

Progress Report

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Santa Clara County Mental Health Full Service Partnership

Background

In November 2004, California voters approved Proposition 63, which became the Mental Health Services Act (MHSA). The MHSA has five components, each addressing a particular need identified as an essential element that will help consumers of mental health services move toward wellness and recovery. Key emphasis is placed on reducing negative outcomes that may result from untreated mental illness, such as incarcerations, school dropouts, unemployment, and homelessness. One of the main MHSA components is Community Services and Supports (CSS). The basis for CSS is the concept, “whatever it takes,” to meet the mental health needs of those who are un-served and underserved. In Santa Clara County (SCC), part of CSS was developed into five Full Service Partnership (FSP) groups, as follows:

- Children/Youth FSP is a comprehensive program for children and youth, ages 0-15 years old, which combines critical core services within a Wraparound Model and incorporates age-appropriate elements from Transition to Independence approach. The target population is juvenile justice-involved and African-American, Native American and Latino children and youth, with priority consideration for those at risk of, or returning from, out-of-home placement and children and youth with multiple episodes of emergency psychiatric services and hospitalizations.
- Transitional Age Youth (TAY) FSP is a comprehensive program for transitional age youth, ages 16-25 years old, which combines components from the Wraparound Model, AB2034, and Transition to Independence approach, in a framework that addresses the transition needs of this young adult population.
- Adult FSP is a comprehensive program for adults, ages 26-59 years old, which is based on the AB2034 philosophy that provides treatment, case management, and community resources necessary to meet the needs of each individual’s life circumstance.
- Older Adult (OA) FSP is a comprehensive program for older adults, ages 60 years old and above, which was designed to meet the needs of older adults with Serious Mental Illness. Some of these needs include: psychiatric, stable housing, hospital services, and addressing the risk of emotional or physical harm.
- Criminal Justice System (CJS) FSP. This is a comprehensive program for Criminal Justice System involved TAY and adults, ages 18-59 years old. This is a program of the Mental Health Department, in partnership with the CJS, to achieve the consumer’s individual wellness and recovery goals. The FSP engages CJS involved consumers, including those who are dually-diagnosed.

Project Summary

Study Objective

The report of the FY2012 and FY2013 FSP programs focused on four primary questions:

1. **Are FSP programs meeting contracted target capacities for consumer services?** The data show that the Santa Clara County FSP programs are able to deliver services beyond contracted target capacities for consumer services in FY2012 and more so in FY2013.
2. **How do the FSP services impact FSP consumers with: emergency psychiatric services (EPS), psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?**
 - a) *FSP consumers with emergency psychiatric services:*
 - *In comparing the total number of EPS admissions, a year before FSP enrollment, and a year after FSP enrollment, the data for Children/Youth, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP show a decline in the number of EPS admissions a year after FSP enrollment.*
 - *Among consumers who received at least a year of FSP services, the data show that the rate of EPS admissions a year after FSP enrollment declined, between 4% and 64% . Overall, the total reduction rate was 21%, at the consumer level.*
 - b) *FSP consumers with psychiatric hospital admissions:*
 - *In comparing the unduplicated consumer number of Barbara Arons Pavilion (BAP) and contracted hospital inpatient admissions, a year before FSP enrollment, with a year after FSP enrollment, the data show an overall percentage decrease of 27% in BAP and contracted hospital inpatient admissions a year after FSP enrollment for all FSP programs.*
 - *The total number of psychiatric admissions a year after FSP enrollment, compared with the total number of psychiatric admissions a year before FSP enrollment, show that the rate of admissions declined for TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP between 24% and 45%. Children/Youth FSP increased by 31%. Overall, the reduction rate was 29% of unduplicated consumer numbers of psychiatric admissions in county and contracted psychiatric hospitals, a year after FSP enrollment.*
 - c) *FSP consumers with arrests:*
 - *Among consumers who received at least a year of FSP services, the data shows that the number of self-reported unduplicated consumers with arrests declined for Adult FSP and CJS FSP, 15% and 33% respectively . Older Adult FSP remained unchanged at 0%. Child FSP and TAY FSP increased by 17% and 100% respectively. Overall the number of arrests declined by 2%.*
 - *The total duplicate consumer arrests a year after FSP enrollment, compared with those a year before FSP enrollment, show a*

lower number for Children/Youth FSP, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP.

3. What happens to consumers after discharge from FSP services? Are they back and readmitted to the FSP program, or readmitted to EPS, or to a psychiatric hospital, such as BAP, or rearrested?

As a percent of unduplicated number of FSP consumers discharged, the data show that:

- EPS admission was between 0% and 29% across the five programs, with the lowest EPS readmission in Children/Youth FSP (0%) and the highest in Adult FSP (29%). Overall EPS readmission was 29%.
- BAP and Inpatient admission was between 0% and 83% across the five programs, with the lowest BAP and Inpatient readmission in Children/Youth (0%) and the highest in Adult FSP (83%). Overall BAP and Inpatient readmission was 13%.
- FSP readmission was between 7% and 48% across the five programs, with the lowest FSP readmission in Older Adult FSP (7%) and the highest in CJS (48%). Overall FSP readmission was 31%.

4. What is the racial/ethnic penetration rate among consumers being served by the FSP program?

The five major racial/ethnic groups depicted in the FSP Report are White, Hispanic, Black/African American, Asian/Pacific Islander and Native American. The FSP consumers who did not fall under any of these groups were identified as "Mixed Race," "Other Race" and "Unknown." The racial/ethnic penetration rate among FSP consumers changed in FY2013, when compared with the penetration rate in FY2012.

- There was an decrease in White FSP consumers in FY2013 (29%) compared to FY2012 (33%).
- There was an increase in Hispanic FSP consumers, albeit slightly (38% in FY2013 versus 35% in FY2012).
- There was an decrease in Black/African American FSP in FY2013 (10%) and FY2012 (11%).
- Native American FSP consumers also decreased, albeit slightly at (2% in FY2013 and 3% in FY2012).
- Asian/Pacific Islander FSP consumers also decreased, albeit slightly at (11% in FY2013 and 10% in FY2012).

Data Source and Collection Procedure

Data Source and Collection Procedure.

Data sources include:

- Mental Health Department's Unicare system.
- Santa Clara Valley Medical Center's Invision system.
- The State of California's Information Technology Web Services' (ITWS) MHSAs Data Collection and Reporting (DCR) Database system, part of the State's Performance Outcomes & Quality Improvement (POQI) system.

Data on FSP consumer admissions, discharges, and total number of consumers served were extracted out of Unicare for FY2012 and FY2013. County Data on admissions for EPS and BAP were extracted out of Invision, and arrests were extracted out of the State's ITWS/DCR, in addition to Unicare. Invision is the Santa Clara Valley Medical Center's electronic database system.

Are FSP programs meeting contracted capacities for consumer services?

QUESTION 1 Are FSP programs meeting contracted capacities for consumer services?

Table 1 Contracted Capacities and Number of FSP Consumers Served

FSP Program	July 1, 2011 – June 30, 2012 (FY2012)				July 1, 2012 – June 30, 2013 (FY2013)			
	Contracted Capacity	Number of Newly Enrolled Consumers	Number of Consumers Served	Number of Discharged Consumers	Contracted Capacity	Number of Newly Enrolled Consumers	Number of Consumers Served	Number of Discharged Consumers
Children/Youth	60	47	116	55	60	134	194	48
TAY	70	72	120	55	70	91	144	77
Adult	175	131	222	42	175	57	234	67
OA	25	16	39	33	25	34	38	11
CJS	210	175	271	225	210	187	287	144
Total	540	441	768	410	540	503	897	347

Data Source: *Unicare*

Table 1 shows the contracted capacities and number of consumers served in each FSP program in FY2012 and FY2013.

Figure 1 FY2012/FY2013 FSP Contracted Capacities and Number of Consumers Served

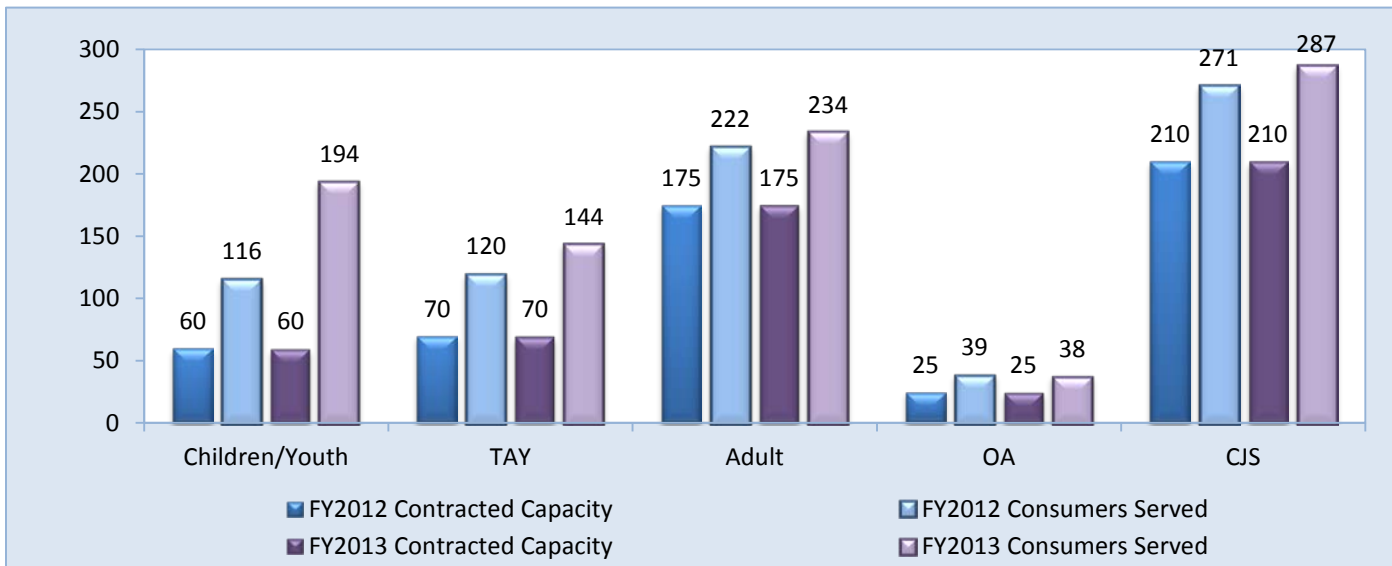


Figure 1 illustrates FSP contracted capacities for FY2012 and FY2013, which remained unchanged. However, the number of consumers served in all FSP programs went beyond contracted capacities in both fiscal years.

Are FSP programs meeting contracted capacities for consumer services?

Table 2 Consumers Served as a Percent of Capacity

FSP Program	July 1, 2011 – June 30, 2012 (FY2012)				July 1, 2012 – June 30, 2013 (FY2013)			
	Contracted Capacity	Newly Enrolled Consumers as % of Capacity	% of Consumers Served Beyond Capacity	Discharged Consumers as % Newly Enrolled Consumers	Contracted Capacity	Newly Enrolled Consumers as % of Capacity	% of Consumers Served Beyond Capacity	Discharged Consumers as % Newly Enrolled Consumers
Children/Youth	60	78%	93%	117%	60	223%	223%	36%
TAY	70	103%	71%	76%	70	130%	106%	85%
Adult	175	75%	27%	32%	175	33%	34%	118%
OA	25	64%	56%	206%	25	136%	52%	32%
CJS	210	83%	29%	129%	210	89%	37%	77%
Total	540	82%	42%	93%	540	93%	66%	69%

Data Source: Unicare

Table 2 presents data on consumers served as a percent of contracted capacity.

Figure 2 Percent of FSP Consumers Served Beyond the Target Set for FY2012 and FY2013

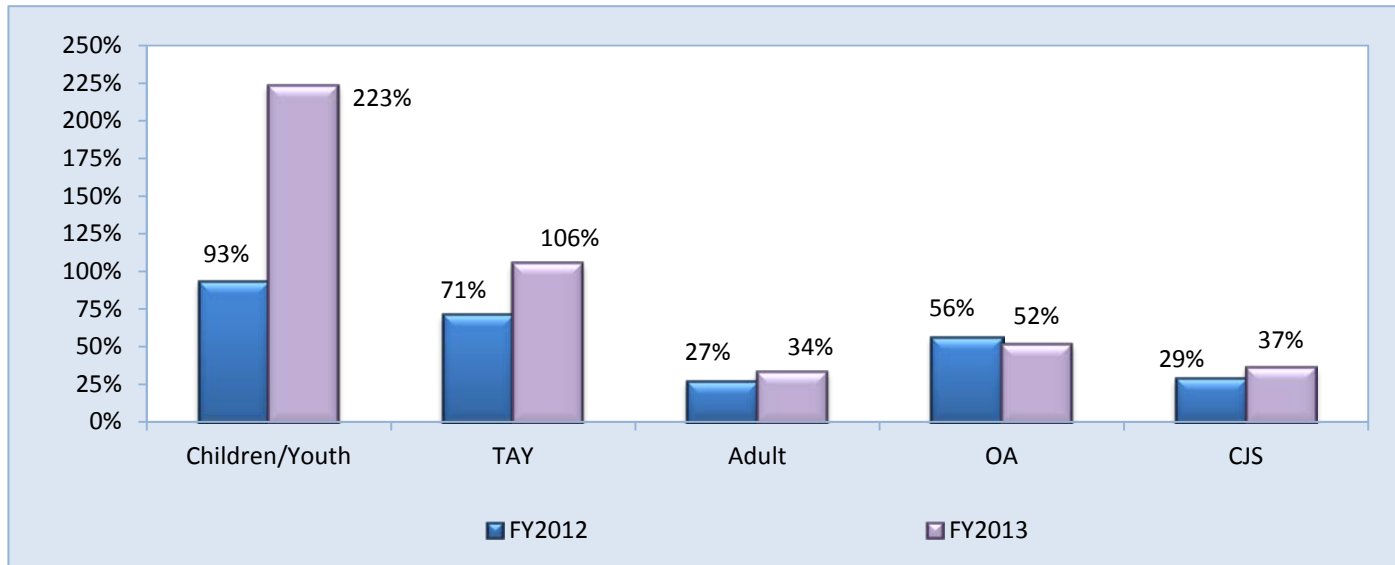


Figure 2 compares the percent of FSP consumers who were served beyond contracted capacity in FY2012 and FY2013. In both fiscal years, the FSP consumers were served beyond target capacity, more so in FY2013 than in FY2012.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2a

How do the FSP services impact FSP consumers with emergency psychiatric services?

Table 3

Unduplicated Consumers with EPS Admissions a Year Before and a Year After FSP Enrollment

FSP Program	Unduplicated Consumers with EPS Admissions a Year Before FSP Enrollment	Unduplicated Consumers with EPS Admissions a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	11	8	-3	-27%
TAY	28	10	-18	-64%
Adult	76	68	-8	-11%
OA	9	4	-5	-56%
CJS	48	46	-2	-4%
Total	172	136	-36	-21%

Table 3 shows that, overall, the percent of unduplicated consumers with EPS admissions a year after FSP declined by 21%.

Data Source: Unicare

Figure 3

Total EPS Admissions a Year Before and a Year After FSP Enrollment

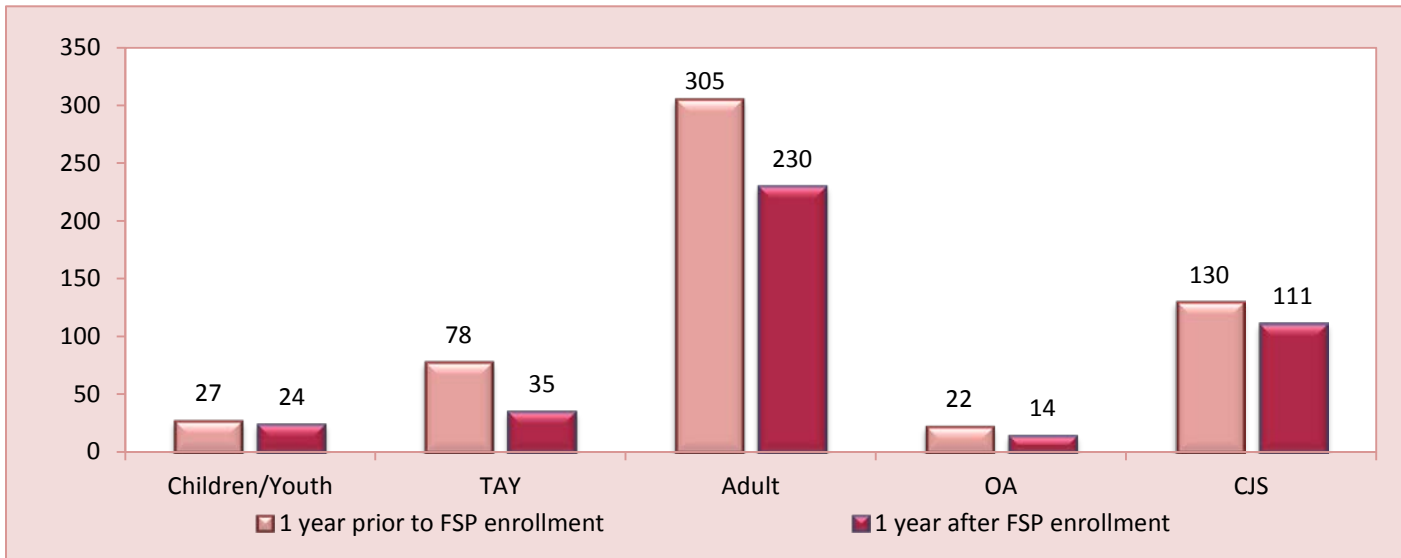


Figure 3 data shows that for Children/Youth FSP, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP declined in the number of EPS admissions a year after FSP enrollment.

Data Source: Unicare

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2b

How do the FSP services impact FSP consumers with psychiatric hospital admissions?

Table 4 Unduplicated Consumers with BAP & Contracted Hospital Admissions Before and After FSP Enrollment

FSP Program	Unduplicated Consumers a Year Before FSP Enrollment	Unduplicated Consumers a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	7	7	0	0%
TAY	17	6	-11	-65%
Adult	62	45	-17	-27%
OA	7	1	-6	-86%
CJS	31	32	1	3%
Total	124	91	-33	-27%

Data Source: Invision

Table 4 data shows an overall percentage decrease of 27% in unduplicated number of consumers in BAP and contracted hospital admissions a year after FSP enrollment .

Table 5 Total BAP & Contracted Hospital Admissions a Year Before and a Year After FSP Enrollment*

FSP Program	Admissions a Year Before FSP Enrollment	Admissions a Year After FSP Enrollment	Change	% Reduction (-) / Increase (+)
Children/Youth	16	21	5	31%
TAY	29	16	-13	-45%
Adult	135	88	-47	-35%
OA	11	6	-5	-45%
CJS	71	54	-17	-24%
Total	262	185	-77	-29%

Data Source: Invision

Table 5 data shows that admissions declined for TAY FSP, Adult FSP, and Older Adult FSP, between 24% and 45%. Children/Youth FSP increased to 31%. Overall, the reduction rate was 29%.

* a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital

Figure 4 BAP & Contracted Hospital Admissions Before and After FSP Enrollment*

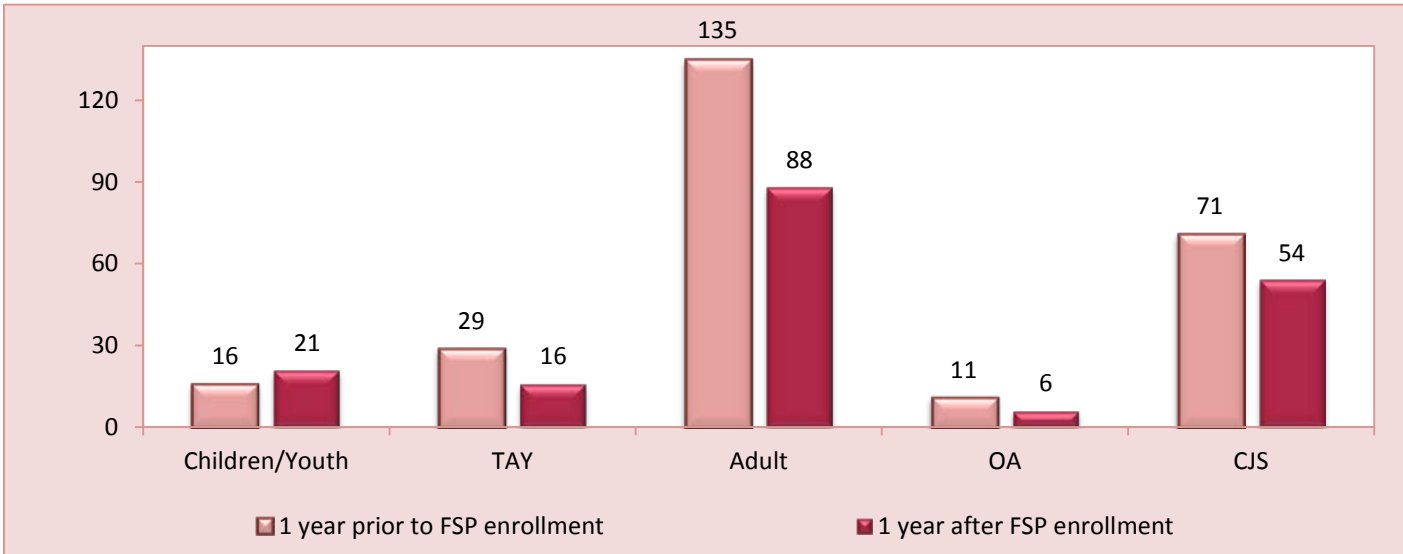


Figure 4 data shows a lower number of admissions, a year after FSP enrollment, for TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP. Children/Youth FSP had a small increase.

Data Source: Invision * a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

Figure 5 Total Psychiatric Hospital Admissions Before and After FSP Enrollment*

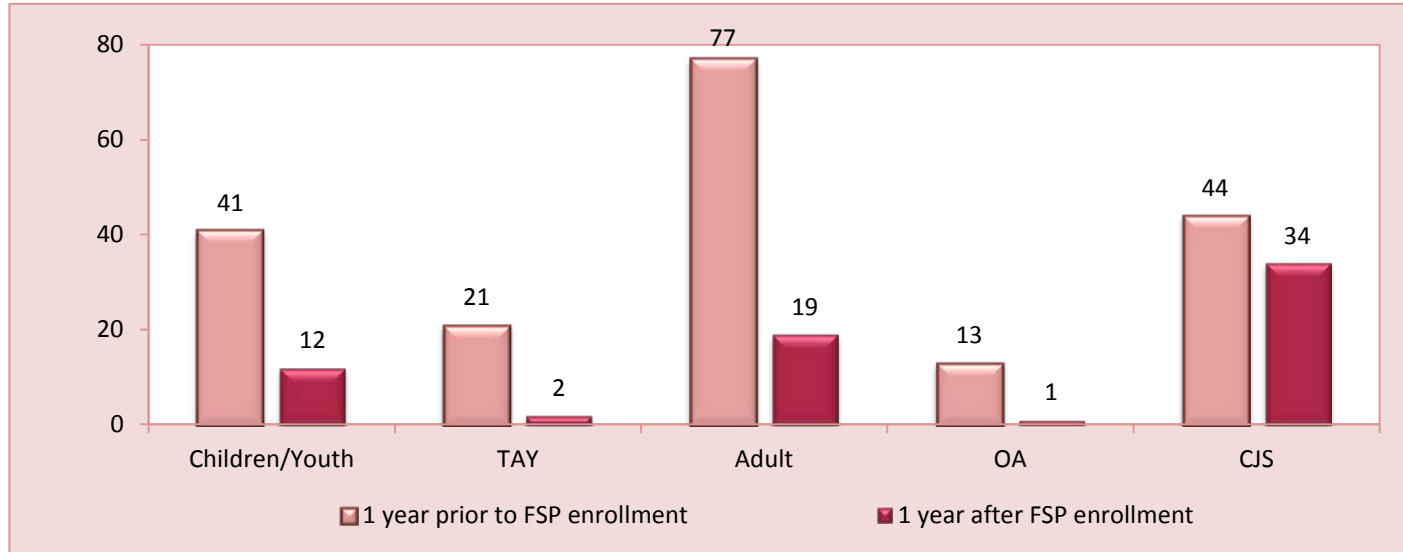


Figure 5 DCR data shows that the total number of self-reported consumer admissions is lower a year after FSP enrollment .

Data Source: DCR. * a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2c How do the FSP services impact FSP Consumers with arrests?

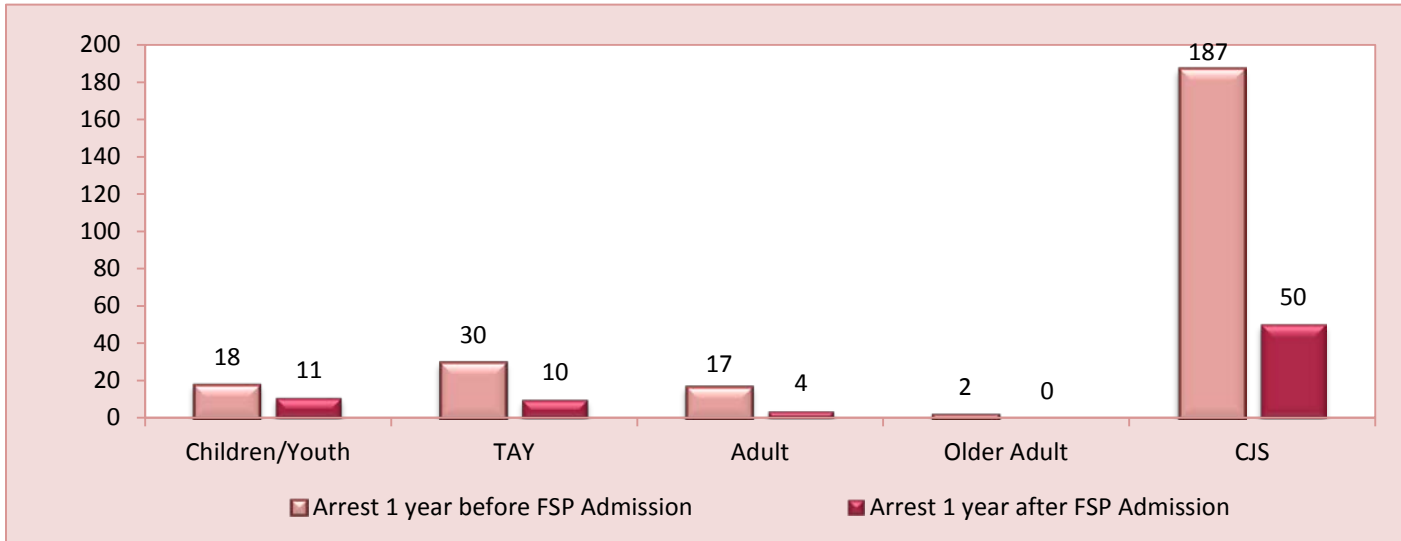
Table 6 Self-Reported Unduplicated Consumers with Arrests a Year Before and a Year After FSP Enrollment

FSP Program	Total Number of Consumers with Arrests a Year Before FSP Enrollment	Total Number of Consumers with Arrests a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	6	7	1	17%
TAY	4	8	4	100%
Adult	3	2	-1	-33%
OA	0	0	0	0%
CJS	33	28	-5	-15%
Total	46	45	-1	-2%

Data Source: DCR.

Table 6 DCR data shows that the number of self-reported unduplicated consumers with arrests declined for Adult FSP and CJS FSP 15% and 33% respectively. Older Adult FSP remained unchanged at 0%. Child FSP and TAY FSP increased, 17% and 100% respectively. Overall the number of arrests declined by 2%.

Figure 7 Total Arrests a Year Before and a Year After FSP Enrollment



Data Source: DCR.

Figure 7 DCR data shows a lower number of self-reported total arrests, a year after FSP enrollment for Children/Youth FSP, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

Table 8 Aggregate Percentage Increase/Reduction in Arrest Among FSP Consumers

FSP Program	% of Arrest (-) Reduction
Children/Youth	-44%
TAY	-67%
Adult	-76%
OA	-100%
CJS	-73%
Total	-32%

Data Source: DCR.

Table 8 percentages show that there was a reduction in the percentage of self-reported total arrests among Children/Youth FSP, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP consumers. There was no increase or reduction in Older Adult FSP.

➤ Overall, there was a reduction of -32% in self-reported total arrests a year after FSP enrollment.

What happens to FSP consumers after their discharge from FSP services?

QUESTION 3

What happens to FSP consumers after their discharge from FSP services?

Table 9 Post-FSP Discharge Admissions

FSP Program	EPS Admissions After FSP Discharge	BAP & Contracted Hospital Admissions After FSP Discharge	FSP Readmissions After FSP Discharge	Other	None
Children/Youth	0	0	7	72	11
TAY	13	12	6	26	21
Adult	53	19	9	51	31
OA	7	6	1	10	8
CJS	139	77	117	114	32
Total	212	114	140	273	103

Data Source: Unicare.

Table 9 shows data for FY2013 on the number of admissions to EPS, BAP & Contracted Hospitals, and FSP, after discharge from any of the FSP programs. "Other" refers to admission to other MHD programs after FSP discharge. "None" refers to FSP consumers who were not found in any County of Santa Clara MHD program, following FSP discharge.

Table 10 Post-FSP Discharge Admissions as a Percentage of FSP Discharges

FSP Program	EPS Admissions (% of Unduplicated FSP Consumers Discharged)	BAP & Contracted Hospital Admissions (% of Unduplicated FSP Consumers Discharged)	FSP Readmissions (% of Unduplicated FSP Consumers Discharged)	Unduplicated FSP Consumers Discharged
Children/Youth	0%	0%	13%	55
TAY	5%	15%	9%	55
Adult	29%	83%	21%	42
OA	21%	14%	7%	14
CJS	27%	1%	48%	185
Total	19%	13%	31%	351

Data Source: Unicare.

Table 10 data shows that, as a percent of unduplicated number of consumers discharged from FSP, EPS admissions were between 0% and 29%, for each of the FSP programs; BAP & Contracted Hospital admissions ranged from 0% to 83%; FSP readmissions from 7% to 48%.

What is the racial/ethnic profile of consumers being served by the FSP?

QUESTION 4

What is the racial/ethnic penetration rate among consumers being served by the FSP?

Figure 8 Racial/Ethnic Profile of FSP Consumers for FY 2012 and FY 2013

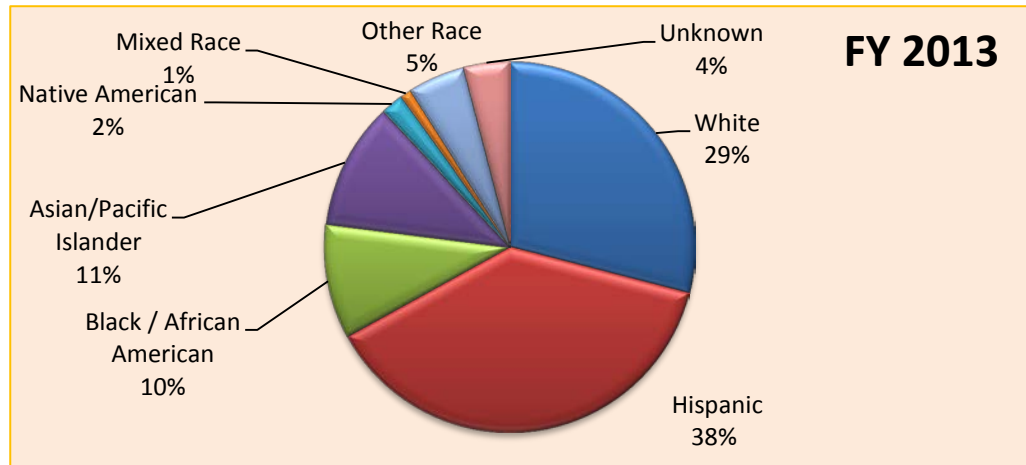
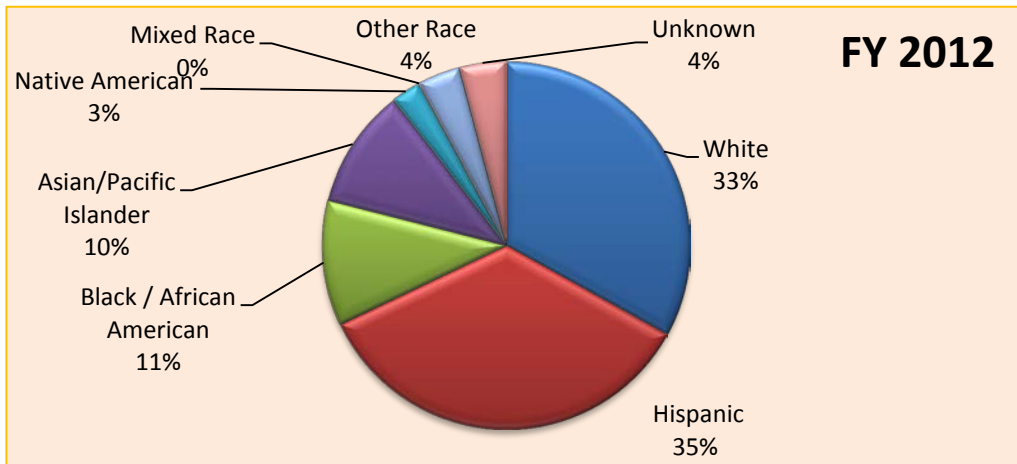


Figure 8 shows the distribution of FSP consumers among the following five racial/ethnic groups : White, Hispanic, Black/African American, Asian/Pacific Islander and Native American. FSP consumers who did not identify themselves in any of the above groups were identified as either "Mixed Race," "Other Race" or "Unknown."

The racial/ethnic penetration rate among FSP consumers changed in FY2013, when compared with the penetration rate in FY2012:

- There was an decrease among White FSP consumers in FY2013 (29%) compared to FY2012 (33%).
- The percent of Hispanic FSP consumers increased , albeit slightly (38% in FY2013 versus 35% in FY2012).
- The Black/African American FSP consumers decreased , albeit slightly (10% in FY2013 and 11% FY2012).
- The Native American FSP consumers also decreased , albeit slightly at (2% in FY2013 and 3% FY2012).
- The Asian/Pacific Islander FSP consumers decreased also, albeit slightly (11% in FY2013 and 10% in FY2012.)

Data Source: Unicare

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2012/FY2013

Term	Definition
A Year After FSP Enrollment	One year (12 consecutive months) after a consumer was admitted to a Full Service Partnership (FSP) program.
A Year Before FSP Enrollment	One year (12 consecutive months) before a consumer is admitted to a Full Service Partnership (FSP) program.
AB2034	The Homeless and Mental Health legislation which establishes demonstration programs in California to reduce homelessness among people with mental illness, identifying people released from prison and jail as one key component of the target population.
Active FSP Consumers	Consumers who have been admitted to the FSP program and have not yet been discharged.
Adult	Ages 26-59 years old.
Asian/Pacific Islander	The Census Bureau defines Asian as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes 'Asian Indian,' 'Chinese', 'Filipino', 'Korean', 'Japanese', 'Vietnamese', and 'Other Asian'. Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as 'Native Hawaiian', 'Guamanian or Chamorro', 'Samoan', and 'Other Pacific Islander'.
BAP	Barbara Arons Pavilion (BAP) is a 50 bed acute (locked) facility located in the Santa Clara Valley Medical Center campus. It is one of two Acute Psychiatric Service Programs of the Santa Clara Valley Health and Hospital System.
Black/African American	The Census Bureau defines Black/African American as a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as 'Black or African American,' or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian.
Case Management	The coordination of community services for mental health patients by a professional who is responsible for the assessment of need and implementation of care plans.
Children/Youth	Ages 0-15 years old.
CJS	The Criminal Justice System (CJS) is the system of practices and institutions of governments directed at upholding social control, deterring and mitigating crime, or sanctioning those who violate laws with criminal penalties and rehabilitation efforts.
Community Resources	A range of mental health services, which is available in Santa Clara County.
Contracted Capacity	The expected number of consumers to be served by a mental health agency, based on its contract with the Santa Clara County Mental Health Department.
CSS	Community Services and Supports (CSS) refers to MHSA's System of Care Services, which is intended to differentiate the MHSA Community Services and Supports from existing and previously existing System of Care programs funded at the Federal, State and Local governments.
DCR	The Data Collection and Reporting (DCR) database system is part of the State of California's Department of Mental Health Performance Outcomes & Quality Improvement (POQI) system.

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2012/FY2013

Term	Definition
Discharged FSP Consumers	Consumers who have been transferred to a lower or higher level of care program, or who have been discharged from the mental health system.
Dually-Diagnosed	Consumers who are diagnosed with both substance abuse and mental illness.
EPS	Emergency Psychiatric Services (EPS) is an outpatient psychiatric emergency and crisis stabilization program located in the Santa Clara Valley Medical Center campus and is one of two Acute Psychiatric Service Programs of the Santa Clara Valley Health and Hospital System.
FSP	Full Service Partnership.
FY2012	The period between July 1, 2011 and June 30, 2012.
FY2013	The period between July 1, 2012 and June 30, 2013.
Hispanic	The Census Bureau defines Hispanic or Latino as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
Invision	The hospital information system used by the Santa Clara Valley Medical Center.
ITWS	Information Tehnology Web Services of the State of California's Performance Outcomes & Quality Improvement (POQI) system.
MHSA	Mental Health Services Act.
Mixed Race	Mixed Race describes people whose ancestries come from multiple races. Unlike the term biracial, which often is only used to refer to having parents or grandparents of two different races, the term mixed race may encompass biracial people but can also include people with more than two races in their heritage.
Native American	The Census Bureau defines Native American as American Indian and Alask Native, a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
Newly Enrolled Consumers	Consumers who have been newly admitted to the FSP program.
Number of Consumers Served	The actual number of consumers served by Santa Clara County mental health and contracted programs.
OA	Older adults, ages 60 years old and above.
Other Race	Other race includes all other responses not included in Asian/Pacific Islander, Black/African American, Hispanic, Mixed Race, Native American, Unkown, or White.
Out of Home Placement	Children are put in out-of-home placement when there has been confirmed abuse or neglect, or when a family is unable to care for its own children for a variety of reasons (medical or mental condition of child or parent or child has significant behavior or emotional problems, etc.). Out-of-home placements are used in conjunction with therapeutic intervention, parenting classes, and other tools to reach a permanent placement. A permanent placement is reached when a child is reunified with his/her family or adopted. Foster care is the most common type of out-of-home placement.

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2012/FY2013

Term	Definition
POQI	The State of California's Department of Mental Health Performance Outcomes & Quality Improvement system. It is a web-based data reporting system.
Proposition 63	California ballot proposition on the November 2, 2004 ballot. Its official name and title on the ballot was the Mental Health Services Act. It passed with 6,191,691 (53.8%) votes in favor and 5,337,216 (46.2%) against. It was an initiative statute that levied an additional 1 percent state tax on incomes of \$1 million or greater to fundamental health service programs beginning January 1, 2005.
Self-Reported	Data collected in the DCR and self-reported by consumers.
SMI	Serious Mental Illness.
TAY	Transitional age youth, ages 16-25 years old.
Transition to Independence Approach	An evidence-based program model that stresses the importance of providing access to appropriate services, engaging mental health consumers in their own future planning process, and utilizing services that focus on each individual's strengths.
Treatment	The management and care of a patient/consumer.
Unduplicated Number of Consumers	Refers to counting a consumer only once, irregardless of the number of times a consumer was admitted or discharged from a program and irregardless of the number of mental health services a consumer received.
Unicare	Clinical documentation software system that is used by the Mental Health Department of Santa Clara County Health and Hospital System. All services, progress notes and the Initial, Update and Psychiatric Assessments are entered into Unicare by mental health providers.
Unknown	Unknown race includes all other responses not included in Asian/Pacific Islander, Black/African American, Hispanic, Mixed Race, Native American, Other, or White.
White	The Census Bureau defines White as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
Wraparound Model	The wraparound model provides individualized, comprehensive, community-based services and supports to children and adolescents with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities.