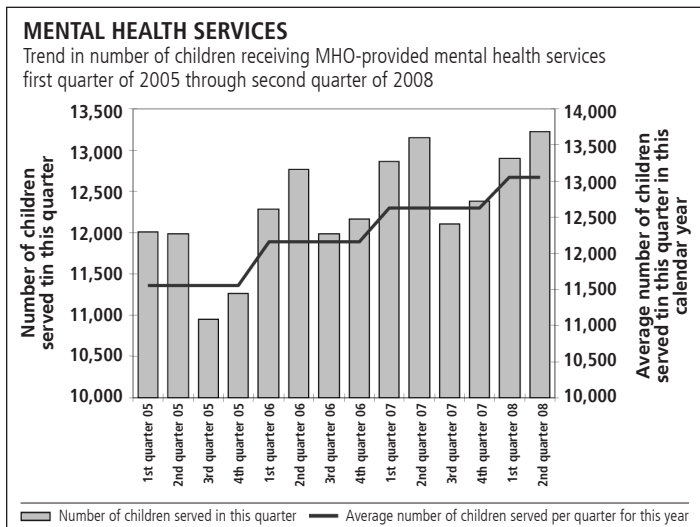
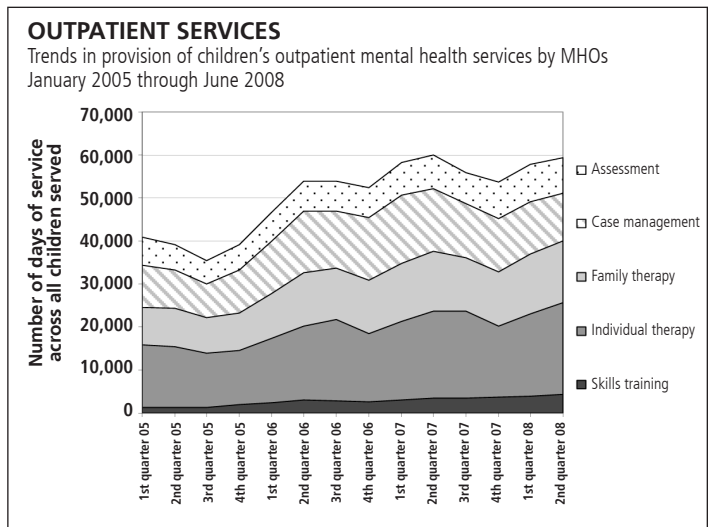
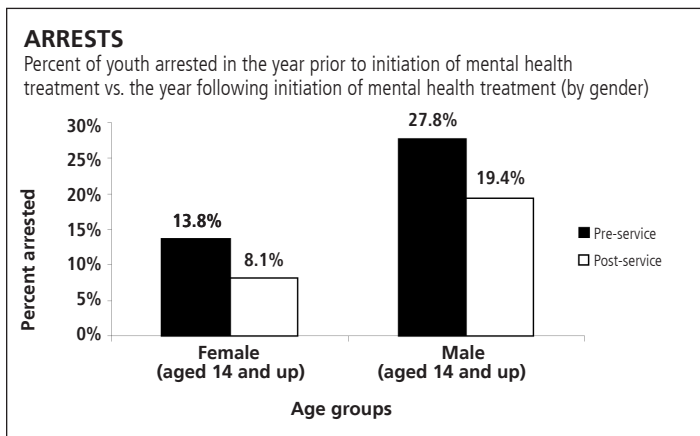


Oregon mental health services: *Outcomes for children and adolescents*

The statewide Children's System Change Initiative (CSCI), launched in October 2005, has created an environment of awareness, education and greater planning for children's mental health systems regionally and locally. CSCI emphasizes increased availability and quality (breadth, depth and intensity) of individualized, intensive home and community-based services. The goal of this initiative is to minimize the use of institutional care and provide services in the most natural environment possible.



The number of Medicaid-eligible children receiving mental health services through mental health organizations increased from an average of 11,550 per quarter in 2005 to an average of 13,056 per quarter in 2008.



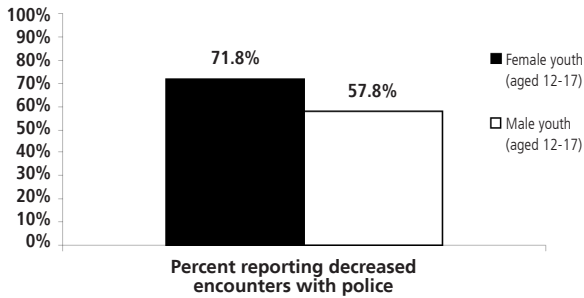
Since October 2005 there has been a substantial increase in the provision of a wide array of outpatient mental health services to Medicaid-eligible children. Most notable is the growth in case management services (care coordination) and skills training. These services, which have been more readily available, help reinforce community-based care.

Reducing recidivism in the juvenile justice system is key to achieving positive outcomes for children with mental health disorders. Mental health treatment continues to be associated with a substantial reduction in probability of arrest among both male and female youth aged 14 and above.¹

¹ The percent arrested post-treatment was adjusted up (increased) to account for youth who, at the time of the survey, had experienced fewer than 12 months at risk for arrest following the start of treatment. Data reflect parent/guardian responses to the 2008 Youth Services Survey for Families (administered statewide to more than 10,000 caregivers of youth in treatment).

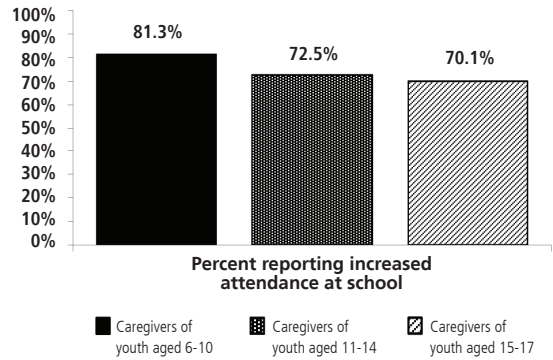
ENCOUNTERS WITH LAW ENFORCEMENT

Percent of caregivers reporting a decrease in their child's encounters with police following initiation of mental health treatment (by child's gender)



SCHOOL ATTENDANCE

Percent of caregivers reporting an increase in their child's attendance at school following initiation of mental health treatment (by child's age)



Reducing encounters with police among youth with a history of police contacts is an important step in reducing juvenile justice involvement. Youth with mental health challenges are more likely to improve overall if the likelihood of juvenile justice involvement can be eliminated. Mental health treatment continues to be associated with a substantial reduction in encounters with police among all youth with a history of police contacts.²

² Denominator is all youth who, per caregiver report, experienced a change (either an increase or decrease) in frequency of encounters with police from the pre-treatment to the post-treatment period. Data reflect parent/guardian responses to the 2008 Youth Services Survey for Families (administered statewide to more than 10,000 caregivers of youth in treatment).

Staying in school generally has been associated with more positive outcomes for children. A history of poor school attendance increases the likelihood that a student will ultimately drop out of school. Coupled with other risk factors such as a mental health diagnosis and juvenile justice involvement, dropping out of school greatly escalates a youth's risk of a lifetime of difficulty both socially and with their mental health that is extremely challenging to reverse. Mental health treatment continues to be associated with substantial improvement in school attendance, leading to better outcomes overall for children.³

³ Denominator is all youth who, per caregiver report, experienced a change (either an increase or decrease) in school attendance from the pre-treatment to the post-treatment period. Data reflect parent/guardian responses to the 2008 Youth Services Survey for Families (administered statewide to more than 10,000 caregivers of youth in treatment).