

Source: Walrath, C., dosReis, S., Miech, R., Liao, Q., Holden, E. W., De Carolis, G., Santiago, R., & Leaf, P. (2001). Referral source differences in functional impairment levels for children served in the Comprehensive Community Mental Health Services for Children and their Families Program, *Journal of Child and Family Studies*, 10(3), 385-397.

A primary goal of this study was to investigate the characteristics of children referred into SOC sites in an attempt to determine whether children referred from non-mental health sites present different challenges to SOC staff and administrators than do children referred from mental health agencies. Seventy-eight percent of all referrals to the sites came from non-mental health agencies. Results indicate that youth with moderate to high impairment are being identified and referred by non-mental health serving agencies into SOC, and that these children have impairment scores similar to those of children referred by mental health agencies.

Baseline data from the 1993-94 national evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program were analyzed for children and adolescents served by one of 15 SOC grant sites ($N = 6,073$). Data on children who were referred from juvenile justice, school, social services, traditional out-patient mental health agencies, family, or from other sources were analyzed according to baseline child demographic characteristics and functional impairment levels as measured by the Child and Adolescent Functional Assessment Scale (CAFAS) within the first month of entry into a system of care site.

Table 1. Characteristics, referral source, and presenting problems ($N = 6,073$)

Male	63%
Average Age	11.5
Race/ethnicity	
Caucasian	61%
African American	20%
Hispanic	11%
Other	5%
Referral sources	
Mental health	21%
Social Services	16%
Schools	16%
Family	16%
Juvenile Justice	11%
Other	12%
Presenting problems:	
Conduct Problems	54%
Adjustment Disorders	41%
Hyperactive Disorders	31%
Delinquency	29%
Depression related	22%

Table 1 shows characteristics, referral sources, and presenting problems reported by these children and their families. Over half (51%) of these children lived in a single-parent household, 20% lived with no family, and 46% came from families living below the poverty line.

When data were analyzed by referral agency, most children referred by juvenile justice presented with delinquency problems (71%), while conduct disorders were the main presenting problem for over half of all children referred by either school (55%), mental health (59%), social services, (54%), family (55%), and other (50%).

An analysis of the Mean Total CAFAS scores for children referred by these agencies found that children referred from social services agencies and by the family were significantly less impaired than were children referred from all other agencies studied. Scores for social services referrals and family referrals were 57.2 and 59.9, respectively. Although these children exhibited less impairment, the authors note that their impairment scores are "still indicative of intensive intervention" (p. 394).

Overall, these findings support previous studies on referral source into systems of care (see for example, Data Trends #3 and #4), and have implications for policy and clinical practice. The

authors write, "Despite their identification in a non-mental health setting, system of care providers can anticipate substantial service needs. Administrative decisions such as staffing plans and caseloads, and clinical decisions such as treatment plan goals, service planning, and accessing support services are impacted by the impairment levels of these children and their associated needs" (p. 395).