

Appendix Table 1: ICD9-CM codes of mental health and physical health co-morbidities

Condition	ICD9-CM Code
Mental health comorbidity	
Attention deficit hyperactivity disorder (ADHD)	314.00, 314.01, 314.1, 314.2, 314.8, 314.9
Any depressive disorder	296.2, 296.3, 300.4, 311
Major depression	296.2, 296.3
Dysthymia	300.4
Depression NOS	311
Conduct disorder / oppositional defiant disorder (CD/ODD)	312.81, 312.82, 312.89, 313.81, 312.9
Other mental health disorder	
Anxiety disorder	300.0-300.3, 300.5-300.9
Bipolar disorder	296.0-296.1, 296.4-296.9
Schizophrenia / other psychotic disorder	295, 297.0-297.3, 297.8-298.4, 298.8-298.9
Any other mental health disorder	291-294, 299, 301, 306-310, 312 excluding CD/ODD, 313, 315-316
Physical health comorbidity	
Asthma	493

Appendix Table 2: Characteristics of Medicaid-enrolled children and adolescents receiving ADHD-related visits (N=6,433) or depression-related visits (N=13,209), by primary care safety-net setting (FQHC or RHC)

	ADHD-related visits in FQHC or RHC						Depression-related visits in FQHC or RHC					
	No visit in FQHC or RHC [N=5,566]		Any visit in FQHC [N=354] [±]		Any visit in RHC (no FQHC) [N=513] [±]		No visit in FQHC or RHC [N=12,266]		Any visit in FQHC [N=482] [±]		Any visit in RHC (no FQHC) [N=461] [±]	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Demographics</i>												
Race/ethnicity, %												
Non-Hispanic White	2,560	46.0	156	44.1	327	63.7***	5,770	47.0	221	45.9	323	70.1***
Black	1,703	30.6	110	31.1	99	19.3***	3,863	31.5	130	27.0*	79	17.1***
Hispanic	827	14.9	53	15.0	57	11.1*	1,828	14.9	104	21.6***	39	8.5***
Other/ Unknown	476	8.6	35	9.9	30	5.9*	805	6.6	27	5.6	20	4.3*
Age (Mean ± SD)	8.2 ± 1.6		8.1 ± 1.6		8.1 ± 1.6		12.8 ± 3.0		13.3 ± 2.7***		13.8 ± 2.7***	
Female, %	1,786	32.1	103	29.1	179	34.9	6,685	54.5	301	62.4***	299	64.9***
<i>Plan type, %</i>												
Fee-for-service (no carve-out)	362	6.5	39	11.0**	119	23.2***	1,346	11.0	56	11.6	128	27.8***
Primary care case management (no carve-out)	1,011	18.2	78	22.0	143	27.9***	1,656	13.5	146	30.3***	88	19.1**
Comprehensive managed care plan (no carve-out) ^a	2,517	45.2	131	37.0**	141	27.5***	7,311	59.6	197	40.9***	200	43.4***
Mixed plans ^b	1,676	30.1	106	29.9	110	21.4***	1,953	15.9	83	17.2	45	9.8***
<i>Eligibility type, %</i>												
Blind, disabled, or foster care ^c	967	17.4	75	21.2	81	15.8	2,843	23.2	72	14.9***	70	15.2***
<i>Mental health comorbidity, %</i>												
ADHD	5,566	100.0	354	100.0	513	100.0	3,947	32.2	148	30.7	124	26.9*
Any depressive disorder	240	4.3	24	6.8	28	5.5	12,266	100.0	482	100.0	461	100.0
Depression NOS only	--	--	--	--	--	--	5,670	46.2	241	50.0	213	46.2
Dysthymia (no major depression)	--	--	--	--	--	--	1,443	11.8	39	8.1**	37	8.0**
Any major depression diagnosis	--	--	--	--	--	--	5,153	42.0	202	41.9	211	45.8

Appendix Table 2 (Continued): Characteristics of Medicaid-enrolled children and adolescents receiving ADHD-related visits (N=6,433) or depression-related visits (N=13,209), by primary care safety-net setting (FQHC or RHC)

	ADHD-related visits in FQHC or RHC						Depression-related visits in FQHC or RHC					
	Neither FQHC nor RHC [N=5,566]		Any visit in FQHC [N=354] [±]		Any visit in RHC (no FQHC) [N=513] [±]		Neither FQHC nor RHC [N=12,266]		Any visit in FQHC [N=482] [±]		Any visit in RHC (no FQHC) [N=461] [±]	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Mental health comorbidity, %</i>												
Conduct disorder / oppositional defiant disorder	962	17.3	63	17.8	52	10.1***	3,034	24.7	87	18.0***	93	20.2*
Other mental health disorder	1,852	33.3	114	32.2	149	29.0*	6,218	50.7	240	49.8	244	52.9
<i>Physical health comorbidity, %</i>												
Asthma	915	16.4	46	13.0	59	11.5**	1,615	13.2	66	13.7	60	13.0
<i>County-level characteristics (Mean ± SD)</i>												
Percentage living in urban area	68.5 ± 28.8		65.7 ± 30.8		43.0 ± 28.4***		67.4 ± 30.5		65.2 ± 29.4		42.4 ± 32.1***	
Percentage living in poverty	16.9 ± 6.1		17.0 ± 5.4		19.0 ± 5.3***		16.5 ± 6.3		17.3 ± 5.5**		19.0 ± 6.3***	
Primary care safety-net facilities per 100K ^d	2.9 ± 5.4		5.7 ± 9.3***		12.8 ± 11.7***		3.7 ± 7.4		5.6 ± 9.2***		14.7 ± 15.5***	
Primary care physicians per 100K	61.5 ± 28.2		57.8 ± 27.5*		45.7 ± 25.1***		62.4 ± 29.6		57.2 ± 25.6***		48.8 ± 32.5***	
Psychologists, per 100K	16.7 ± 18.0		17.0 ± 17.4		8.6 ± 14.2***		18.7 ± 19.1		17.0 ± 17.6*		11.6 ± 14.6***	

Notes: Abbreviations: FQHC – federally qualified health center; RHC – rural health clinic; SD -- standard deviation

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

[±] Bivariate analyses were conducted using Wald tests to compare the value of each measure or category for those that received some or the majority of their visits in a primary care safety-net clinic to those that did not receive any in these settings (the reference group).

^aWe used monthly information about plan enrollment to measure health plan type. This category includes children who were enrolled in a comprehensive managed care plan for their entire observation period.

^bThis category includes those that were enrolled in more than one plan type during the observation period (including behavioral health plans).

^c Reference category includes children eligible for Medicaid based on household income, classification as “medically needy”, and/or other criteria specified in each state’s Section 1115 waiver.

^d Includes federally qualified health centers and rural health clinics.

Appendix Table 3: Regression results examining the association between characteristics of Medicaid-enrolled youth and the receipt of ADHD-related visits (N=6,433) or depression-related visits (13,209) in a primary care safety-net setting (FQHC or RHC)

	ADHD-related visits in FQHC or RHC				Depression-related visits in FQHC or RHC			
	Any visit in FQHC		Any visit in RHC (no FQHC)		Any visit in FQHC		Any visit in RHC (no FQHC)	
	Adjusted Percentage Point Difference [±] (Intercept=5.4%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept=8.0%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept=3.7%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept=3.5%)	95% CI
<i>Demographics</i>								
Race/ethnicity								
Non-Hispanic White	(Reference)		(Reference)		(Reference)		(Reference)	
Black	1.8	0.1 – 3.4	-1.2	-3.0 – 0.7	-0.3	-1.6 – 0.9	-0.3	-1.4 – 0.7
Hispanic	2.5	-0.5 – 5.6	-2.8	-6.1 – 0.6	2.4	0.2 – 4.7	0.2	-1.4 – 1.7
Other/ Unknown	2.2	-0.8 – 5.2	-1.5	-4.3 – 1.4	0.6	-1.0 – 2.2	0.2	-1.3 – 1.6
Age	-0.04	-0.4 – 0.3	-0.2	-0.6 – 0.2	0.2	0.1 – 0.3	0.3	0.2 – 0.4
Female	-0.2	-1.3 – 0.9	0.1	-1.1 – 1.4	0.9	0.3 – 1.6	0.7	0.1 – 1.3
<i>Plan type</i>								
Fee-for-service (no carve-out)	(Reference)		(Reference)		(Reference)		(Reference)	
Primary care case management (no carve-out)	-0.9	-3.8 – 2.0	-0.5	-3.5 – 2.5	-0.9	-3.0 – 1.2	-0.2	-1.7 – 1.4
Comprehensive managed care plan (no carve-out) ^a	-1.8	-4.2 – 0.6	-4.2	-6.9 – -1.4	-0.9	-2.1 – 0.3	-0.3	-1.6 – 1.0
Mixed plans ^b	-1.2	-3.9 – 1.5	-2.4	-5.3 – 0.5	-0.4	-1.8 – 1.1	0.2	-1.1 – 1.5
<i>Eligibility type</i>								
Blind, disabled, or foster care (versus other eligibility type) ^c	0.7	-1.1 – 2.5	0.4	-1.6 – 2.3	-1.5	-2.7 – -0.4	-1.5	-2.5 – -0.5
<i>Mental health comorbidity</i>								
ADHD	--	--	--	--	0.6	-0.1 – 1.4	0.6	-0.1 – 1.2

Appendix Table 3 (Continued): Regression results examining the association between characteristics of Medicaid-enrolled youth and the receipt of ADHD-related visits (N=6,433) or depression-related visits (13,209) in a primary care safety-net setting (FQHC or RHC)

	ADHD-related visits in FQHC or RHC				Depression-related visits in FQHC or RHC			
	Any visit in FQHC		Any visit in RHC (no FQHC)		Any visit in FQHC		Any visit in RHC (no FQHC)	
	Adjusted Percentage Point Difference [±] (Intercept= 5.4%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept= 8.0%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept= 3.7%)	95% CI	Adjusted Percentage Point Difference [±] (Intercept= 3.5%)	95% CI
<i>Mental health comorbidity</i>								
Any depressive disorder	2.0	-1.0 – 5.1	1.8	-0.9 – 4.4	--	--	--	--
Depression NOS only	--	--	--	--	(Reference)		(Reference)	
Dysthymia (no major depression)	--	--	--	--	-0.8	-2.1 – 0.4	-1.6	-2.9 – -0.2
Any major depression diagnosis	--	--	--	--	-0.6	-1.4 – 0.2	-0.3	-1.0 – 0.4
Conduct disorder / oppositional defiant disorder	0.9	-1.0 – 2.8	-3.0	-5.2 – -0.8	-0.4	-1.3 – 0.6	-0.3	-1.1 – 0.4
Other mental health disorder	0.5	-0.8 – 1.8	-0.8	-2.2 – 0.7	0.6	-0.1 – 1.2	0.4	-0.3 – 1.1
<i>Physical health comorbidity</i>								
Asthma	-1.1	-2.8 – 0.5	-1.7	-3.5 – 0.1	0.7	-0.2 – 1.6	-0.1	-0.9 – 0.8
<i>County-level characteristics</i>								
Percentage living in urban area	0.3	-0.7 – 1.3	-3.1	-4.3 – -1.9	-0.4	-1.1 – 0.3	-1.4	-2.1 – -0.6
Percentage living in poverty	-1.2	-2.1 – -0.2	0.4	-0.9 – 1.6	-0.2	-0.8 – 0.5	0.3	-0.3 – 0.9
Primary care safety-net facilities per 100K ^d	2.4	1.6 – 3.2	2.8	1.8 – 3.7	0.8	0.3 – 1.2	0.8	0.4 – 1.2
Primary care physicians per 100K	-0.5	-1.5 – 0.5	-0.1	-1.3 – 1.1	-0.4	-0.9 – 0.1	0.1	-0.7 – 0.8
Psychologists, per 100K	1.1	-0.1 – 2.3	-0.9	-2.5 – 0.7	0.8	0.1 – 1.6	-0.2	-0.8 – 0.5

Notes: Abbreviations: FQHC – federally qualified health center; RHC – rural health clinic.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

[±]Generalized ordered logistic regression was estimated with state indicators and standard errors were clustered at the county level.

^aWe used monthly information about plan enrollment to measure health plan type. This category includes children who were enrolled in a comprehensive managed care plan for their entire observation period.

^bThis category includes those that were enrolled in more than one plan type during the observation period (including behavioral health plans).

^cReference category includes children eligible for Medicaid based on household income, classification as “medically needy”, and/or other criteria specified in each state’s Section 1115 waiver.

^dIncludes federally qualified health centers and rural health clinics.

Appendix Table 4: Regression results examining association between treatment in a primary care safety-net setting and the receipt of adequate follow-up care and continuous medication, among Medicaid-enrolled youth initiating ADHD medication

	Percentage of youth that received ≥ 1 follow-up visit in initiation phase (N=6,433)		Percentage of youth that continued medication (N=5,968)		Percentage of youth that received adequate follow-up care in C&M phase (N=2,370)	
	Adjusted Percentage Point Difference [±]	95% CI	Adjusted Percentage Point Difference [±]	95% CI	Adjusted Percentage Point Difference [±]	95% CI
No ADHD-related visit in primary care safety-net (reference)	(intercept = 63.8)		(intercept = 39.7)		(intercept = 69.3)	
Some (but less than half) of ADHD-related visits in safety-net	7.9	1.5 – 14.2	7.6	1.4 – 13.8	5.6	-3.1 – 14.4
Majority of ADHD-related visits in safety-net	-27.7	-32.5 – -23.0	-6.6	-11.2 – -2.1	-24.3	-31.4 – -17.3
<i>Demographics</i>						
Race/ethnicity						
Non-Hispanic White	(Reference)		(Reference)		(Reference)	
Black	-6.7	-9.8 – -3.5	-22.6	-25.9 – -19.4	-2.6	-7.5 – 2.3
Hispanic	0.3	-3.8 – 4.5	-20.8	-25.4 – -16.3	8.9	2.1 – 15.7
Other/ Unknown	-2.6	-8.0 – 2.7	-20.7	-25.6 – -15.8	2.1	-5.8 – 10.0
Age						
Female (versus male)	0.4	-1.8 – 2.6	0.3	-2.1 – 2.7	-0.8	-4.6 – 3.1
<i>Plan type</i>						
Fee-for-service (no carve-out)	(Reference)		(Reference)		(Reference)	
Primary care case management (no carve-out)	2.2	-3.8 – 8.2	-1.6	-7.9 – 4.8	1.5	-7.9 – 11.0
Comprehensive managed care plan (no carve-out) ^a	3.7	-1.4 – 8.8	-4.1	-10.0 – 1.7	7.7	-0.1 – 15.6
Mixed plans ^b	-4.2	-9.6 – 1.2	-6.1	-11.6 – -0.7	0.01	-8.9 – 9.0
<i>Eligibility type</i>						
Blind, disabled, or foster care (versus other eligibility type) ^c	-2.1	-5.7 – 1.6	10.2	6.3 – 14.0	-1.3	-7.1 – 4.6

Appendix Table 4 (Continued): Regression results examining association between treatment in a primary care safety-net setting and the receipt of adequate follow-up care and continuous medication, among Medicaid-enrolled youth initiating ADHD medication

	Percentage of youth that received ≥ 1 follow-up visit in initiation phase (N=6,433)		Percentage of youth that continued medication (N=5,968)		Percentage of youth that received adequate follow-up care in C&M phase (N=2,370)	
	Adjusted Percentage Point Difference [±]	95% CI	Adjusted Percentage Point Difference [±]	95% CI	Adjusted Percentage Point Difference [±]	95% CI
<i>Mental health comorbidity</i>						
Any depressive disorder	11.0	4.4 – 17.5	4.9	-1.3 – 11.1	8.1	-2.7 – 18.9
Conduct disorder / oppositional defiant disorder	13.2	9.6 – 16.8	3.4	0.2 – 6.7	14.8	9.4 – 20.2
Other mental health disorder	10.6	8.0 – 13.2	5.8	3.1 – 8.6	9.3	5.2 – 13.3
<i>Physical health comorbidity</i>						
Asthma	5.2	2.3 – 8.2	0.4	-2.9 – 3.7	3.2	-1.9 – 8.3
<i>County-level characteristics</i>						
Percentage living in urban area	-1.0	-2.9 – 1.0	-0.1	-2.0 – 1.8	0.1	-2.9 – 3.1
Percentage living in poverty	1.0	-0.5 – 2.4	-1.7	-3.3 – -0.1	1.2	-1.4 – 3.9
Primary care safety-net facilities per 100K ^d	-0.8	-2.4 – 0.8	0.2	-1.5 – 1.8	-1.7	-4.0 – 0.6
Primary care physicians per 100K	1.0	-0.8 – 2.9	0.3	-1.5 – 2.1	0.4	-2.5 – 3.4
Psychologists, per 100K	-0.4	-2.5 – 1.7	-0.5	-2.5 – 1.4	-1.4	-4.7 – 1.9

Notes: [±]Logistic regressions were estimated with state indicators and standard errors were clustered at the county level.

^a We used monthly information about plan enrollment to measure health plan type. This category includes children who were enrolled in a comprehensive managed care plan for their entire observation period.

^b This category includes those that were enrolled in more than one plan type during the observation period (including behavioral health plans).

^c Reference category includes children eligible for Medicaid based on household income, classification as “medically needy”, and/or other criteria specified in each state’s Section 1115 waiver.

^d Includes federally qualified health centers and rural health clinics.

Appendix Table 5: Regression results examining association between treatment in a primary care safety-net setting and the receipt of adequate follow-up care and continuous medication, among Medicaid-enrolled youth with index depression diagnosis

	Percentage of youth that received minimally adequate psychotherapy (≥ 4 therapy visits) [†]		Percentage of youth that received minimally adequate pharmacotherapy (84 / 144 days) [†]		Percentage of youth that received minimally adequate treatment (psychotherapy or medication) [†]	
	Adjusted Percentage Point Difference [±] (Intercept = 32.9)	95% CI	Adjusted Percentage Point Difference [±] (Intercept = 16.1)	95% CI	Adjusted Percentage Point Difference [±] (Intercept = 43.8)	95% CI
No depression-related visit in primary care safety-net (reference)	—	—	—	—	—	—
Some (but less than half) of depression-related visits in safety-net	-3.1	-8.3 – 2.0	9.3	5.8 – 12.9	4.0	-1.6 – 9.7
Majority of depression-related visits in safety-net	-19.9	-25.3 – -14.5	4.0	0.9 – 7.1	-9.5	-14.6 – -4.4
<i>Demographics</i>						
<i>Race/ethnicity</i>						
Non-Hispanic White	(Reference)		(Reference)		(Reference)	
Black	-7.4	-9.8 – -4.9	-8.3	-10.1 – -6.4	-12.5	-15.1 – -9.9
Hispanic	-4.2	-8.9 – 0.5	-6.3	-8.8 – -3.9	-8.5	-13.1 – -3.9
Other/ Unknown	-11.3	-15.3 – -7.3	-0.6	-3.3 – 2.0	-9.7	-13.7 – -5.7
<i>Age</i>						
Female (versus male)	1.2	-0.6 – 3.0	3.5	2.2 – 4.7	3.4	1.6 – 5.2
<i>Plan type</i>						
Fee-for-service (no carve-out)	(Reference)		(Reference)		(Reference)	
Primary care case management (no carve-out)	-2.0	-7.2 – 3.1	0.5	-2.6 – 3.7	0.5	-5.1 – 6.1
Comprehensive managed care plan (no carve-out) ^a	-7.2	-11.5 – -2.9	2.2	-0.2 – 4.6	-3.4	-8.1 – 1.2
Mixed plans ^b	-8.3	-12.7 – -3.8	1.1	-1.9 – 4.1	-5.8	-10.6 – -1.1
<i>Eligibility type</i>						
Blind, disabled, or foster care (versus other eligibility type) ^c	8.4	4.5 – 12.4	0.2	-1.4 – 1.7	8.0	4.1 – 12.0

Appendix Table 5 (Continued): Regression results examining association between treatment in a primary care safety-net setting and the receipt of adequate follow-up care and continuous medication, among Medicaid-enrolled youth with index depression diagnosis

	Percentage of youth that received minimally adequate psychotherapy (≥ 4 therapy visits) [†]		Percentage of youth that received minimally adequate pharmacotherapy (84 / 144 days) [†]		Percentage of youth that received minimally adequate treatment (psychotherapy or medication) [†]	
	Adjusted Percentage Point Difference [±] (Intercept = 32.9)	95% CI	Adjusted Percentage Point Difference [±] (Intercept = 16.1)	95% CI	Adjusted Percentage Point Difference [±] (Intercept = 43.8)	95% CI
<i>Mental health comorbidity</i>						
Type of depressive disorder						
Depression NOS only		(Reference)		(Reference)		(Reference)
Dysthymia (no major depression)	5.8	2.8 – 8.7	-3.8	-6.8 – -0.8	5.2	1.8 – 8.5
Any major depression diagnosis	3.8	1.9 – 5.8	6.8	5.2 – 8.4	7.4	5.5 – 9.4
ADHD	-0.1	-2.1 – 1.8	3.0	1.5 – 4.4	1.9	-0.2 – 4.1
Conduct disorder / oppositional defiant disorder	4.5	2.4 – 6.6	-0.5	-2.1 – 1.1	3.0	0.8 – 5.1
Other mental health disorder	7.3	5.5 – 9.2	7.5	6.3 – 8.8	10.0	8.2 – 11.8
<i>Physical health comorbidity</i>						
Asthma	0.1	-2.2 – 2.3	2.2	0.4 – 4.0	1.6	-0.7 – 4.0
<i>County-level characteristics</i>						
Percentage living in urban area	0.03	-1.7 – 1.8	-0.7	-1.7 – 0.3	-0.7	-2.5 – 1.0
Percentage living in poverty	-1.8	-3.1 – -0.5	-0.6	-1.4 – 0.2	-2.0	-3.3 – -0.8
Primary care safety-net facilities per 100K ^d	0.5	-1.0 – 2.0	-0.5	-1.5 – 0.5	-0.3	-1.9 – 1.3
Primary care physicians per 100K	0.1	-1.7 – 1.8	0.6	-0.5 – 1.6	0.7	-1.0 – 2.4
Psychologists, per 100K	1.0	-0.9 – 3.0	-0.6	-1.7 – 0.5	0.3	-1.8 – 2.4

Notes: [†]N=13,209; [±]Logistic regressions were estimated with state indicators and standard errors were clustered at the county level.

^aWe used monthly information about plan enrollment to measure health plan type. This category includes children who were enrolled in a comprehensive managed care plan for their entire observation period.

^bThis category includes those that were enrolled in more than one plan type during the observation period (including behavioral health plans).

^c Reference category includes children eligible for Medicaid based on household income, classification as “medically needy”, and/or other criteria specified in each state’s Section 1115 waiver.

^dIncludes federally qualified health centers and rural health clinics.

Appendix Table 6: Psychotherapy services received inside and outside of primary care safety-net clinic in cohort initiating ADHD medication

	Received any ADHD-related visits in primary care safety-net clinic [n=867 ^a]						Never used primary care safety-net clinic for ADHD-related visits [N=5,566]	
	Visits in primary care safety-net clinic		Visits outside primary care safety-net clinic		All ADHD-related psychotherapy		All ADHD-related psychotherapy	
	N	%	N	%	N	%	N	%
Any individual psychotherapy visit, %	40	4.6	127	14.7	158	18.2	1,265	22.7
Any psychotherapy visit (individual, family, or group), %	63	7.3	169	19.5	216	24.9	1,571	28.2
Number of psychotherapy visits (for those with any psychotherapy in each setting), Mean ± SD	4.4 ± 5.8 ^b		7.2 ± 9.5 ^c		6.9 ± 9.0 ^d		6.7 ± 8.4 ^e	

Notes:

^aADHD sample that received any ADHD care in PC safety-net clinic.

^bn=63 children in the ADHD sample who received any psychotherapy in primary care safety-net clinic.

^cn=169 children in the ADHD sample who received any ADHD-related care in primary care safety-net clinic also received any psychotherapy outside of primary care safety-net.

^dn=216 children in the ADHD sample who received any ADHD-related care in primary care safety-net clinic and also received any psychotherapy.

^en= 1,571 children who never used primary care safety-net clinic for ADHD and received any psychotherapy in any setting.

Appendix Table 7: Psychotherapy services received inside and outside of primary care safety-net clinic in cohort with index depression diagnosis

	Received any depression-related visits in primary care safety-net clinic [n=943 ^a]						Never used primary care safety-net clinic for depression-related visits [N=12,266]	
	Visits in primary care safety-net clinic		Visits outside primary care safety-net clinic		All depression-related psychotherapy		All depression-related psychotherapy	
	N	%	N	%	N	%	N	%
<i>Psychotherapy</i>								
Any individual psychotherapy visit, %	154	16.3	340	36.1	346	36.7	6,142	50.1
Any psychotherapy visit (individual, family, and/or group), %	210	22.3	402	42.6	409	43.4	7,086	57.8
Number of psychotherapy visits (for those with any psychotherapy in each setting), Mean ± SD	3.7 ± 3.6 ^b		6.9 ± 7.9 ^c		6.9 ± 7.9 ^d		7.2 ± 8.0 ^e	

Notes: Abbreviations:

^aDepression sample that received any depression care in primary care safety-net clinic.

^bn=210 children in the depression sample who received any psychotherapy in primary care safety-net clinic.

^cn=402 children in the depression sample who received any depression-related visits in primary care safety-net clinic, and also received any psychotherapy outside of primary care safety-net clinic.

^dn=409 children in the depression sample who received any depression-related visits in primary care safety-net clinic, and also received psychotherapy in any setting.

^en=7,086 children who never used primary care safety-net clinic for depression and received psychotherapy.