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This article reports on characteristics of children with severe emotional disturbance (SED) and their families who receive services at two inner-city system of care (SOC) sites. Some interesting trends were revealed about the psychosocial and sociodemographic backgrounds of these children when data were examined according to the agency that referred them to the SOC site in their community. The authors note that this research builds upon on the findings of Rosenblatt et al. (1998) and Walrath et al. (1998), reported in *Data Trends* #3 and #4, respectively. This research has implications for policy, services, and outcomes research.

System-of-care sites were the East Baltimore Mental Health Partnership (EBMHP) in Maryland, and the Families Reaching in Ever New Directions (FRIENDS) program, located in the South Bronx, New York City. The sites are funded by the Center for Mental Health Services (CMHS) as part of the Comprehensive Services for Children and Families Demonstration grant project.

Both sites were chosen for analysis due to their similar culturally competent and family-oriented program goals, target populations (i.e., minority, urban poor) and service components (e.g., case management, crisis intervention, home-based interventions, etc.). Data were gathered on a total of 696 children and their families. Combined demographic data indicate that children referred to the sites were predominantly African-American (70%), males (69%), and with an average age of 11 years (ages ranged from 2-21 years, $SD = 3.45$). Eighty-four percent of families participating in this study reported annual incomes of less than \$15,000.

Referrals to each SOC site were made by the Departments of Juvenile Justice (DJJ), Social Services (DSS), the public school system (PSS), the public mental health system (MH), family, and other referrals (including child advocacy systems and the public health sector). When reviewing these data, it becomes clear that each referring agency believes that SOC services will benefit the unique needs of their clients. Findings of this study are summarized below, and reveal the diversity and complexity of the populations served by these SOC sites:

- Hispanics were referred more often by family members than by DJJ, DSS, and PSS.
- African Americans were referred at high rates by DJJ, DSS, and PSS.
- DJJ referrals consisted mostly of older males with more functional impairment and who have had less contact with mental health service providers than children referred by other agencies. Mental health services for these children may not be readily available in the DJJ system.
- MH referred children with greater risk factors and who had already received more mental health services than did children referred by other agencies. While the data do not report on the type of mental health services these children received prior to referral, the fact that they were referred would suggest that additional, comprehensive services are needed for these children.
- DSS referred more females with less functional impairment. These children were also more likely to live with a married, female caretaker.
- PSS referred the highest percentage of young children, and many of them lived with a female caretaker who had never been married. Children referred by PSS had lower risk factor indexes than other children, but they had relatively high levels of impairment and moderate histories of previous service.

Other implications gleaned from these data suggest future challenges to SOC research. For example, noting the high percentage of older males referred by DJJ, and the high percentage of females referred by DSS, the authors suggest that age and gender might be re-conceptualized under the SOC philosophy of cultural competency. Furthermore, the children referred from PSS may be too young to present with high risk factor indexes, but high levels of impairment suggest that schools may not be equipped to provide the additional services that children with SED and their families may need.

These data suggest that there are both similarities and differences among inner-city populations receiving SOC services. However, the data illustrate that these CMHS sites are doing what they were intended to do; i.e., they are reaching a varied group of children and their families who have multiple service needs.