
In one of the first articles presenting site-specific findings from a CMHS-funded demonstration site, Rosenblatt and her colleagues present data from the Multiagency Integrated System of Care (MISC) in Santa Barbara County. The authors classified youth based on risk factors and emotional/behavioral characteristics and examined whether different agencies referred youth with different profiles.

Participants \((N=128)\) were predominately Latino, male, and had an average age of 14 years. Most were referred to the MISC by probation agencies.

Results indicated that different agencies referred youth with different profiles. For example, youth referred by probation agencies tend to be older, experience problems in the community, have moderate problems with substance use, low problem behavior scores, moderate to high risk factors, and a high number of arrests. In contrast, those referred by mental health tend to be younger, have higher behavior problem scores, no arrests, fewer risk factors, moderate problems in the home, and few problems in the community and with substance use.

Perhaps the most significant finding was the identification of four types of youth:

- Troubled: Primary problems in emotional functioning
- Troubling: Primary problems in delinquency and related behaviors
- Troubled and Troubling: Combination of both types of problems
- At-Risk: Multiple risk factors but less severe problems

While all agencies referred youth across these four groups, probation agencies tended to refer more youth with “Troubling” and “Troubled and Troubling” profiles, while other agencies were more likely to refer youth in the “Troubled” cluster.

These findings address the longstanding debate as to whether services should be provided to youth considered socially maladjusted (“Troubling”) versus those with serious emotional problems (“Troubled”). Identification of the “Troubled and Troubling” profile provides strong evidence that youth can experience social maladjustment and serious emotional disturbance (SED) and that those with social maladjustment should receive special education services.

Further, these findings suggest that particular service delivery approaches may be more effective with specific types of youth depending on age, ethnicity, risk factors, behavioral characteristics, and level of functioning. The authors are to be commended for their efforts to demonstrate the potential utility of a classification system for youth. Such a system may help to more precisely tailor services to meet the unique needs of particular types of youth within systems of care.