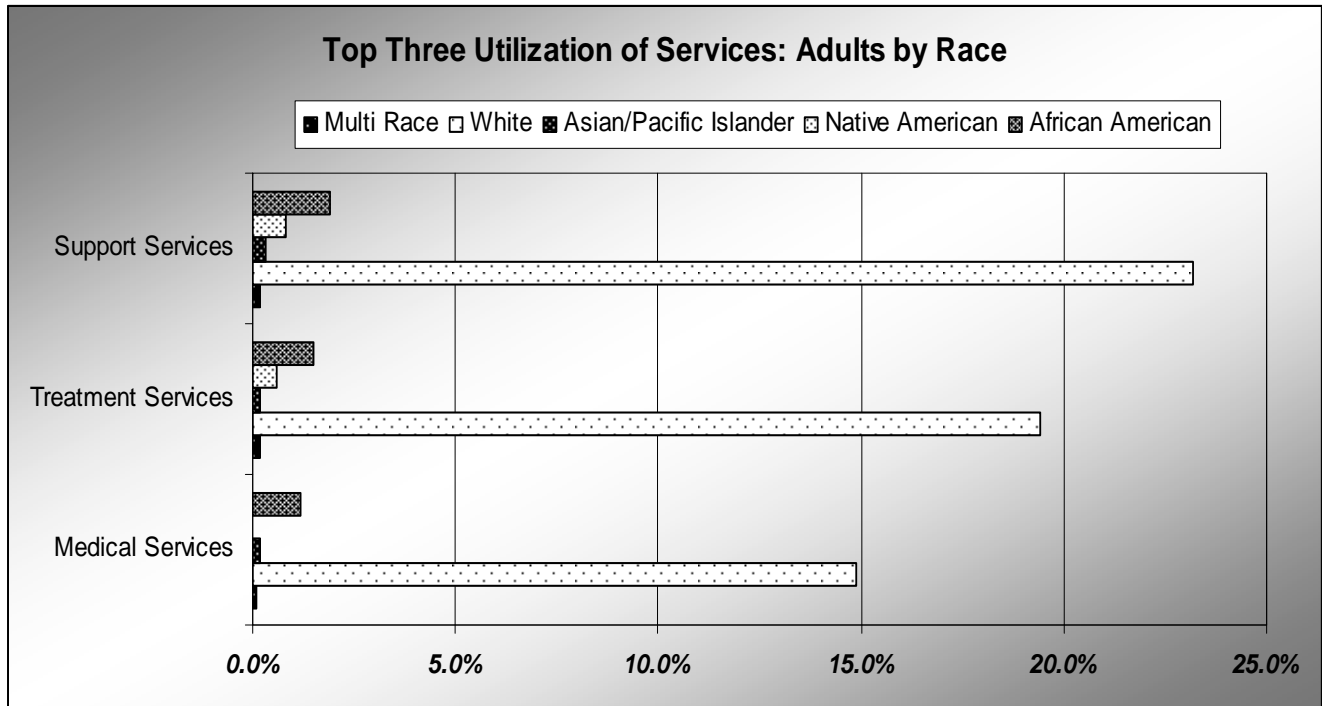
- Total cost for all services utilized by adults (18 and up) was over \$536 million with a total client count of 410,225 (duplicated since clients had multiple services).
- The top 3 service categories for adults (all races) accounted for approximately 65% of all services costing a little over \$262 million.
- The utilization rate for all races except the Native American population (4.6% enrolled, 3.2% of services utilized), were approximately equal to their enrollment rate.

Table 5: Utilizations of Service: Adults by Race.

Race	Utilization of Services	Total Cost of Services	Client Count ¹⁰	% of Total All Races Utilizing Svc	% of Total Adult Enrolled Population ¹¹
African American	Adults	\$47,907,004.06	29,611	7.2%	7.1%
Native American	Adults	\$13,327,375.65	13,043	3.2%	4.6%
Asian/Pacific Islander	Adults	\$8,493,914.34	4,335	1.1%	1.0%
White	Adults	\$462,705,291.63	359,961	87.7%	86.5%
Multi Race	Adults	\$3,928,533.33	3,275	0.8%	0.8%
Total for Top 3 Services		\$262,017,743.45	265,407	64.7%	
Total All Races	Adults¹²	\$536,362,119.01	410,225	100%	100%

Graph 9 demonstrates the percent of adults in each racial group utilizing each treatment service.

Graph 9: Top Three Utilization of Service: Adults by Race.



¹⁰ Client Count is duplicated since clients have had multiple services.

¹¹ Total adult enrolled population is calculated using Table 1: total # of adults (per race)/ 138,890 (# of adults enrolled) *100.

¹² Total for utilization rates for adults by Race and Age excludes missing data. In this case, 27,651 individuals have no data for this category, representing 6.3%, of the total adult clients.

Utilization of Services: Children by Race

Table 6 shows the children's services that each racial group utilized. Across all racial groups the same three services are most utilized: Support Services, Treatment Services, and Medical Services, except in the Native American population that only utilized the top two categories.

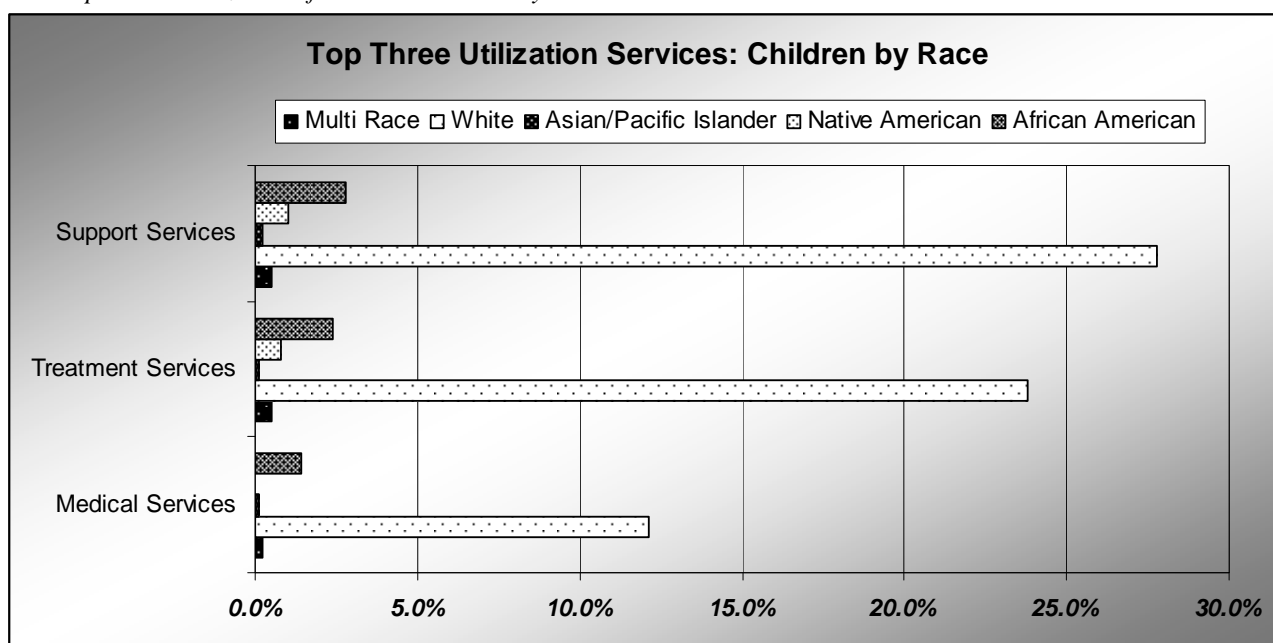
- Total cost for all services utilized by children was over \$192 million for FY 2007.
- Total cost for the top 3 services utilized by children was over \$116 million with 106,094 clients (duplicated since clients received multiple services).
- Almost 74% of the services utilized were by the top 3 categories.
- Similar to White Adults, White Children utilize 85.3% of all services costing the system over \$162 million.
- While Asian/Pacific Islander children are utilizing services in proportion to their enrollment rate (90.5%) costing less than \$1 million per fiscal year.
- The utilization rate for all races except the Native American population (5.4% enrolled, 3.8% of services utilized), were approximately equal to their enrollment rate.

Table 6: Utilization of Service: Children by Race.

Race	Utilization of Services	Total Cost of Services	Client Count ¹³	% of Total All Races Utilizing Svc ¹⁴	% of Total Children Enrolled Population ¹⁵
African American	Children	\$18,846,971.76	12,682	8.8%	8.5%
Native American	Children	\$7,834,926.28	5,513	3.8%	5.4%
Asian/Pacific Islander	Children	\$855,517.33	642	0.5%	0.5%
White	Children	\$162,026,863.78	122,923	85.3%	84.1%
Multi Race	Children	\$3,111,947.69	2,348	1.6%	1.6%
Total for Top 3 Services		\$116,009,274.35	106,094	73.6%	
Total all Races		\$192,676,226.84	144,108	100.0%	100%

Graph 10 below demonstrates the percent of children within each racial group utilizing each treatment service.

Graph 10: Top Three Utilization of Service: Children by Race.



¹³ Client Count is duplicated since clients have had multiple services.

¹⁴ Percentages are based on Total Race Children.

¹⁵ Total children enrolled population is calculated using: total # of children (per race) /53,492 (# of Children enrolled) *100.

Utilization of Services: Adults by Ethnicity

Table 7 shows utilization rates by adult services and ethnicity. The costs associated with the utilized categories of services also are presented by ethnic group. Across all ethnic groups the same three services are most utilized: Support Services, Treatment Services, and Medical Services

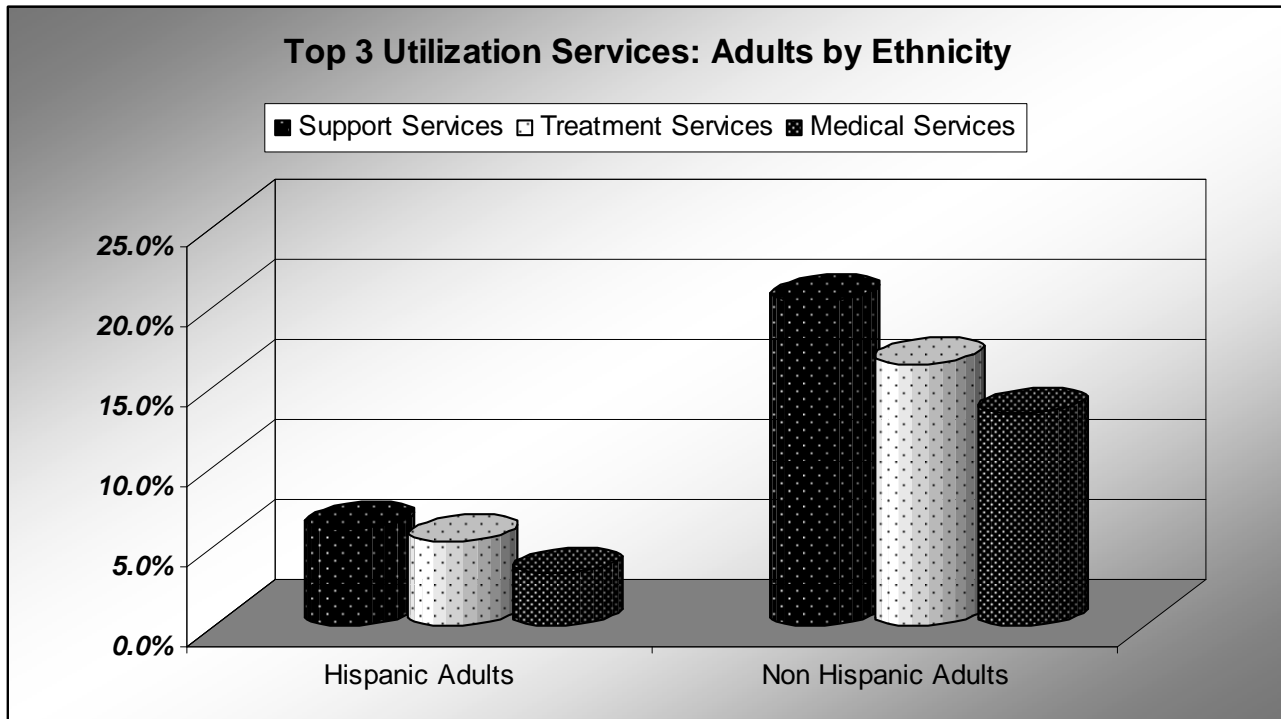
- Almost 78% of the services are utilized by Non Hispanics adults costing over \$435 million.
- Non Hispanic adults utilize services slightly more than their enrollment rate (72% enrolled, 78% services utilized).
- 65 % of the services utilized by adults broken out by ethnicity were in the top three categories costing approximately \$262 million and serving some 267,915 duplicated clients for FY 2007.

Table 7: Top Three Utilization of Service: Adults by Ethnicity.

Ethnicity	Utilization of Services	Total Costs of Services	Client Count ¹⁶	% of Total Ethnicity Utilizing Svc	% Total Ethnicity Enrolled Adult Population ¹⁷
Hispanic	Adults	\$102,660,102.26	91,807	22.2%	28.5%
Non Hispanic	Adults	\$435,553,960.43	321,938	77.8%	71.5%
Total for Top 3 Service Categories		\$262,871,036.59	267,915	64.8%	
Total Ethnicity¹⁸		\$538,214,062.69	413,745	100.0%	100.0%

Graph 11 below demonstrates the utilization rates within each ethnic group for each of the primary treatment service categories.

Graph 11: Top Three Utilization of Service: Adults by Ethnicity.



¹⁶ Client Count is duplicated since clients have had multiple services.

¹⁷ Percentages are based on Total Ethnicity.

¹⁸ Utilization rates by Ethnicity exclude missing data which consists of 24,131 adults or 5.5% of total adult clients in this case.

Utilization of Services: Children by Ethnicity

Table 8 shows utilization rates by the primary categories of children’s services and ethnicity. The costs associated with the most utilized categories of services also are presented by ethnic group. Across both ethnic groups the same three services are most utilized: Support Services, Treatment Services, and Medical Services

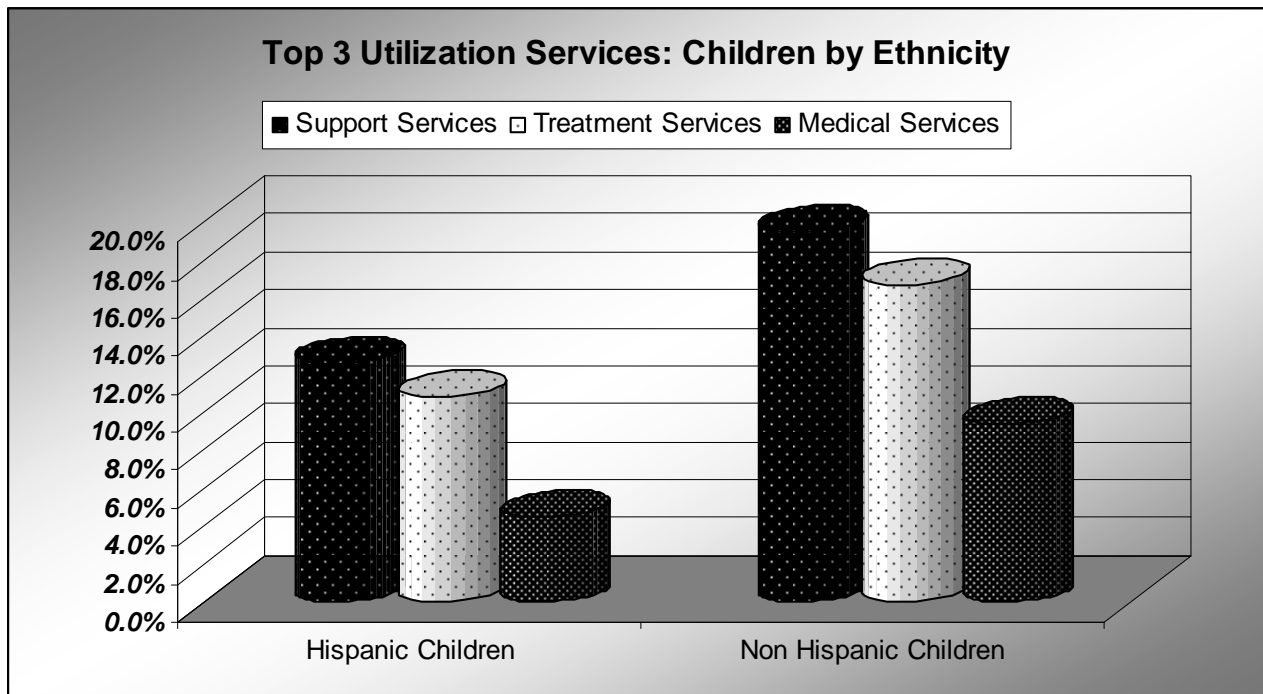
- Almost 63% of the top 3 utilized services are by Non Hispanic children costing more than \$134 million.
- The utilization rate for all ethnicity groups was approximately equal to their enrollment rate.
- 74 % of the services utilized by children broken out by ethnicity were in the top three categories costing approximately \$116 million and serving some 106,647 duplicated clients for FY 2007.

Table8: Top Three Utilization of Service: Children by Ethnicity

Ethnicity	Utilization of Services	Total Costs of Services	Client Count ¹⁹	% of Total Ethnicity Utilizing Svc	% Total Ethnicity Enrolled Children Population ²⁰
Hispanic	Children	\$58,60,887.36	53,898	37.1%	39%
Non Hispanic	Children	\$134,721,117.67	91,198	62.9%	61%
Total for Top 3 Services Categories		\$116,153,287.35	106,647	73.5%	
Total Ethnicity²¹		\$192,882,005.03	145,096	100.0%	100.0%

Graph 12 below demonstrates the utilization rates within each ethnic group for each of the primary treatment service categories for children.

Graph 12: Top Three Utilization of Service: Children by Ethnicity.



¹⁹ Client Count is duplicated since clients have had multiple services.

²⁰ Percentages are based on Total Ethnicity.

²¹ Total utilization by Ethnicity for children does not include missing data which consists of 3,274 children 2.2% of total child clients.

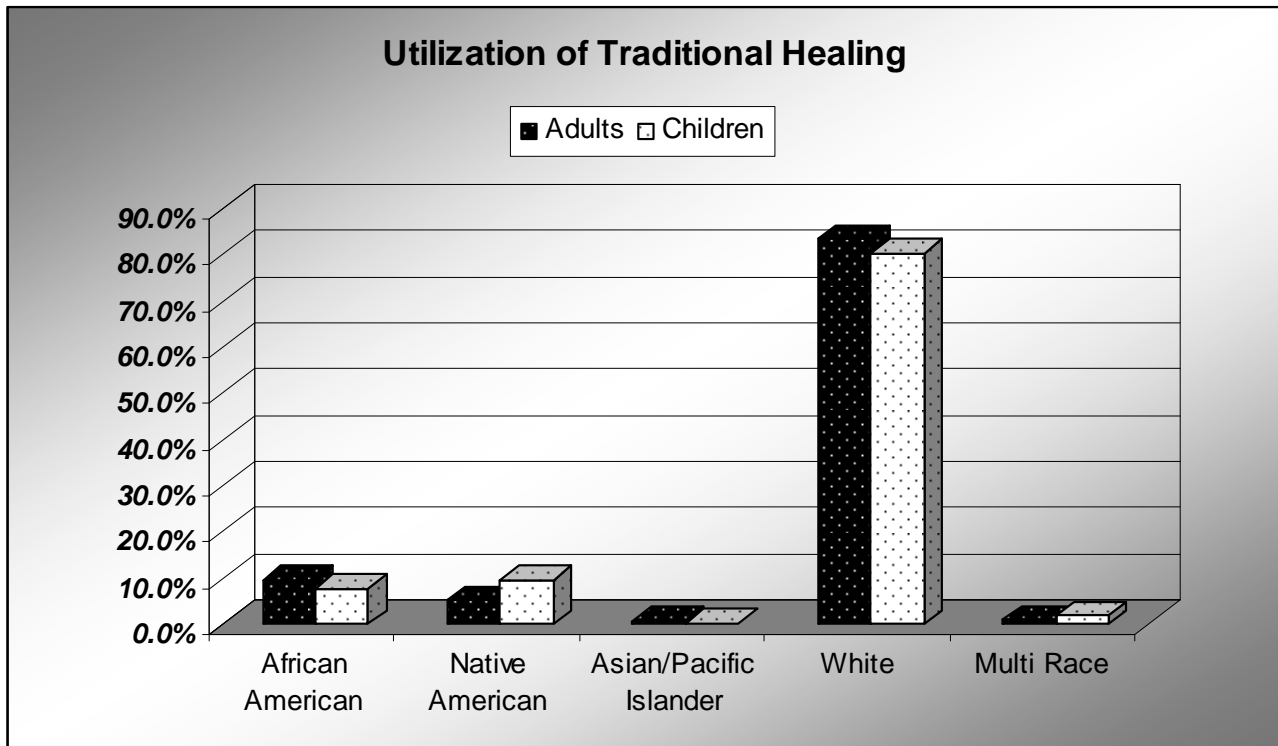
Utilization of Traditional Healing: Adults & Children by Race

The utilization of Traditional Healing (TH) services by both Adults and Children in all races (including those without race identification) was a total of **6,624** distinct clients per service, who utilized some **358,403** units of service, costing a total of **\$8,809,029**.

- Adults (in all races including those w/o race identification) were 6,022 clients, utilizing over 316,000 units and costing over \$7.9 million. Note: missing race accounted for 2.2% of the population.
- Adults in VO and CPSA accounted for 4,818 clients (80% of all adults receiving TH services) utilizing approximately \$6.4 million.
- 5.2% of all adults receiving Traditional Healing Services were Native Americans. The top three regions serving the NA population were (1) VO with 55%, (2) CPSA-5 with 31%, (3) NARBHA with 6.4% of NA receiving TH services.
- Children (all races including missing race) were 602 clients, utilizing 42,339 units and costing less than \$1 million.
- Children in VO and CPSA (423) accounted for 70% of all Traditional Healing Services costing about \$632,384.
- The Native American Children population accounted for 9.6% of 602 children receiving Traditional Healing Services (58 clients, costing \$111,986 for 5,298 units of service). Of these 58 clients, 41% utilized this service in the NARBHA region, followed by CPSA-5 (26%) region, and thirdly CBHS-2 (22%) region.

Graph 13 visually depicts the utilization rates of traditional healing services for adults and children by race excluding those without a race identification (~2.2% of missing race data).

Graph 13: Utilization of Traditional Healing: Adults & Children by Race



Utilization of Traditional Healing: Adults & Children by Ethnicity

Table 9 shows the utilization rates for traditional healing services by ethnic group for adults and children. Also, presented are the billed units and costs associated with providing these services to adults in each ethnic group²².

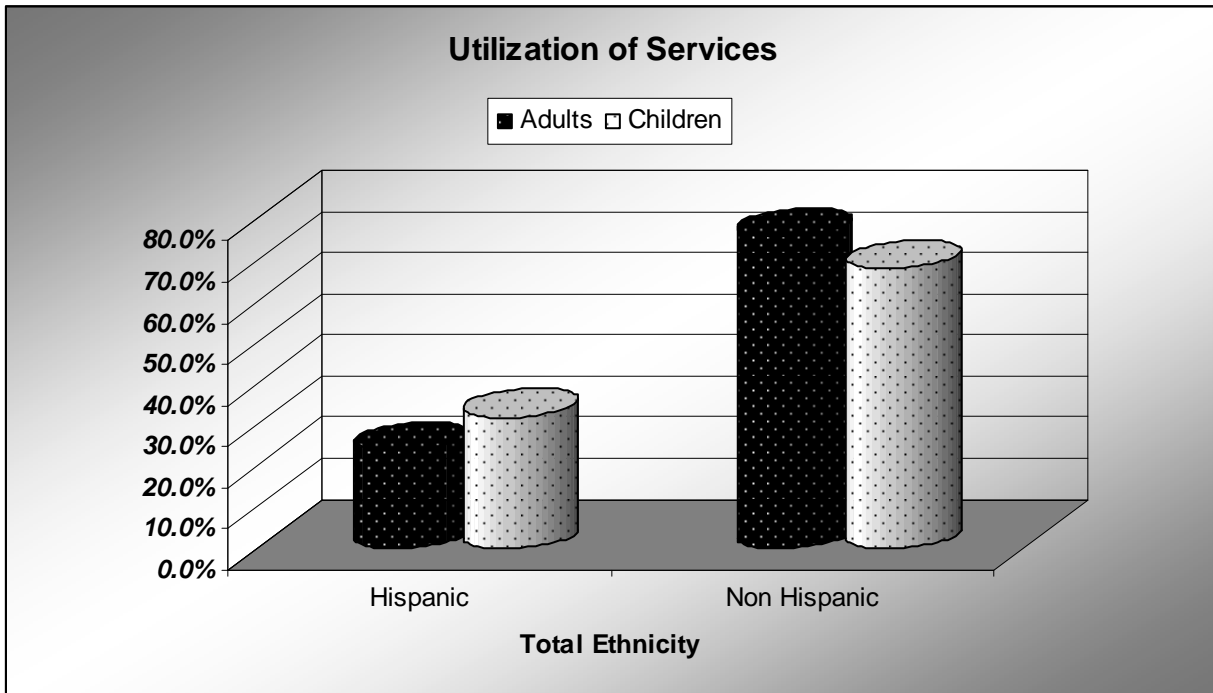
- 25% (1608 clients) of the combined Hispanic Adults and Children population received TH services costing approximately \$2.3 million.
- Hispanic children (32%) utilized traditional healing services the most in comparison to adults and ethnic groups.

Table 9: Utilization of Traditional Healing Services: Adults & Children by Ethnicity

Ethnicity	Total Cost	Units	Number of Clients	%
Hispanic Adults	\$2,063,626.36	64,347	1,416	24.0%
Non Hispanic Adults	\$5,751,631.30	247,346	4,478	76.0%
Total Adults	\$7,815,257.66	311,693	5,894	100.0%
Hispanic Children	\$246,914.86	11,042	192	32.0%
Non Hispanic Children	\$656,164.82	31,281	409	68.0%
Total Children	\$903,079.68	42,323	601	100.0%
Total Adults & Children	\$8,718,337.34	354,016	6495	

Graph 14 visually depicts the utilization rates for children and adults for traditional healing services by ethnicity. .

Graph 14: Utilization of Traditional Healing: Adults & Children by Ethnicity.

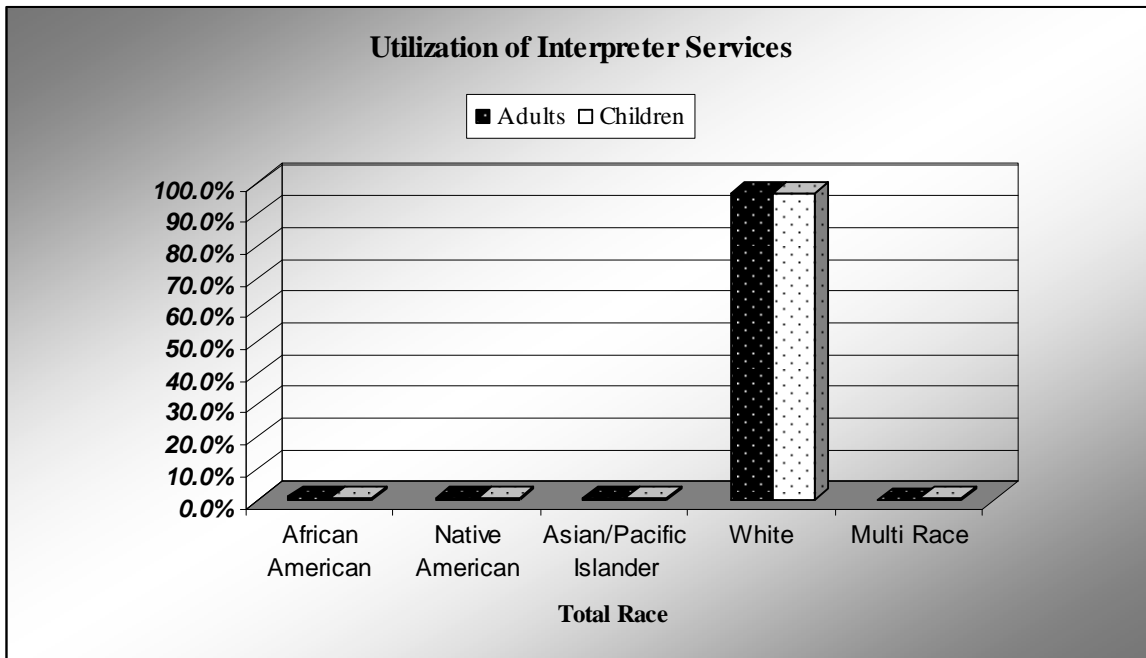


²² Table 9 excludes 2.1% of the population that did not identify ethnicity (128 adult, 1 child).

Utilization of Interpreters: Adults & Children by Race

Graph 15 is a visual depiction of interpreter service utilization across racial groups by children and adults. For both the adults and children served in all race groups, 96.8% of interpreter services were utilized by Whites throughout the state of Arizona. The minority races combined account for 3.2% of the total. There were slightly more than 1700 adult clients and over 2200 children state-wide that utilized interpreter services in FY 2007. Value Options (VO), which served Maricopa County, was the single largest RBHA to bill for adults receiving this service. CPSA, which serves Pima County, was the largest RBHA to bill for children receiving this service.

Graph 15: Utilization of Interpreter Services: Adults & Children by Race.



Graph 16: Utilization of Interpreter Services: Adults & Children by Race Excluding Whites.

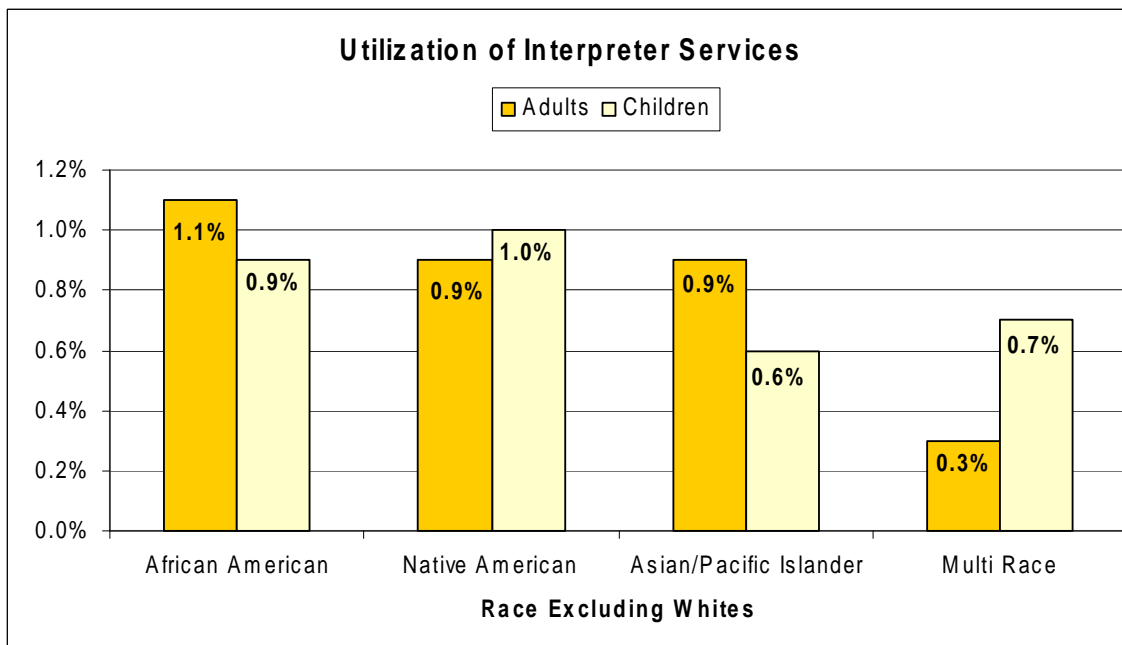


Table 10 represents the utilization of interpreter services by adults across racial groups.

Table 10: Top T/RBHA Utilization of Interpreter Services: Adults by Race.

Race	Costs	Units	Client Count	Percentage Total Race
African American	\$7,285.10	197	18	1.1%
Native American	\$1,517.00	55	16	0.9%
Asian/Pacific Islander	\$9,423.90	102	16	0.9%
White	\$314,404.56	43,778	1,651	96.8%
Multi Race	\$1,100.00	73	5	0.3%
Total All Race	\$333,730.56	44,205	1,706	100.0%

Table 11 represents the utilization of interpreter services by children across racial groups.

Table 11: Top T/RBHA Utilization of Interpreter Services: Children by Race

Race	Costs	Units	Client Count	Percentage of Total Race
African American	12,011.91	778	21	0.9%
Native American	6,772.56	500	22	1.0%
Asian/Pacific Islander	9,232.00	119	13	0.6%
White	560,688.82	41,414	2,147	96.8%
Multi Race	7,032.78	490	16	0.7%
Total All Race	595,738.07	43,301	2,219	100.0%

Utilization of Interpreters: Adults & Children by Ethnicity

Graph 17 is a visual depiction of interpreter service utilization across ethnic groups by children and adults.

- Hispanic adults (6:1) and children (15:1) overwhelmingly utilized interpreter services over Non Hispanics.
- Hispanic children utilized 8.6% more interpreter services than Hispanic adult.
- Non Hispanic adults utilized 8.6% more interpreter services than Non Hispanic children.

Graph 17: Utilization of Interpreter Services: Adults & Children by Ethnicity.

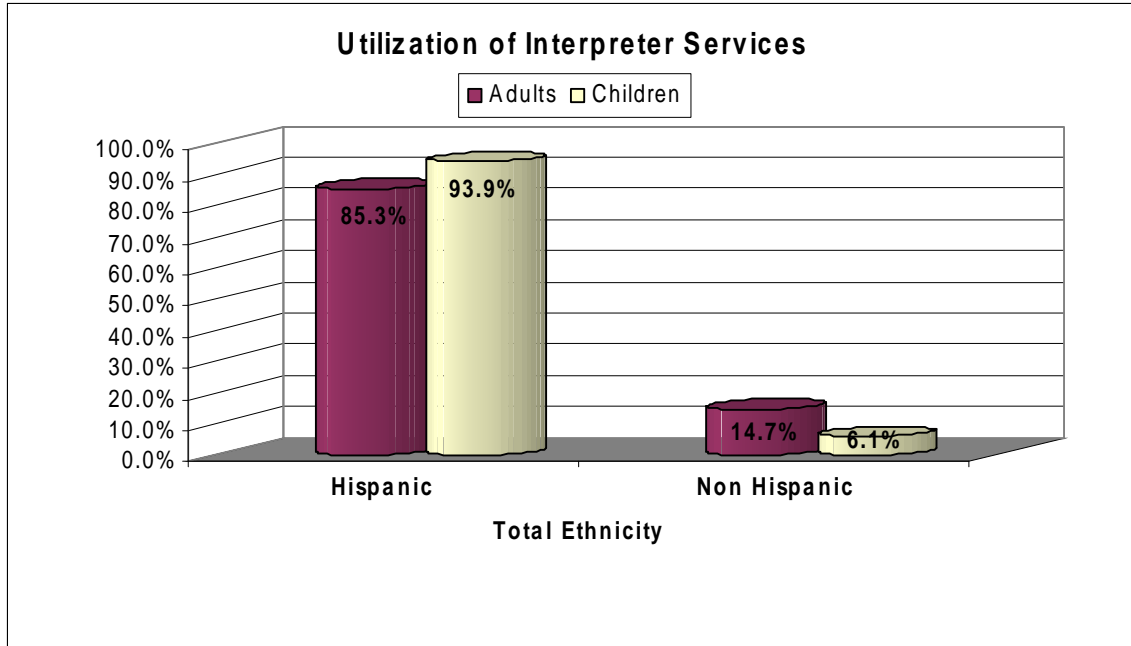


Table 15 represents the utilization of interpreter services by children across ethnic groups.

Table 15: Top T/RBHA Utilization of Interpreter Services: Adults by Ethnicity.

Ethnicity	Costs	Units	Client Count	Percentage Of Total Adults Ethnicity
Hispanic	\$195,215.56	31,283	1,456	85.3%
Non Hispanic	\$138,515.00	12,922	250	14.7%
Total Adult Ethnicity	\$333,730.56	44,205	1,706	100.0%

Table 16 represents the utilization of interpreter services by children across ethnic groups.

Table 16: Top T/RBHA Utilization of Interpreter Services: Children by Ethnicity

Ethnicity	Costs	Units	Client Count	Percentage Of Total Children Ethnicity
Hispanic	\$528,822.13	41,193	2,086	93.9%
Non Hispanic	\$67,117.94	2,113	135	6.1%
Total Children Ethnicity	\$595,940.07	43,306	2,221	100.0%

Axis I: Diagnosis 1 by Race

Each client, upon entering services, undergoes a diagnostic assessment. Tables 17-20 represent the most popular diagnosis (primary dx) for each age group within each racial category. In each case, the listed primary diagnosis demonstrates the most prevalent disorder observed in that age group. Percentage is calculated from the total of the top 5 diagnoses for each age group.

- In three of the four race category, the largest single primary diagnosis is Attention Deficit Disorder with Hyperactivity (ADHD) within the age bands of 6 to 12 and 13 to 17.

Table 17: Axis I Diagnosis 1 African Americans by Age.

African American

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 1	Number of Clients	% of Clients within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	151	30%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	752	36%
13 to 17	314.01	Attention Deficit Disorder With Hyperactivity	469	25%
18 and up	295.7	Schizoaffective Disorder, Unspecified	700	7%

Table 18: Axis I Diagnosis 1 Native American by Age.

Native American

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 1	Number of Clients	% of Clients within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	93	43%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	199	19%
13 to 17	311	Depressive Disorder, not Elsewhere Classified	144	9%
18 and up	303.9	Other and Unspecified Alcohol Dependence, Unspecified	1,143	18%

Table 19: Axis I Diagnosis 1 by Asian/Pacific Islander Age.

Asian/Pacific Islander

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 1	Number of Clients	% of Clients within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	8	31%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	35	30%
13 to 17	314.01	Attention Deficit Disorder With Hyperactivity	19	18%

Table 20: Axis I Diagnosis 1 by White by Age.

White

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 1	Number of Clients	% of Clients within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	1,637	27%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	6,332	30%
13 to 17	314.01	Attention Deficit Disorder With Hyperactivity	3,374	19%
18 and up	311	Depressive Disorder, not Elsewhere Classified	10,865	9%

Axis I: Diagnosis 1 by Ethnicity

Table 21 and 22 shows the most prevalent diagnosis by age group within ethnic categories.

Table 21: Axis I Diagnosis 1 by Ethnicity and Age

Hispanic

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients
	Code	Axis I Diagnosis 1	Clients	within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	798	28%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	2,489	26%
13 to 17	314.01	Attention Deficit Disorder With Hyperactivity	1,146	15%
18 and up	311	Depressive Disorder, not Elsewhere Classified	2,964	9%

Table 22: Axis I Diagnosis 1 by Ethnicity and Age

Non Hispanic

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients
	Code	Axis I Diagnosis 1	Clients	within Age Group
Birth -5	995.52	Child Neglect (Nutritional)	1,157	28%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	4,919	32%
13 to 17	314.01	Attention Deficit Disorder With Hyperactivity	2,889	21%
18 and up	311	Depressive Disorder, not Elsewhere Classified	9,119	9%

Axis I: Diagnosis 2 by Race

Client often receive more than one diagnosis as part of their assessment for services. Tables 23-27 show the most prevalent secondary psychological diagnosis given to clients by age groups within racial categories.

- For age bands Birth to 5 and 6 to 12 in all race groups, the most prevalent secondary diagnosis is Counseling for Parent-Child Problem Unspecified (V61.20).
- In the 13 to 17 age band in three of the race groups, Asian/Pacific Islander, Whites, and Multi Race, Counseling for Parent-Child Problem Unspecified (V61.20) is the most prevalent secondary diagnosis. However, in the African American group, Oppositional Defiant Disorder (313.81) is the most prevalent in this age band.
- In the Native American group’s 13 to 17 age band, the most prevalent secondary diagnosis is Cannabis Abuse, Unspecified (305.2)

Table 23: Axis I Diagnosis 2 African Americans by Age
African American

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients within Age Group
	Code	Axis I Diagnosis 2	Clients	
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	13	12%
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	80	12%
13 to 17	313.81	Oppositional Defiant Disorder	78	11%
18 and up	305	Alcohol Abuse, Unspecified	198	6%

Table 24: Axis I Diagnosis 2 Native American by Age
Native American

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients within Age Group
	Code	Axis I Diagnosis 2	Clients	
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	8	20%
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	42	10%
13 to 17	305.2	Cannabis Abuse, Unspecified	103	13%
18 and up	305.2	Cannabis Abuse, Unspecified	248	10%

Table 25: Axis I Diagnosis 2 Asian/Pacific Islander by Age
Asian/Pacific Islander

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients within Age Group
	Code	Axis I Diagnosis 2	Clients	
Birth -5 ²³				
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	9	29%
13 to 17	V61.20	Counseling for Parent-Child Problem, Unspecified	6	15%
18 and up	309.81	Posttraumatic Stress Disorder	37	10%

Table 26: Axis I Diagnosis 2 Whites by Age
White

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients within Age Group
	Code	Axis I Diagnosis 2	Clients	
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	205	16%
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	951	13%
13 to 17	V61.20	Counseling for Parent-Child Problem, Unspecified	1,044	14%
18 and up	300	Anxiety State, Unspecified	3,891	9%

²³ This category from Birth-5 for Asian/Pacific Islander represented too small a sample in this category of second diagnosis to meaningfully report.

Table 27: Axis I Diagnosis 2 Multi Race by Age

Multi Race

Age Bands	Diagnosis	Most Prevalent	Number of	% of Clients within
	Code	Axis I Diagnosis 2	Clients	Age Group
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	7	17%
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	23	15%
13 to 17	V61.20	Counseling for Parent-Child Problem, Unspecified	28	16%
18 and up	311	Depressive Disorder, not Elsewhere Classified	54	9%

Axis I: Diagnosis 2 by Ethnicity

Table 28-29 shows the prevalence of second diagnosis by ethnic group and age category.

- Counseling for Parent-Child Problem, Unspecified is the most prevalent diagnosis in the Hispanic group in all three age bands.
- However, in the Non Hispanic group, Counseling for Parent-Child Problem, Unspecified is prevalent only in the birth to 5 and 13 to 17 age bands. Attention Deficit Disorder with Hyperactivity (ADHD) is the most prevalent diagnosis in the 6 to 12 age band for this ethnic group.

Table 28: Axis I Diagnosis 2 by Ethnicity and Age

Hispanic

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 2	Number of Clients	% of Client within Age Group
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	103	19%
6 to 12	V61.20	Counseling for Parent-Child Problem, Unspecified	517	17%
13 to 17	V61.20	Counseling for Parent-Child Problem, Unspecified	547	17%
18 and up	311.	Depressive Disorder, not Elsewhere Classified	814	7%

Table 29: Axis I Diagnosis 2 by Ethnicity and Age

Non Hispanic

Age Bands	Diagnosis Code	Most Prevalent Axis I Diagnosis 2	Number of Clients	% of Client within Age Group
Birth -5	V61.20	Counseling for Parent-Child Problem, Unspecified	131	15%
6 to 12	314.01	Attention Deficit Disorder With Hyperactivity	673	12%
13 to 17	V61.20	Counseling for Parent-Child Problem, Unspecified	667	11%
18 and up	300.00	Anxiety State, Unspecified	3,079	8%