Working Together to Help Youth Thrive in Schools and Communities

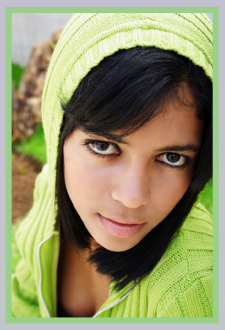
National Children's Mental Health Awareness Day—*May 7, 2009*

SYSTEMS OF CARE

Systems of Care: Addressing the Mental Health Needs of Youth

An estimated 4.5 to 6.3 million children and youth in the United States face mental health challenges.[1] About two thirds do not receive needed mental health services due to the high costs and limited availability of services in many communities. Families are challenged with obtaining services, and youth are left at risk for difficulties in school and/or the community.[2]

The Comprehensive Community Mental Health Services for Children and Their Families Program, funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, addresses these challenges through the development of community-based systems of care that promote



positive mental health outcomes for youth and their families. Families and youth work in partnership with public and private organizations to develop individualized service plans that are family driven, youth guided, and culturally and linguistically competent.[3] Service plans also establish effective services and supports that are available in least restrictive settings and build on youth and family strengths. Systems of care help children, youth, and families thrive at home, in school, and in the community throughout life.

Gains made by youth in systems of care frequently translate to improvements in school performance. This short report describes school and clinical outcomes for

Why Systems of Care Are Important to Schools

About 65% of youth aged 14–18 in systems of care received some mental health services at a school. On average, youth received 5.7 different types of services and supports in the first 6 months.[a] Outcomes for schools in system of care communities improve through the introduction of mental health services into school settings, including

- easier access to services for students and their families
- elimination of misconceptions about students and their families
- improved capability to prevent or respond quickly to crisis situations.
- shared costs of staff positions between mental health agencies and schools
- increased eligibility for third-party reimbursement for in-school health and mental health staff
- more effective team planning and problem solving and school-wide staff training
- more active supervision and behavior management of students in non-classroom settings

[a] National survey findings show that 11.5% of youth aged 12–17 received mental health services in an educational setting.[4]

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youth aged 14–18 who received services in systems of care. Data from the national evaluation of the system of care program demonstrate how youth improve academically, behaviorally, and emotionally from entry into systems of care to 12 months after they begin receiving services.[b]

Youth in Systems of Care Improve School Attendance and Achievement

Youth Progress in School:

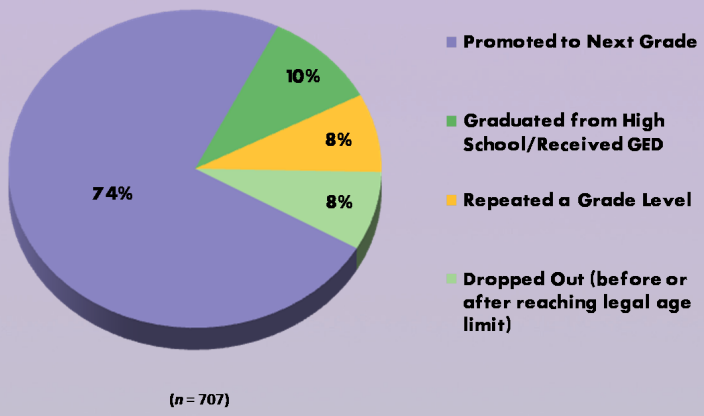
During their first 12 months of services, most youth in systems of care (about 84%) had either been promoted to the next grade level, received the GED (i.e., high school equivalency diploma), or were attending college or vocational school.

Cost Savings: The average annual cost of a student repeating a grade in public education is $9,154.[5] Only 8% of youth in systems of care for 12 months had repeated a grade, compared to nearly twice as many American students in the general public (15%).[6] This difference translates to a cost savings of $4,544,412 for 7,092 youth aged 14–18 years who entered systems of care while enrolled in school.

On average, 11% of high school youth with emotional challenges nationwide drop out per year before finishing high school.[c] Only 8% of youth in systems of care had dropped out of school after 12 months of services.

Economic gains are linked to reductions in dropout rates. Students who drop out of high school are 1.6 times more likely to be unemployed than high school graduates who are not enrolled in college,[8] and earnings for high school graduates are 42% higher than for students who drop out.[9] Over a lifetime, a student who drops out of high school earns about $260,000 less and pays about $60,000 less in taxes than a high school graduate.[10] And students who drop out are about half as likely to have a pension plan or health insurance than those who have a high school diploma.[10]

Youth Progress in School



Note: The numbers in the chart represent the status of the youth 12 months after entry into system of care services.

Youth Grades Improve: The percentage of youth receiving passing grades (a grade of "C" or better) increased from 55% upon entry into services to 66% after 12 months of services. This change represents a 20% increase in the proportion of youth who received passing grades.

Youth Spend More Time in School: Within 1 year after entering system of care services, the percentage of youth attending school regularly (at least 80% of the time during the previous 6 months) increased from 75% to 81%. This improvement means that school attendance for youth with mental health needs in systems of care approached the national school attendance average (83%).[11]

Youth Change Schools Less Often: After 12 months of services, the percentage of youth who had changed schools because of their emotional and behavioral problems had decreased from 23% to 18%. This 22% decrease is important because studies have found that when youth change schools less often, they are exposed to more instructional time and their grades improve.[12]

[b] All improvements over time presented in this report were statistically significant.
[c] Calculations are based on findings from the National Longitudinal Transition Study-2 (NLTS2) conducted for NLTS2 youth in 2003 and covering out-of-school youth aged 15–19.[7]

Youth with Supportive Adults in School Attend School More Regularly: The majority of youth (about two thirds) reportedly had a favorite teacher or other favorite adult at school when they entered services and after 6 and 12 months of services. This encouraging finding is linked to another positive result: Youth in systems of care who have a favorite adult at school are more likely to attend school regularly.

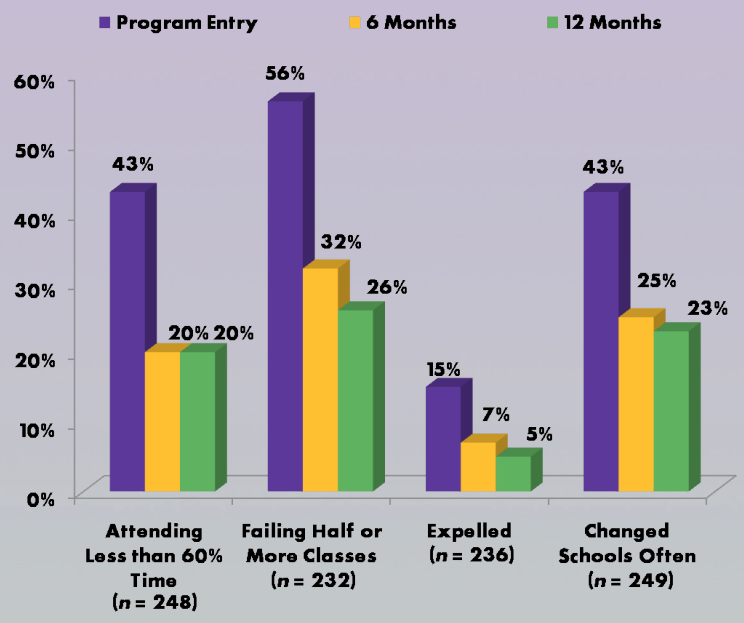
Youth at Highest Academic Risk Make Strong Gains: Youth who entered systems of care with the highest levels of risk for school-related problems demonstrated significant progress on many educational outcomes:

- As they entered system of care services, over 43% of these at-risk youth attended school less than 60% of the time. This figure dropped more than half (to 20%) within 12 months after entering services.
- Nearly 56% of these youth had been failing half or more of their classes before entering services. This percentage dropped by more than half (to 26%) within 12 months.
- Expulsions from school decreased by two thirds (from 15% at intake to 5%) within 12 months. No youth were permanently expelled from school within 12 months after entering services.
- About 43% of these youth had changed schools because of their emotional and behavioral problems in the 6 months before entering systems of care. Within 12 months, only 23% had changed schools, a decrease of 47%. Research findings indicate that less school mobility benefits youth and their ability to learn.[12]

"The Student Assistance Program and my WRAP team helped to get everyone on the same page. . . . My teacher is a member of my team so everyone has a better understanding of where I am coming from [in school]. I gave up on going to school because I was told that I missed so many days I wouldn't graduate even if I went every day. But my team and the school worked things out to where I was able to go at nights and take work home to get caught back up."

—Youth, age 17

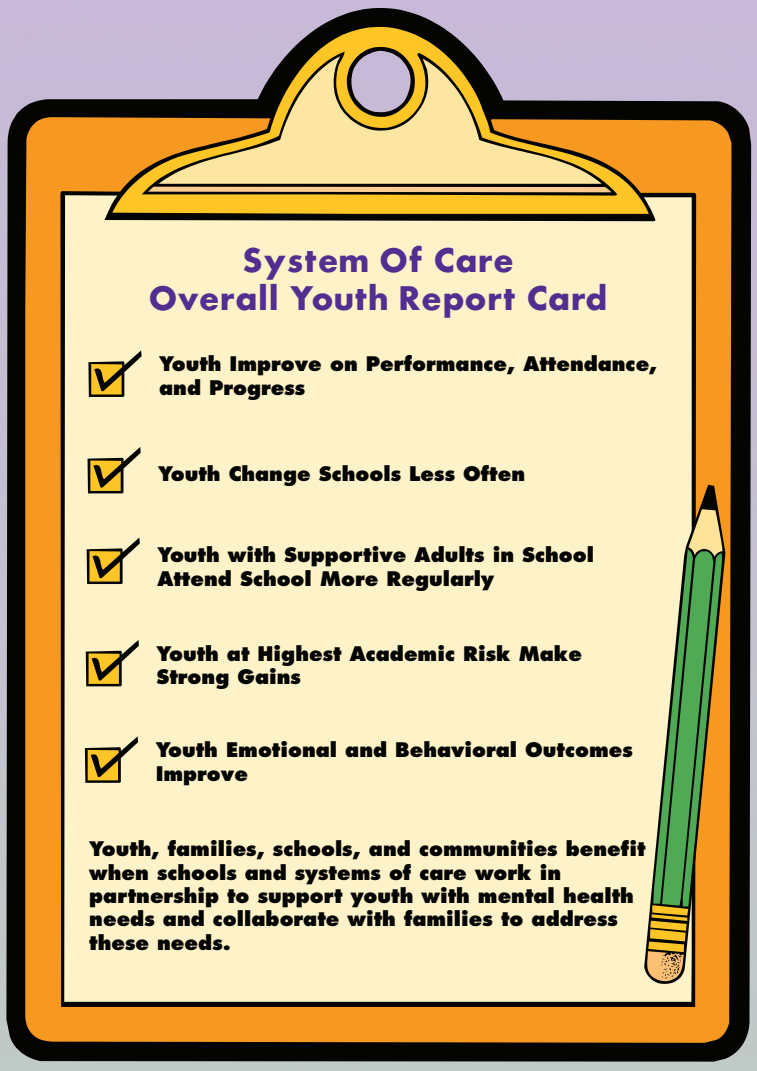
Improvement in Educational Outcomes for Youth at Highest Academic Risk



Emotional and Behavioral Outcomes Improve for Youth in Systems of Care

- **Youth Emotional and Behavioral Health Improves:** The level of overall emotional and behavioral problems reported for youth[d] fell significantly after receiving system of care services. Specifically, 12 months after entering services, 38% of youth showed clinical improvements in emotional and behavioral problems, as reported by their caregivers.
- **Youth Depression and Anxiety Decline:** Twelve months after beginning system of care services, 16% of youth reported significantly lower levels of depression and 21% reported significantly lower levels of anxiety than when they entered services.
- **Youth Suicide Attempts Decrease:** Youth suicide attempts decreased significantly within the first 6 months of services (from 13% to 6%). Within 12 months, only 5% of youth had reported suicide attempts, a 62% reduction after starting services.

[d] The level of overall emotional and behavioral problems is operationally defined as the Total Problems score on the Achenbach Child Behavior Checklist.[13]



Study Background

Children and youth receiving services in funded systems of care range in age from birth to 22 years. To be eligible for services, they must have, or have had at any time during the past year, an emotional, socio-emotional, behavioral, or mental disorder that meets standardized diagnostic criteria, is of sufficient duration, and affects child or youth functioning in home, school, and/or community, or requires intervention by multiple child-serving agencies.

Information in this report is based upon findings from system of care communities initially funded from 2002 through 2006. Youth in this sample entered systems of care from 2003 through 2008.

To ensure that the findings were not due to sample attrition, only youth who had data at all three data collection points (e.g., entry into services and 6 and 12 months after entry into services) were included in the analyses within this report.

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