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Perceptions of Opportunity Among Youth Served by the Allegheny County Department of Human Services: A Program Evaluation Study of the Partnership for Youth Transition

James Caldwell

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PERCEPTIONS OF OPPORTUNITY AMONG YOUTH SERVED BY THE
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES: A PROGRAM
EVALUATION STUDY OF THE PARTNERSHIP FOR YOUTH TRANSITION

A Thesis

Submitted to the McAnulty College and
Graduate School for Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Master of Arts

By

James Caldwell

August 2012

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James Caldwell

2012

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By

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May 2, 2012

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ABSTRACT

PERCEPTIONS OF OPPORTUNITY AMONG YOUTH SERVED BY THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES: A PROGRAM EVALUATION STUDY OF THE PARTNERSHIP FOR YOUTH TRANSITION

By

James Caldwell

August 2012

This thesis supervised by Dr. Joseph Yenerall and Dr. Ann Marie Popp.

The Allegheny County Department of Human Services implemented the Partnership for Youth Transition Program (PYT) to provide services for transition aged youth in Allegheny County who suffer from Severe Emotional Disturbance. One of the goals of this program was to enhance the perceptions of opportunity of goal attainment held by this population. This research is a program evaluation of the PYT program to find out if the PYT program was successful in enhancing these perceptions. This study uses a Paired-Samples T-Test, a Pearson Product-Moment Correlation Coefficient and an Analysis of Variance to see if the perceptions of opportunity changed during PYT program involvement, and to analyze if other variables (risk, service involvement and demographic characteristics) had any influence on these perceptions. The evaluation found that the perceptions of opportunity did improve and that there was a relationship

between the factors of risk and service involvement and the perceptions of opportunity of
PYT program participants. After discussing the findings of these results, policy
recommendations are proposed.

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LIST OF ABBREVIATIONS

BERS – Behavioral and Emotional Rating Scale

CAFAS – Child and Adolescent Functional Assessment Scale

CASSP – Child and Adolescent Service System Program

CBCL – Child and Behavioral Checklist

CMHS – Center for Mental Health Services

DHS – Allegheny County Department of Human Services

PYT – Partnership for Youth Transition

SAMSHA – Substance Abuse and Mental Health Administration

SED – Serious Emotional Disorder

SOCI – System of Care Initiative of Allegheny County

TIP – Transition to Independence Process Model

Introduction

This research is a program evaluation of the Partnership for Youth Transitions (PYT) administered by the Allegheny County Department of Human Services (DHS). In particular, this evaluation will measure the perceptions of opportunity held by PYT program participants. The evaluation will be performed by utilizing secondary data available in the Allegheny County Department of Human Services (DHS) database. The PYT program was established to serve transition aged youth, ages 14 to 21, with Serious Emotional Disturbances (SED). The PYT program ended in 2009, and all data used in this analysis was collected by DHS staff in 2005. Therefore all data used in this analysis will reflect the year 2005.

The Allegheny County Department of Human Services (DHS) has continuously researched and analyzed the attitudes of PYT program participants. This study will be an extension of this research. This study will focus on one particular scale known as the perception of opportunity scale. The perception of opportunity scale was utilized by the DHS to examine how PYT program participants perceived both the importance and likelihood of attaining goals. The items on this scale were self-assessed by PYT program participants and based entirely on their attitudes before entering the PYT program (baseline) and after 12 months of enrollment.

The PYT program resulted from one of three grants given to Allegheny County to implement a System of Care.

A System of Care is:

“a broad flexible array of effective services and supports for a defined multisystem involved population, which is organized into a coordinated network, integrates care planning and care management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and with youth at

service delivery, management and policy levels, has supportive management and policy infrastructure, and is data driven” (Pries, 2010, 8).

It is necessary to be clear that the PYT program was one of three grant programs established by the Allegheny County Department of Human Services (DHS). The DHS created two other programs, the Community Connections for Families and the Starting Early Together programs, which were aimed at younger populations, ages six to fourteen and zero to six, respectively. All three of these programs, collectively, became known as the System of Care Initiative (SOCI).

This study features two primary stages. The first stage of this analysis will be to examine if the underlying principles of the System of Care philosophy, which were utilized in the PYT program, influenced the transition aged participants in the program. The second stage of this analysis, which will control for other factors, will examine if other variables analyzed by the DHS influenced, in any fashion, these perceptions. The other variables examined in this analysis will be risk factors, service involvement and demographic information. This study will seek to find the truth behind the influence of the System of Care philosophy evident in the PYT program on the perceptions of opportunity held by transition aged individuals with SED.

Literature Review

Purpose of the PYT Program

The PYT program was created to provide services specifically tailored for the transition aged population ages 14-21 with Severe Emotional Disturbances (SED). There are currently 3.2 million young individuals transitioning into adulthood with a severe emotional disturbance (SED) in the U.S. The challenge of transitioning into adulthood is difficult for all young individuals; however, this challenge becomes compounded for this specific population who are diagnosed with SED. Transition aged youth with SED struggle entering adulthood as they can suffer from a variety of symptoms including depression, anxiety, attention deficit disorder, schizophrenia, conduct disorders, and several others.

The Center for Mental Health Service (CMHS) provides a more detailed description of a young individual diagnosed with SED based on his or her functional impairment. The CMHS defines a young individual with SED as:

“a moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships” (Friedman et. al, 1996, 71).

There are numerous examples that demonstrate how a young person with SED will act. For example, a young person with SED “may hallucinate, have a very short attention span, hurt others physically, destroy property, or have severe moods of depression, anger, or fear” (Wagner, 1995, 92). Furthermore, young people with SED are more like to engage in external behaviors, such as acting out, rather than engage in internal behaviors, such as withdrawal or depression (Wagner, 1995, 94).

The PYT program was established to provide effective services for the transition aged population who usually lack or have no access to services, in mental health, because of their unusual age range. It is a commonly accepted notion that once individuals with SED reach the age of 18, an age usually associated with entering adulthood, confusing differences in eligibility rules and a shortage of developmentally appropriate services pose huge obstacles for this population (Sondheimer, et al. 2007, 2).

A specific function of the PYT program was to overcome such obstacles by positively influencing the perceptions of opportunity held by these transition aged individuals. The perceptions of opportunity measures the attitudes, held by this population, of how likely it is to attain certain goals. Having a positive outlook on life can be difficult because of the difficulties associated with having SED.

Another factor that highlights the importance of the PYT program is the fact the many young individuals with SED do not begin to demonstrate severe symptoms of this disability until their adolescent years. Research shows that 16% of young people did not report having trouble with SED until their high school years (Wagner, 1995, 94). Furthermore, a National Longitudinal Transition Study provided evidence that young people with SED were more likely than young people with other disabilities to first report SED related problems during their adolescence (Wagner, 1995, 94). This late onset of SED provides us with two explanations. For one, this evidence suggests that problems with SED may not be evident in an individual's younger years or early prevention methods reduced the severity of the disability (Wagner 1995, 95). Alternatively, this evidence suggests that psychological changes that begin to occur in adolescence, such as

higher societal demands, could trigger emotional or behavioral disorders (Wagner, 1995, 95).

There is also evidence that suggests that the principles associated with the PYT program, which is based on the System of Care philosophy, do help in achieving positive outcomes for young people with SED. The methodology utilized by the System of Care is known as the wraparound approach. Some factors of this approach include parent involvement, social integration that focus on the strengths of the young individual, and collaboration with the community. Evidence from a National Transition Study shows that youths with disabilities, whose parents were more involved in their education during high school, were significantly more likely to attend post-secondary schools (Wagner, 1995, 107). These youth were also 25 percent less likely to fail a class than other youths whose parents were not involved (Wagner, 1995, 107). Further evidence suggests that young individuals with SED involved in social, sports, hobby or other kinds of groups were less likely to fail a class than other young individuals who were not (Wagner, 1995, 107). This shows that success for young people with SED is possible when engaged in activities that spark their interest.

Importance of Perceptions of Opportunity

An important element of the Partnership for Youth Transition (PYT) was to provide services that enhanced the perceptions of opportunity held by transition aged youth served in the program. The PYT program measured perceptions of opportunity in terms of how these transition aged individuals with SED felt their chances were to reach their goals. These included goals such as having a successful career, graduating from

college, earning a good living, staying out of trouble with the law and several other goal oriented functions.

Enhancing the perceptions of opportunities is an important function of the PYT program as research suggests that young individuals with SED are more likely to drop out of high school, less likely to receive any form of post-high school education or training, and more likely to be unemployed following graduation (Mason, Chapman, Scott, 1999, 358). Such factors can be detrimental to positive future outlooks for this population of transition aged individuals. Other factors associated with the transition aged individuals with SED, that can hinder positive perceptions, include having a parent who did not finish high school, being raised in a single parent home, being of lower socioeconomic status, being a victim of physical or sexual abuse and having families that experienced divorce, separation, or parental psychiatric illness (Mason, Chapman, Scott, 1999, 358). These factors for the transition aged population with SED can lead to wide variety of problems as they transition into adulthood. For example, because these individuals with SED are less likely to finish high school, their outlook for finding a job equipped with acceptable living wages can become slim. Therefore, it is appropriate to examine how the System of Care philosophy, evident in the PYT program, affected the perceptions of goal attainment held by the transition aged population served by the DHS.

Socioeconomic Gaps and Perceptions of Opportunity

Substantial socioeconomic gaps between transition aged individuals with SED and the general population of young individuals entering adulthood can also hinder how these young individuals with SED perceive their future goals. Research suggests that a substantial gap exists between young individuals with SED and the general population in

receiving a post-secondary education (Wagner, 1996, 409). For the general population of young individuals, obtaining a post-secondary education allows them to reap a greater return on their investment by being able to be more competitive in the labor market. For young individuals who suffer from SED, the decrease in the likelihood of obtaining a post-secondary education hinders them from being competitive to the same degree. Furthermore, this gap in obtaining a post-secondary education may lead to these young individuals reaching an eventual “ceiling” in their progress towards independence (Wagner, 1996, 410). This ceiling refers to these transition aged individuals with SED not being able to reach the same amount of independence as their peers.

Young individuals with SED also face socioeconomic gaps based on their gender and ethnicity. Young women with SED, in their post-school lives, were less likely to be employed and more likely to live independently in comparison to their male counterparts who also suffer from SED (Wagner, 1996, 410). Furthermore, even though young women in the general population are closing the gap in the existing inequality between men and women in the workforce, young women with SED were widening this gap (Wagner, 1996, 410). These specific disadvantages for young women with SED indicate a separate set of concerns for these individuals in comparison to the male counterparts.

In terms of ethnicity, there was a gap between white and minority young individuals with SED in terms of employment and wages (Wagner, 1996, 410). Young white individuals with this disability were more likely to be employed and receive higher wages than their black and Hispanic counterparts (Wagner, 1996, 410). This evidence suggests ethnicity may further hinder successful transition than just suffering from SED alone.

The System of Care Philosophy

To understand the scope of the Systems of Care, it is necessary to understand how the effort came to be. Over the past 20 years, there have been “concerted national efforts to help states, tribes, and localities build Systems of Care for children and adolescents and families who require services and supports from multiple providers and systems” (Pries, 2010, 5). The Systems of Care philosophy developed over time, spanning nearly three decades, as an effort designed to assist children, youth, and families in the child welfare system (Pries, 2010, 5). The System of Care aimed to provide efficient services to these populations outside of the traditional institutionalized service system that has been utilized over they years.

In 1983, the National Institute of Mental Health initiated the Child and Adolescent Service System Program (CASSP), “which provided funds and technical assistance to all fifty states, several U.S. territories, and a number of local jurisdictions to plan and begin to develop Systems of Care for children with serious emotional disturbance (SED)” (Pries, 2010, 5). CASSP recognized that many of the children and youth with serious emotional disturbances were involved in multiple systems and that there was a need for interagency collaboration (Pries, 2010, 5). The CASSP is now part of the Substance Abuse and Mental Health Association (SAMSHA) which was responsible for providing the grants utilized to create the System of Care Initiative (SOCI) in Allegheny County.

The creation of CASSP was followed by a movement that wanted service planning to become more family focused. Service planning is the process of finding and providing the necessary resources to help alleviate the problems associated with SED. By

engaging the family and allowing them to play a role in service planning, it allows such services to be tailored to meet the specific needs of a particular child. This is a process known as family voice and choice. This process recognizes that the parent or caregiver may not have the expertise to fully understand the services needed for their child, but it is understood that their opinions should be heard and are needed to enact the best-fit service plan for each particular child. This would include providing services that meet the standards of the family's customs, beliefs, values and background. The System of Care philosophy recognizes that families are diverse and one service does not fit all. Therefore, the System of Care philosophy recognizes the necessity of utilizing multiple strategies and structures for family involvement and support (Pries 2010, 27).

The idea of community-based care was established in 1986 when Congress passed the State Comprehensive Mental Health Services Plan Act. This act "required all states to develop and implement plans to create community-based service systems for persons with serious mental illness, including adults and children, and mandated participation of family members and consumers in the development of state plans" (Pries, 2010, 6). This act recognized the need for states to stop relying on hospitals and institutions in caring for children with SED, and, instead, build community based partnerships to provide essential services. There are several barriers associated with institutionalized care that can hinder efficient service provision for transition aged individuals. These barriers include caregiver mistrust, the lack of continuity of care, the absence of young adult centered care, inadequate funding and lack of expertise. These barriers are examined in-depth later in this analysis. Most people are familiar with the communities in which they reside.

Therefore, it is possible that they will positively respond to services coordinated in these familiar environments.

The majority of funding to create Systems of Care stems from the 1992 Comprehensive Community Mental Health Services for Children and Their Families Program (Pries, 2010, 6). This program has helped to develop many of the Systems of Care core values including “individualized, strengths based service planning, intensive care management, partnerships with families and with youth, and cultural and linguistic competence” (Pries, 2010, 6).

There were several programs that have been essential in establishing the System of Care of today. In 1993, the Casey foundation began the Mental Health Initiative for Urban Children which focused system building efforts at the neighborhood level in inner cities by including family resource centers and natural supports in providing services (Pries, 2010, 6). Natural supports can be defined as individuals, such as family, neighbors or community leaders who are familiar with the young person and his or her family. Such efforts show the System of Care philosophy was being modeled to include the community which would decrease the amount of dependence on informal service supports once services ended. Members of the community whom are familiar with the young individual and his or her family can serve as permanent supports.

Another program, established in the mid-1990s, was *YouthMove* which gave strength to the idea of allowing youth to have a voice in developing a service plan on their behalf. Young individuals with SED do have an understanding of their needs and therefore should, in some capacity, play a role in identifying the best practices to serve such needs. This is the process of allowing the young person to identify his or her

hobbies, interests and strengths and utilize these characteristics when creating a plan to serve his or her particular.

Aside from these essential programs, the 1999 *Olmstead* Supreme Court decision established the guideline that individuals with disabilities should live in the least restrictive, or community, settings (Pries, 2010, 9). This decision provided legal support to allow young individuals with SED to receive services at home, in the community or in other non-institutionalized settings. This decision was evident in the Building Bridges Initiative, established in 2006, which promoted the idea that service providers should partner with community and residential based treatment facilities (Pries, 2010, 9). This idea mirrors the philosophy of a System of Care as such partnerships were designed to ensure that services and supports were family-driven, youth-guided, strength based, culturally and linguistically competent, and individualized (Mission Statement, Building Bridges).

As mentioned before, the Allegheny County Department of Human Services (DHS) received 3 separate SAMSHA grants allowing them to establish a System of Care Initiative (SOCI). One of these grants was used to specifically serve youth in transition with SED. These individuals, ranging from ages 14-21, “face decisions about future career and education goals, new social situations and responsibilities, self-management of behavior and alcohol/drug use, and maintenance of supportive friendships and intimate relationships” (Clark et al, 1). All young adults will have some struggles associating with these new situations relating to the entrance into adulthood; however, these struggles become compounded when a young individual suffers from SED. Research shows that “young people with serious emotional disturbances and severe mental illness (SED/SMI)

are particularly challenged during this transition period, experiencing some of the poorest secondary school and postsecondary school outcomes among any disability group” (Clark et al, 1).

The Need for a System of Care – Problems of Institutional Care for the Transition Aged Population

The transition into adulthood can be a difficult time for any young person. During this time period for most young people, societal demands become greater and life-changing risks have a greater impact. These hardships are even more severe for the 3.2 million youth in transition into adulthood with a severe emotional disturbance in the U.S (Davis, 2003, 495). The goal of most service delivery systems is to create an ideal situation for these youth in transition. This ideal situation would be to prepare young people with SED to successfully transition into their adult roles which include finishing school, getting and maintaining a job, and developing adult friendships and relationships (Davis, 2003, 496). If a youth in transition continues to suffer in any of these areas, the ideal situation for service providers is to continue to help these individuals until they can successfully function as an adult. However, this ideal is rarely achieved (Davis, 2003, 496).

Evidence suggests that this ideal is not met due to the clash between institutional and developmental transitions that occur in providing necessary services for young people with SED entering adulthood. Institutional transitions deal with changes in status for individuals as they age out of a particular system. These transitions are governed by bureaucratic and legal parameters, rather than by cultural or natural guidelines (Davis, 2003, 497). Developmental transitions are the natural process of maturity such as evolving social competence. These transitions are mediated by cultural norms and

highlighted by various rights of passage (Davis, 2003, 497). The System of Care philosophy attempts to find a common ground between institutional and developmental services that allows for proper transitioning into adulthood for these young individuals.

Institutional barriers that hinder successful transitioning into adulthood for young individuals with SED are widely understood. Lead administrators in the mental health field feel that no state is able to address the comprehensive transition-support needs of adolescents in state mental services beyond the age of 22 as most states end services for this population at age 18 (Davis, 2003, 499). These administrators conclude that mental health services did not adequately address the transition needs of young adults suffering from SED (Davis, 2003, 499).

This lack of services highlights these institutional barriers that prohibit the production of appropriate transition supports for these young individuals. Families, young adults, professionals and administrators from across the country have agreed that there are several themes that define what these barriers are. One barrier is that many institutions engender mistrust. Evidence shows that there are several factors of mistrust in services provided for young individuals in transition. These factors include families not feeling heard or respected and dissatisfaction with the lack of information received to make informed decisions about their child (Davis, 2003, 500). Young people have voiced concerns as well. Young individuals in this transition period reported feeling misled, misunderstood and ignored by the professionals who were supposed to help them (Davis, 2003, 500). These areas of mistrust have lead to a high degree of hesitancy on behalf of the families and young individuals in reaching out and engaging in transition services.

Evidence suggests that there is also a lack of continuity of care across the child and adult institutions. This deals specifically with reports about barriers dealing with conflicting eligibility criteria and funding issues. For example, children receiving services under the category of SED may not qualify for children's mental health services as the definition of SED varies across systems (Davis, 2003, 500). Therefore, service offerings are based on definitions where a child may be only eligible for certain services if he or she fits into a particular system category. Furthermore, there is a huge system gap created by the disconnect of eligibility between the child and adult systems. For example, adult mental health services often exclude individuals with disruptive behavior disorder, the most common disorder evident in young people in public mental health systems and students with SED in special education (Davis, 2003, 501). This reveals that the strict eligibility requirements in adult mental health services bar the entry of the majority of youth and adolescents with severe emotional and behavioral difficulties in children's systems (Davis, 2003, 501). Eligibility restrictions further hinders appropriate services for young adults because youth served as children become ineligible for adult services because of change in age, not change in need (Davis, 2003, 501). This is a process known as aging out. The aging out problem causes a quick and abrupt loss of services for these young individuals. Families report that their children are not equipped to handle the demands of adulthood at the age of 18, and that significant services are needed for these children at least until the age of 20 (Davis, 2003, 501).

The idea that institutional supports are not young adult centered is another barrier to efficient services for youth in transition with SED. Child and Adult services are designed to help these individuals to function according to their specific age range.

However, when it comes to young people in transition, who need help adjusting to adult life for the first time; services are usually not available from either the adult or child system (Davis, 2003, 502). For example, it was found that parents of youth in transition felt that services typically did not address issues that were relevant to young people, such as getting a job or finding a place to live (Davis and Butler, 2002, ix). Furthermore, parents of older individuals transitioning into adulthood (ages 21 and up) felt that services only served much older clients than their child and that services were too rigid (Davis and Butler, 2002, ix). This evidence suggests that service providers do not recognize the needs of these youth in transition and assume that these youth have many life skills that they have not yet acquired (Davis, 2003, 502).

Inadequate funding is another institutional barrier. Inadequate funding resulted in basic services to an even more narrowly defined population (Davis, 2003, 501). Narrower definitions directly reduce the likelihood of a young individual receiving certain services. This fact further hinders a young individual with SED from receiving efficient services as this specific population needs a wide array of services during the period of transition. Strong resentments evident amongst adult mental health service providers further limit services available to young individuals in transition. Adult mental health providers feel that transition services are a luxury and that transition issues are merely “children’s issues” that should be paid for by the child system (Davis, 2003, 502). Due to the fact that there is no public agency mandated to specifically serve youth in transition to the age of 25, service providers must engage in a tremendous effort to forge together fragmented funding streams (Davis, 2003, 502). Finding and putting together a wide array of funding hinders efficient services to these young individuals as such funds are usually time-

specific, service-specific, age-specific, disability-specific and income-specific (Davis, 2003, 502).

Many service providers feel that there is a lack of expertise in terms of individuals who can relate to the young individuals in transition to adulthood. Service providers identify themselves as both “adult or child workers” and are uncomfortable with working with in-between age group (Davis, 2003, 504). Also, the colleges and universities that service providers receive their education do not often provide training in the non-traditional approaches that appear to work best with this specific population of transition aged individuals (Davis, 2003, 504). With the lack of transition specific service providers and training for this non-traditional population, it is easy to see how services for young individuals with SED in transition have been lacking.

The System of Care Philosophy – Combatting Institutional Service Barriers

These institutional barriers can have a negative affect on the clinical and functional outcomes of young individuals with SED. The System of Care philosophy, utilized in the PYT program, has been effective in improving these outcomes by counteracting institutional barriers. In a 2004 report to congress that examined the effectiveness of a System of Care on a national basis, evidence suggested that youth, adolescents and young adults involved in a System of Care improved in their clinical and functional outcomes.

Improvements in Clinical Outcomes

Clinical outcomes were improved for youth, adolescents and young adults involved in a System of Care. Evidence shows a reduction in behavioral and emotional problems for individuals served in a System of Care. This evidence was measured using

the Child Behavior Checklist (CBCL) which examines competencies and behavioral and emotional problems among youth, adolescent and young adults. The evidence suggests that “nearly 90 percent of those involved in a System of Care showed significant improvements or remained stable in their total problem behaviors after 18 months in service” (SAMHSA, 2004, 30).

Evidence shows that youth, adolescents and young adults involved in a System of Care showed improvements in their behavioral and emotional strengths. Using the Behavioral and Emotional Rating Scale (BERS), which examines strengths and resiliencies related to school, family, relationships, and personal competence, evidence suggests that 75 percent of participants in a System of Care showed an increase or remained stable in behavioral and emotional strengths over the period of 18 months (SAMHSA, 2004, 31).

Clinical functioning improved for those involved in a System of Care as well. Functioning, in this case, was measured using the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS examines the degree to which a youth or adolescent’s mental health or substance abuse disorder is disruptive to his or her functioning in everyday life. (SAMHSA, 2004, 32). The CAFAS analyzes functioning in the psychological areas of community, school, home, substance use, mood, self-harming behavior, behavior towards others and thinking (SAMHSA, 2004, 32). Evidence shows that the percentage of System of Care participants diagnosed with functional impairment decreased 8.2 percent after 18 months in service. Furthermore, participants in the program with severe functional impairment decreased by 14 percent over 18 months

(SAMHSA, 2004, 31). These numbers indicate that youth, adolescents and young adults involved in a System of Care improved in their functioning over time.

Improvements in Functional Outcomes

Involvement in a System of Care leads to improvements in functional outcomes for participants as well. After 18 months in a System of Care, performance, attendance and behavior at school vastly improved. Nearly 75 percent of participants in a System of Care either improved or remained stable in their school performance and nearly 86 percent improved or remained stable in school attendance (SAMHSA, 2004, 2). Furthermore, the number of participant suspensions decreased by 14 percent, participants serving in detention decreased by approximately nine percent and participant expulsions decreased by three percent. This shows that the importance of school success is an important element of the services provided in a System of Care.

Individuals who identify themselves as being the primary caregiver(s) to the youth, adolescent or young adult involved, also greatly benefited from a System of Care. Evidence shows that caregiver strain was reduced for those who provided care to young people involved in a System of Care. Over 40 percent of these caregivers reported a reduction in the strain involved with caring for a young person with SED (SAMHSA, 2004, 2). Furthermore, 75 percent of these caregivers reported being highly satisfied with the services provided in a System of Care (SAMHSA, 2004, 2).

Cost Effectiveness

Along improving clinical and functional outcomes for young individuals, the System of Care approach was found to be more cost effective. There are numerous examples of how the wraparound method utilized in a System of Care is a cost effective

approach in providing services for youth, adolescents and young adults with SED. This wraparound approach will be discussed, in depth, later in this analysis. In a wraparound study in Baltimore, the per diem rate for treating a young person in wraparound was \$216 compared to \$269 for a young person in out-of-state placement (Burns, et al. 2000, 300). In Milwaukee, Wisconsin, it was reported that there was a cost savings of \$17,000 over the course of a year in utilizing the wraparound approach rather than a residential treatment facility (Burns, et al. 2000, 300). In New York, utilizing wraparound services cost \$18,000 annually in comparison to \$51,965 annually for therapeutic foster care (Burns, et al. 2000, 300). Each of these studies suggest that when stacking wraparound services against other similar services, wraparound saves money and is a more cost effective methodology in providing the necessary services for young individuals with SED.

There are several reasons that explain how wraparound services are more cost effective. The fact that wraparound services attempt to keep the young individual in a home community setting is the primary reason why these services save money. The at-home community method erases the need for long-term residential placement, avoiding the high costs associated with such placement (Burns, et al. 2000, 300). Also, reliance on a community setting can positively influence long-term behavior as well. If the young person can learn to function accordingly in his or her home community during wraparound services, then there is a greater chance that the young individual will be able to maintain this positive function in the community when formal enrollment in wraparound services are terminated (Burns, et al. 2000, 300). Furthermore, a major goal of wraparound is to shift from formal to informal services. By doing so, the wraparound

method is able to shift categorical, or billable, services to lifestyles in which the young person can become more involved and active in his or her community with little to no service involvement (Burns, et al. 2000, 301).

Responding to the Goals for Mental Health Transformation

Another advantage of the System of Care is that it is effective in responding to Mental Health Transformation goals in the areas of preventing suicide, reducing stigma, providing consumer and family driven care and eliminating disparities.

Preventing Suicide

Evidence from the U.S. Department of Health and Human Services showed that twenty-two percent (22%) of the System of Care communities in the study made specific program efforts to prevent suicide (SAMHSA, 2004, 5). Of these communities, thirteen percent (13%) made strides in training staff and service providers in screening for suicide risk, implementing prevention interventions and treating young people who had already attempted suicide (SAMHSA, 2004, 5). Another six percent (6%) of these communities engaged social marketing strategies such as public service announcements, websites and newspaper articles to alert families about the early warning signs of suicide ideation (SAMHSA, 2004, 5).

Reducing Stigma

Many of the System of Care communities examined nationally participated in efforts to reduce the stigma associated with young people who suffer from Severe Emotional Disturbances. For example, it was found that sixty-four percent (64%) of these communities created and distributed materials, such as brochures, newsletters and pamphlets that discuss the facts and fictions about mental illness (SAMHSA, 2004, 2).

Further evidence suggested that forty percent (40%) of these System of Care communities participated in direct outreach to the constituents they serve and another forty-four percent (44%) participate in community events such as parades and school fairs in an organized effort to combat the stigma associated with mental illness (SAMHSA, 2004, 5) Combating the social stigma associated with transition aged individuals is essential in allowing them to require a more positive outlook on their life. It is commonly understood that when an individual feels more accepted in his or her community, he or she is more likely to engage in activities that that lead to goal attainment as the fear of being rejected decreases.

Providing Consumer and Family Driven Care

System of Care communities has succeeded in implementing family-focused care at both the infrastructure and service delivery levels. Of the System of Care communities examined, eighty-nine percent (89%) had family representatives in the governing body and these family representatives made up sixteen percent (16%) of the governing body (SAMHSA, 2004, 6). Furthermore, ninety-four percent (94%) of the System of Care communities allowed family members to actively participate in the service planning process for the youth, adolescents and young adult participants (SAMHSA, 2004, 6). This evidence shows that System of Care communities are empowering families to advocate on behalf of the young people. These families are intricate in identifying goals and choosing the best services that satisfy and help the young people involved.

Providing culturally competent services

Providing services for young people with SED that build on their cultural identity is an important element of a System of Care. Evidence suggests that “parents of

successful children emphasize ethnic pride, self-development, awareness of racial barriers and egalitarian values (Benjamin, 1992, 37). This evidence indicates that individuals who provide services to individuals with Severe Emotional Disturbances must be aggressive in providing culturally competent services to an ever growing minority population. Evidence shows that minority group members made up forty percent (40%) of the service system population (Benjamin, 1992, 37).

The System of Care communities were prominent in providing services that dealt with various cultures, beliefs and ethnicities. Of the communities examined, seventy-five percent (75%) of the caregivers were satisfied with the service provider's respect for their cultural identities (SAMHSA, 2004, 6). These caregivers also felt that services provided build on the positive aspects of the families cultural traditions (SAMHSA, 2004, 6). The System of Care communities achieved diversity in staff which allowed for proficient services to be provided to the various races and ethnicities served. In urban communities specifically, ninety percent (90%) were successful in hiring diverse program staff and another twenty-five percent (25%) were successful in achieving diversity in their governing bodies (SAMHSA, 2004, 6).

The Wraparound Approach

The System of Care philosophy is able to combat institutional barriers, create a cost effective approach to service provision for young individuals with SED and respond to mental health goals by utilizing the wraparound approach.

Wraparound is a philosophy of care that includes a definable planning process that involves the child and family and results in individualized services that capitalizes on the availability of community services and natural supports (Burns, et al. 2000, 295).

Natural supports include family members, friends, adoptive parents or anyone who is not a health services professional that helps in the service planning for the youth, adolescent and young adult. The idea of the wraparound philosophy grew from the need to find an alternative to the fragmented and largely institutionalized care for youth with SED (Burns, et al. 2000, 295).

The theory of wraparound is strongly associated with the idea that a young individual with SED will function best when service provisions are coordinated within the micro-system of his or her immediate home and family environment (Munger, 1998). Therefore, familial, community and school involvement all play a role in the improved functioning of a youth, adolescent or young adult.

The target population of wraparound services is youth, adolescents and young adults who have severe emotional and behavioral diagnosis who are at-risk of out of home placement (Burns, et al. 2000, 296). These individuals are in the mental health, education, juvenile justice and child welfare sectors. The intended outcomes of wraparound services include improving behaviors that lead to positive adjustments in the young individual's community. These community adjustments include positive family and peer relationships, improved school achievement and employment (Burns, et al. 2000, 296). Wraparound services also strive to eliminate any behaviors that put the young individual at risk of being removed from his or her surrounding community. This includes eliminating behaviors such as aggression, theft, vandalism or self-injury (Burns, et al. 2000, 297). The main goal of wraparound services is to keep the young individual in the community he or she has come to know. This process strives to provide services

with the help from this community and seek to eliminate the out of community placements for a young individual with SED.

There are ten essential principles of the wraparound process identified by the National Wraparound Initiative Advisory Group (Bruns, et al. 2004, 1):

1. Family Voice and Choice. This is the idea that all service planning is guided by family member's values and preferences. This idea recognizes the bond between young individuals with SED and their families. Each has a huge stake in establishing successful outcomes and therefore must be included in providing effective services.
2. Team Based. Wraparound Services include a team of individuals approved by the family. These individuals are committed to the young individual and his or her family's well-being through informal (professional), formal (non-professional) and community support and service relationships.
3. Natural Supports. The wraparound service team should include individuals who are in the young individual and his or her family's network of interpersonal and community relationship. These natural supports are important as they consist of individuals who will be available if and when wraparound services end for a young person. Natural supports consist of friends, extended family, neighbors, co-workers, church members or anyone in the young individual's personal network.
4. Collaboration. It is essential that all team members play a role in developing a wraparound plan for a young person with SED. This plan will reflect the perspectives, mandates and resources associated with the professional, non-

- professional and natural supports of the wraparound team. Team members must reach a consensus on numerous decisions of the wraparound process including what goals to pursue, how to pursue such goals and how to measure goal attainment.
5. Community Based. Service implementation should be conducted in the most inclusive, most responsive, most accessible, and least restrictive settings possible. This idea recognizes the fact that young individuals receiving wraparound services should have the opportunity to participate in family and community life just like the rest of the general population.
 6. Culturally Competent. The wraparound services must demonstrate an understanding of the culture, values and beliefs associated with each specific family. This is done to communicate successfully by interacting in ways that are commensurate with cultural differences held by these families. Furthermore, by being culturally competent, services are shaped in a way that utilizes the strengths that traditions, rituals, values and customs provide.
 7. Individualized. The wraparound plan must be tailored in a fashion unique to the young person and his or her family.
 8. Strengths based. The wraparound plan implements, builds on and enhances the knowledge, capabilities and skills of the young person and family, community, and other team members. This process validates these skills and utilizes the strategies that the young person and family have used to meet the challenges of life. Furthermore, this process exemplifies the idea that wraparound plans should not focus on the deficits associated with being diagnosed with SED, but rather to

focus on and build upon the young person's assets. Such assets can include positive self-esteem, hope, optimism and identity.

9. Persistence. The wraparound team must persistently strive to reach established goals until it is collectively agreed upon that wraparound services are no longer needed.
10. Outcomes Based. The wraparound team must devise observable measures of success of established goals. The team must also come up with a way to monitor progress and revise the plan as needed. By being an outcomes based methodology. The wraparound plan will be accountable to young individuals, their family and the community that participate in the young person's services.

The PYT Approach

The TIP Model

As mentioned earlier, the Partnership for Youth Transitions is based upon the overarching principles evident in a System of Care. The PYT program, in Allegheny County as well as nationally, provided services to transition aged youth utilizing the Transition to Independence Process (TIP) Model. This model is based upon the principles of the wraparound process used in a System of Care; however, it is designed to specifically engage transition aged young individuals with SED.

Sondheimer, et al. identify the seven principles of the TIP model (Sondheimer, et al. 2007, 2):

1. Engage young people in a relationship with a caring, responsible adult to plan for their future.

2. Tailor services and supports to be accessible, coordinated, developmentally appropriate, and to build on strengths.
3. Respect young people's developmentally appropriate search for independence and social responsibility by acknowledging personal choice and their need to find their own way.
4. Ensure a safety net of support, including family, to reduce risks
5. Strengthen young people's competencies to assist them in achieving greater self-sufficiency and confidence.
6. Help the young person maintain a focus on outcomes, and encourage programs and systems to do the same
7. Involve young people, parents and other community partners in the TIP system at all stages and levels.

The TIP model has been successfully employed in Allegheny County. Transition aged individuals, ages 14-21, with SED, were engaged to participate in their service planning. These individuals were involved in the planning and implementation of numerous projects based on the System of Care philosophy and also served on review panels and state-level advisory boards that allowed them to give presentations at local and national conferences (Sondheimer, et al. 2007, 4). PYT services in Allegheny County were also specifically tailored for the transition aged population and involved many community entities. For one, the PYT of Allegheny County housed its offices in neighborhoods and high schools close to where the population lived and studied (Sondheimer, et al. 2007, 4). This created a high level of comfort between program

officials and the population. Also, it allowed close-by community service entities, such as vocational rehabilitation services, to be easily accessible. This enabled the transition aged population to have easier access to job and educational training opportunities. The PYT in Allegheny also made a huge effort in involving transition facilitators to work with this population (Sondheimer, et al. 2007, 4). This was an essential component of Allegheny County's PYT program as these facilitators could be heavily influential on the perceptions of opportunity held by this population. The primary function of these facilitators was to be proactive with these individuals, engaging in a "futures planning" process in which they identified goals and engaged specific community services that could achieve those goals (Sondheimer, et al. 2007, 4). The PYT of Allegheny County's effectiveness in the process of creating goals and developing an understanding of how to achieve those goals is a primary concern of this analysis. The PYT of Allegheny County reached out and partnered with secondary schools, local churches, community colleges and other community entities that were involved in the lives of the transition aged population with SED (Sondheimer, et al. 2007, 4).

The PYT Approach – A Model of Success

It was mentioned earlier that transition aged individuals with SED is a population that traditionally lacks efficient services aimed at this particular age group. This particular group is usually considered too old to receive child services, but too young to receive services aimed at older individuals with SED. The PYT program has been applauded, nationally, as a model that has successfully served this specific age bracket with SED.

The National Center on Youth Transition team has conducted a preliminary assessment on the outcomes of transition aged youth involved in a PYT program. In a study of 192 participants involved in a PYT program over one year, it was found that these individuals had gained improved outcomes over time in several major areas (Sondheimer, et al. 2007, 6). These transition aged individuals involved in the PYT program were more likely to be employed, more likely to be pursuing high school or post-secondary education, less likely to have dropped out of high school and less likely to experience interference in their lives from their mental health conditions or from drug or alcohol abuse (Sondheimer, et al. 2007, 6). The improvements evident in all these areas due to the efforts of the PYT program nationally are closely associated with how a young person in transition into adulthood perceives his or her opportunities. It will be interesting to see if the PYT program in Allegheny County managed to influence such perceptions on their specific population.

The Current Study

Hypotheses

1. The perceptions of opportunity for adolescents and young adults involved in the PYT program will improve over 12 months from enrollment in terms of both importance and likelihood of achieving goals.
2. As the amount of services provided to PYT program participants increases, their Perceptions of Opportunity will decrease over the course of 12 months

3. Adolescents and young adults with higher numbers of risk factors will have lower perceptions of opportunity than those with lower numbers of risk factors involved in the PYT program over the course of 12 months.
4. Demographic characteristics such as age grouping, gender and race will influence the perceptions of opportunity over the course of 12 months of enrollment.

Methodology

Data

Data for this analysis are drawn from four (4) scales developed and utilized by the Allegheny County Department of Human Services (DHS) to monitor the attitudes of PYT program participants. These scales are the Perceptions of Opportunity Scale, The Risk Factor Screening scale, the Survey of Services and the Descriptive Information Questionnaire (DIQ). These four (4) tools were used by the Allegheny County Department of Human Services (DHS) to collect data in two major areas – to monitor the quality and effectiveness of the philosophy of a system of care, and to have data available to give back to program leaders and service recipients at the program, county and community levels so that results can be used to direct systems change efforts (Allegheny County Department of Human Services, 2003, 2).

Perceptions of Opportunity Scale, Risk Factor Screening Scale, and Survey of Services Scale

The DHS used the Perceptions of Opportunity Scale to monitor how adolescents and young adults perceived the future. The Perceptions of Opportunity scale asked the

adolescents and young adults a series of 11 questions that dealt with long term goals in the areas of career goals, educational goals and family goals. These questions were broken down into two categories. The first category was how important these long term goals were to the adolescents and young adults. The second category dealt with the likelihood that these goals could be achieved. The perceptions of opportunity scale was taken from the Pathways to Desistance study (www.pathwaysstudy.pitt.edu). The Pathways study adapted the measure from the work of Menard and Elliott to assess the adolescent's prediction of his or her future adult success (1996; National Youth Survey). To develop an understanding of how PYT program participants perceived the importance and likelihood of attaining goals, a count index was developed. The count index represents how PYT program participants perceived the importance and likelihood of attaining goals on a scale of one (1) to eleven (11), with lower scores representing lower perceptions.

The DHS developed and used the risk factor screening scale to capture the amount risk factors that were perceived by the adolescents and young adults. The assessment was evaluated by the DHS staff with input from the participant. These risks were based on the attitudes of program participants and were not, in any way, linked to actual medical information. There were 13 items that focused on social, familial and educational risk factors. A scale was utilized to determine the level of risk for each adolescent and young adult that responded. If a PYT program participant identified having a certain risk on the scale, 1 point was assigned to that particular item. Therefore, the scale is examined on a point system from 1 to 13 with the greater number of points reflecting higher levels of risk for each respondent.

Service involvement in the PYT program was examined by the DHS by allowing PYT participants to assess how many services they received for their mental health treatment while enrolled. This was done using the survey of services scale which allowed program participants to identify which type(s) of services they felt they received. This scale consisted of 24 items representing a wide array of services including day treatment, recreational activities, and independent living services. Again, this scale was based on the attitudes of PYT program participants as they were asked to self-assess their situation. Furthermore, the scale only contained the type of service and not the actual agency or person(s) that provided the services. The System of Care philosophy, used in the PYT program, sought to help participants in unrestrictive environments that were not heavily reliant on institutionalized services. To see how effective this approach was on the perceptions of opportunity held by PYT program participants, a count index was produced to monitor the amount of services assessed by the PYT program participant during their enrollment.

Table 1 (See Appendix) shows the descriptive statistics of all the data analyzed according to the Perceptions of Opportunity, Risk Factors and Survey of Services scales. The mean perception of the importance of goal attainment held by PYT program participants at baseline was 8.90. The lowest importance score at baseline was 6 and the highest was 11. The mean perception of the importance of goal attainment held by PYT program participants after twelve (12) months of enrollment was 8.97. The lowest perception of importance after twelve (12) months was 3 and the highest was 11. The mean perception of the likelihood of goal attainment at baseline and after twelve (12) months of enrollment was 7.52. The lowest perception of the likelihood of goal

attainment at baseline was 3 and the highest was 11. The lowest perception of the likelihood of goal attainment after twelve (12) months of enrollment was 2 and the highest was 11.

As for risk, the mean level of risk associated with PYT program participants was a 5.07. This indicates average to low levels of risk for PYT program participants overall. The highest number of risks associated with any particular PYT program participant was 10 and the lowest number of risks was 2.

The average number of services perceived by PYT program participants was 4.32, representing a low number of available services. The highest amount of services assessed by program participants was eleven (11) and the lowest amount was zero (0).

Descriptive Information Questionnaire (DIQ)

The DHS used the DIQ scale to gather background information of the adolescents and young adults. This information included age, gender and race. For this study, age was broken down by groups. This first group was adolescents which included PYT program participants ages 14 to 17. The second group was young adults which included PYT program participants ages 18-21. Gender was examined to see if there was any influence on the perceptions of opportunity based on a PYT program participant self-identifying themselves as male or female. Race was examined to see any potential impact of a PYT program participant being a minority (non-white) on their perceptions of opportunity.

Table 2 (See Appendix) presents a descriptive breakdown of the age groups, gender and races evident in the current study. There were 17 PYT program participants (58.6%) who were identified as adolescents. There were 12 PYT program participants

(41.4%) who were identified as young adults. Only two PYT program participants' ages were missing. There were nine (9) PYT program participants who identified themselves as male (29%) and twenty (20) PYT program participants who identified themselves as female (64.5%). There were 2 PYT program participants who were missing from the data. There were 5 non-minority (white) PYT program participants (16.1%). There were 24 minority (non-white) PYT program participants (77.4%).

Sample

The sample for this study is 31 adolescents and young adults ages 14 - 21. These 31 represent a sample of the approximately 200 PYT program participants. The reason this sample was selected is because these were the participants who self-assessed their attitudes according to perceptions of opportunity scale. These respondents were selected on a voluntary basis as all participants who entered the PYT program were asked to answer each of the questionnaires upon entry. The purpose of these surveys was to conduct analyses pertaining to the influence of a system of care philosophy on the perceptions of opportunity held by PYT program participants. This type of analysis is relevant as the PYT program utilized a system of care philosophy.

The data used in this study already existed in the Allegheny Department of Human Services' database and is entirely secondary. The PYT program began in 2002 and ended in 2009. The self-assessments from these scales (perceptions of opportunity, risk factor, survey of services and the DIQ) were collected in 2005. The sample used in this study is completely protected. No names are used in this study as the Allegheny County Department of Human Services performed a thorough de-identification process.

This de-identification process involved using ID numbers instead of names when individuals were processed into the DHS database. Therefore, all participants are and will remain completely anonymous. This study will only look at how the philosophy of a system of care used in the PYT program affected the perceptions of opportunity held by the sample overall and not on an individual basis.

Variables

The dependent variable in this study is the perceptions of opportunity. The perceptions of opportunity scale describes how adolescents and young adults perceive their long range goals in terms of the “importance” and “likelihood” of attaining them. The program participants self-assessed the “importance” and “likelihood” of attaining goals based on their attitudes. On this scale, the importance of goal attainment was measured by three categories including “very important,” “less important” and “not important.” The likelihood of goal attainment was measured by three categories including “good”, “fair” or “poor”. This dependent variable was analyzed over the course of 12 months.

System of Care Philosophy

The first independent variable in this study is a system of care philosophy evident in the PYT program. A system of care philosophy utilized the wraparound approach in providing services to those involved in the PYT program. This study will see if this system of care philosophy impacted the perceptions of opportunity held by program participants over the course of twelve (12) months.

Program Involvement

The second independent variable examined in this analysis is the adolescent and young adult's involvement in services provided through the PYT program. This will be examined using the Survey of Services questionnaire developed by the Allegheny County Department of Human Services. To complete this questionnaire, the DHS staff asked participants to self-assess the services they felt they received for their mental health treatment. This survey was conducted at baseline and every 6 months after. The Survey of Services questionnaire allowed me to see if number of services that the PYT program was able to link to participants for their mental health treatment influenced their perceptions of opportunity. The Survey of Services questionnaire lists 24 distinct services available for mental health treatment. The participant simply had to answer "yes" or "no" to indicate whether or not they had received a particular service.

Risk Factors

Program involvement may not be the only factor influencing adolescent and young adult's perceptions of opportunity during this time period. Therefore, it is necessary to analyze other factors to see how they influenced these perceptions. The risk factor screening scale was examined to see if the number of risk factors associated with each participant influenced, at all, their perceptions of opportunity. The risk factor screening scale asked PYT program participants to self-assess the risks they felt they were associated with. These risks were based on the opinions of PYT program participants and in no way related or linked to mental health information. The risk factor screening scale consisted of 13 questions that dealt with social, community and educational risks. Each question had a corresponding number of points (1 for yes, 0 for

no) available depending on the respondents answer. The points were then added to understand how much risk was associated with each respondent. The maximum amount of points was 13 (1 point available for each risk).

Demographic Characteristics

Gender was coded male or female based on the adolescent or young adult's self identified affiliation. Age was divided into two categories to represent all ages of the sample. These categories were coded as adolescents, ages 14-17, and young adults, ages 18-21. The independent variable of race was examined to see any possible impacts of a PYT program participant identifying themselves as minority (non-white) or non-minority (white) on their perceptions of opportunity.

Research Design

Coding the Perceptions of Opportunity

To begin the analysis, a count index was created using SPSS statistical software to reflect the level of the likelihood of goal attainment expressed by each participant surveyed on the perceptions of opportunity scale. The perceptions of opportunity scale asked if a participant had a "good," "fair," or "poor" chance to attain a certain goal. These categories will be recoded into a count index that will reflect these responses. The count index will assign one (1) point to every occurrence of "good" and zero (0) points for every "poor" or "fair." The perceptions of opportunity scale also asked participants to gauge goal attainment based on their perceptions of the level of importance. Participants were asked whether they believed certain goals were "very important", "less important" or "not important." These categories will be recoded to represent important, which will be assigned one (1) point, and less or not important, which will be assigned a zero (0).

SPSS will then only calculate the 1's to see if any improvements in perceptions occurred from baseline (time 1) and over one year (time 2). Since there are eleven items on the perceptions of opportunity scale, index scores closer to eleven represent improvements in perceptions.

Paired Samples T-Test

A Paired-Samples T-Test was employed in a pre-test/post-test analysis to examine if a System of Care philosophy used in the PYT program influenced the perceptions of opportunity held by program participants. To conduct this analysis, the Paired-Samples T-test compared the means of both the perceptions of the importance and likelihood of attaining goals held by PYT program participants. These comparisons were analyzed prior to enrollment (baseline) and after 12 months of enrollment to capture any changes in perceptions. The significance of these results are analyzed by examining the *Sig.* (2-tailed) probability (p) value.

Pearson Product-Moment Correlation Coefficient

The Pearson Product-Moment Correlation Coefficient was utilized to examine the influence of service involvement and the number of risk factors on the change of the perceptions of opportunity of PYT program participants over the course of 12 months. This test examined any possible correlations between the number of services for mental health treatment and risk factors that PYT program participants felt they had and their perceptions of opportunity (in terms of both importance and likelihood of goal attainment). To present the results, a scatterplot was developed to visually analyze the direction of the correlations between services and perceptions and risks and perceptions. This allowed me to see if there is a positive or negative relationship. Finally, the

Pearson's r coefficient was examined to determine the strength of the relationship. The Pearson's r coefficient will be examined using Babbie and Halley's criteria on the strength of association (Babbie, Halley, 1995):

Weak: $r = -.0$ to $.09$

Moderate: $r = -.10$ to $.29$

Strong: $r = -.30$ to $.99$

Perfect: $r = + - 1.00$

The final results show if PYT program participant's attitudes towards the number of services received for mental health treatment and their attitudes towards the number of risks had any correlation with their perceptions of opportunity.

Analysis of Variance (ANOVA)

An Analysis of Variance (ANOVA) was conducted to measure the influence of demographic characteristics (age, race and gender) on the perceptions of opportunity of PYT program participants. An ANOVA allowed us to statistically compare the difference in means between these demographic statistics and the perceptions of opportunity held by PYT program participants. The sig. (p) value was used to test for any significance.

Age will be coded as 0 for adolescents and 1 for young adults. An ANOVA examined any possible significant statistical difference in a PYT participant being an adolescent or young adult and their perceptions of opportunity.

Gender was coded as 0 if the participant identified being a "male" and 1 if the participant identified as being a "female." An ANOVA was completed to see if a PYT participant self-identifying themselves as male or female played any role in their perceptions of opportunity.

Race was coded to describe minority vs. non-minority (white) PYT program participants. An ANOVA was completed to analyze any significant statistical difference in the perceptions of opportunity between a PYT program participant identifying themselves as a minority or white. To do this, race was coded as 0 = yes and 1 = no according to how a PYT participant responded to belonging to a non-white racial category. The category of “white” will be the reference variable.

Results

Paired Sample T-Test Results

System of Care philosophy in PYT and the Perceptions of Opportunity

Table 3 (See Appendix) provides the results from the paired-samples t-test on the perceptions of the importance and likelihood of attaining goals held by PYT participants at baseline and over the course of 12 months. In terms of “Importance”, the average score for participants at baseline was 8.90. This average score increased to 8.97 over the course of 12 months. The represents a .7 increase on the scores from baseline to 12 months. Even though there was a slight increase in perceptions of importance over the course of 12 months of involvement, the *P* score of .877 represents no significant difference. Therefore, there was no significant difference of perceptions of the importance of goal attainment held by program participants over the course of 12 months.

In terms of likelihood, the average score at both baseline and at 12 months was 7.52. This represents no change in the perceptions of likelihood of goal attainment over the course of 12 months of PYT program involvement. Therefore, there was no significant change in the perceptions of likelihood of attaining goals held by program participants over the course of 12 months ($P=1$).

Pearson Product-Moment Correlation Coefficient Results

PYT Service Involvement, Risk Factors and the Perceptions of Opportunity

Diagram 1 (See Appendix) is a scatterplot of the data that shows the relationship between the amount of services provided in the PYT program and the program participants' perceptions of the importance of reaching goals. The scatterplot suggests a negative correlation between the two variables. That is, that lower perceptions of the importance of reaching goals are associated with more services provided to participants through the PYT program.

Diagram 2 (See Appendix) presents a scatterplot of the data that shows the relationship between the amount of services provided in the PYT program and the program participants' perceptions of the likelihood of reaching goals. The scatterplot suggests a negative correlation between the two variables. What this suggests is that lower perceptions of the likelihood of reaching goals are associated with more services provided to participants through the PYT program.

Diagram 3 (See Appendix) provides a scatterplot of the data that shows the relationship between the number of risk factors that the PYT programs felt they had and their perceptions of the importance of goal attainment. The scatterplot suggest a negative correlation between the two variables. This suggests that higher numbers of perceived risk factors are associated with lower perceptions of the importance of goal attainment.

Diagram 4 (See Appendix) is a scatterplot of the data that shows the relationship between the number of risk factors that the PYT programs felt they had and their perceptions of the likelihood of goal attainment. The scatterplot suggest a negative

correlation between the two variables. This suggests that higher numbers of perceived risk factors are associated with lower perceptions of the likelihood of goal attainment.

Table 4 (See Appendix) presents the results of the Pearson's Product-Moment Correlation Coefficients for both the PYT service involvement and risk factors on the Perceptions of Opportunity in terms of importance and likelihood. Again, the interpretations are examined using Babbie and Halley's strength of association criteria. As the table indicates, there was a moderate, negative strength of association between the amount of services received and the perceptions of the importance of attaining goals held by program participants, $r = -.181$, $n=31$. This indicates that more services received for mental health treatment during enrollment of the PYT program are associated with lower perceptions of the importance of goal attainment. The number of services provided to participants in the PYT program and their perceptions of the likelihood was found to have a moderate, negative strength of association ($r = -.151$, $N=31$). What this means is that the participants having a more negative perception of the likelihood of achieving goals is associated with receiving more services for mental health treatment during PYT program involvement.

As for the relationship of the number of risk factors and the perceptions of the importance of goal attainment, it was found that these two variables have a fairly strong, negative strength of association ($r = -.291$, $n=31$). This indicates that having a higher number of risk are strongly associated with lower levels of perceived importance of goal attainment during program involvement. There was also a moderate, negative strength of association between the number of risk factors and perceived likelihood of goal attainment ($r = -.111$, $n=31$). This indicates that having a higher number of risks are

associated with lower levels of perceived likelihood of goal attainment during program involvement.

Analysis of Variance (ANOVA) Results

Demographic Characteristics and the Perception of Opportunity

Table 5 (See Appendix) presents the results for analysis of variance between PYT program participants' self-identified demographic characteristics (age groups, gender and race) and their perceptions of opportunity in terms of importance and likelihood. For the age variable, PYT program participants were divided into two groups (Adolescents: 14yrs to 17yrs; Young Adults: 18yrs to 21yrs). It was found that there was no statistically significant difference in the perceptions of the importance of goal attainment for the two age-groups, $F(1, 27) = 1.569, p = .221$. The same held true for age and the perceptions of the likelihood of goal attainment. The ANOVA showed no statistically significant difference in the perceptions of the likelihood of goal attainment for the two age groups, $F(1, 27) = .003, p = .958$. These results indicate that age did not impact the overall perceptions of opportunity (importance and likelihood) held by PYT program participants.

As for gender, the PYT program participants were divided into two groups according to their gender (Male and Female) The ANOVA showed no statistically significant difference in the perceptions of the importance of goal attainment between male and females $F(1, 27) = 1.215, p = .280$. Furthermore, the ANOVA showed no statistically significant difference in the perceptions of the likelihood of goal attainment between males and females $F(1, 27) = .571, p = .456$. The results of the ANOVA for

gender and the perceptions of opportunity indicated that gender did not significantly affect the perceptions of opportunity held by PYT program participants.

The significance of race on the perceptions of opportunity was examined by dividing PYT program participants into two groups as determined by their race (White and Non-White). This allowed for an examination to determine if being a minority had any impact on the perceptions of opportunity of PYT program participants. The ANOVA showed a statistically significant difference in the perceptions of the importance of goal attainment between minority (non-white) and non-minority (white) PYT program participants, $F(1, 27) = 5.016, p = .034$. However, the ANOVA showed no statistically significant difference in the perceptions of the likelihood of goal attainment for the two age groups, $F(1, 27) = .771, p = .388$. The results of the ANOVA for race and the perceptions of opportunity, then, indicated that race did significantly affect the perceptions of the importance of goal attainment but did not significantly affect the perceptions of the likelihood of goal attainment held by PYT program participants.

Research Hypotheses

One goal of this research was to understand if the system of care philosophy utilized in the PYT program had any influence on the perceptions of opportunity, in terms of the importance and likelihood of goal attainment, held by program participants after enrollment. To gain an understanding of any possible influences, these perceptions were examined before enrollment (baseline) and during enrollment (12 months). The first hypothesis dealt with this portion of the analysis to examine if the perceptions of opportunity held by PYT program participants did improve. This hypothesis is partially supported by the findings of this study. This study found that there was a small increase

(from 8.90 to 8.97) in the perceptions of the importance of goal attainment held by program participants over the course 12 months. However, this study also found that the perceptions of the likelihood of goal attainment remained the same over the course of 12 months.

The second task of this research involved examining if the amount of services for mental health treatment that a PYT participant felt they were receiving had any impact on their perceptions of opportunity. The second hypothesis dealt with this scenario as it suggested that as the number of services went up, the perceptions of opportunity held by PYT program participants will go down. This hypothesis was developed based on the idea that the System of Care philosophy utilized in the PYT program attempted to capitalize on the availability of community services and natural supports instead of heavily relying on traditional institutionalized services to serve youth in transition with SED. This hypothesis was indeed supported by the results of this study. This study showed that as the number of services for mental health treatment increased for a PYT program participant, their perceptions of opportunity, in terms of both the importance and likelihood of goal attainment, went down. As the results indicate, there was a moderate, negative strength of association between the number of services identified by the PYT participant, and their perceptions of both the importance and likelihood of attaining goals.

The third task of this study was to examine if the number of risk factors perceived by PYT program participants had any association with their perceptions of opportunity. The hypothesis suggested that as the number of perceived risk factors went up, the perceptions of opportunity will decrease during involvement. This hypothesis was developed based on the idea that youth in transition that experience more risk factors in

their lives may have a harder time perceiving the opportunities available to them because of the difficulties those risk factors impose on them. This hypothesis was supported by the results of this study. As the number of perceived risk factors increased, the perceptions of opportunity, in terms of both the importance and likelihood of goal attainment, decreased.

The final task of this study was to control for demographic factors such as age groups, gender and race in examining if these factors influenced the perceptions of opportunity held by PYT program participants. The results of this study, for the most part, did not support the hypothesis that these demographic characteristics influenced the perceptions of opportunity, in terms of importance and likelihood, held by PYT program participants. The only exception was that race did influence the perception of the importance of goal attainment. As the results of the ANOVA indicate, there was a sig.(p) value of .034 between the variables of race and the perceptions of the importance of goal attainment. This indicates a statistical significance between these two variables. None of the other demographic characteristics influenced the perceptions of opportunity held by PYT program participants.

Discussion

Findings

The main focus of this research was to contribute to several studies completed by the DHS staff to understand how effective their System of Care Initiative (SOCI) programs were in serving their population. The perceptions of opportunity scale was used by the DHS staff; however, no analysis was previously performed about the changes in the perceptions of those served in the PYT program once involved. This research was

designed to benefit the DHS by providing a systematic analysis of program data. With this analysis complete, the DHS will now have a more thorough and complete analysis of the effects of a System of Care philosophic implementation on PYT program participants and their perceptions of opportunity.

There were several findings of this analysis that are beneficial to the DHS and their program analysis studies of the System of Care programs they implemented. The first and most important finding was the fact that the perceptions of opportunity, in terms of the importance of goal attainment, did increase for the served population once enrolled in the PYT program. Furthermore, the perceptions of opportunity, overall, did not decrease. The PYT program was designed according to the System of Care philosophy. This philosophy used the wraparound approach to serve their population. Such an approach included serving transition aged individuals with SED by capitalizing on readily availability community and natural supports as well as including the family and the transition aged individuals on planning for the services they felt they needed. By utilizing this approach, the served population that participated in the PYT program gained a better understanding of how important it is to attain future goals. These goals can include getting a job, receiving a good education, having and providing for a family and other goals that can allow for a better outlook on life. As stated earlier, transition aged youth are at an extremely tough stage in their life as they are transitioning from being a young person into becoming an adult. These problems are compounded when a transition aged youth suffers from SED, as their symptoms can be detrimental to their ability to learn, gain sustainable employment and function normally in society. Such factors can hinder their ability to have a positive outlook on life. The PYT program was able to

utilize the System of Care philosophy to allow these individuals to enhance their perceptions on the importance of attaining goals even though they suffer from SED. This is important in understanding the need for a System of Care in enhancing the perceptions of transition for young individuals who suffer from SED.

The results of this study regarding the number of services and the perceptions of opportunity will be greatly beneficial to the DHS. This portion of the study found that when a PYT program participant received less institutionalized services for mental health treatment, their perceptions of opportunity, overall, increased. This indicates that the participants who were less reliant on institutionalized services saw improvements in their perceptions of opportunity. For those who were more reliant on such services, the opposite occurred as their perceptions of opportunity went down. This relates directly to the ideas of the problems associated with the structure of institutionalized services. Davis found that institutionalized services are created according to legal and bureaucratic parameters, rather than by cultural or natural guidelines that are evident in a System of Care (Davis, 2003, 497). As this study found, finding natural and cultural supports that engage the natural process of transitioning into adulthood improved the outlook on life of those involved in the PYT program in terms of their perceptions of opportunity. This shows that these elements of the wraparound approach involved in a System of Care are necessary to improve these perceptions rather than by just relying on institutionalized services alone.

Furthermore, this study shows that a System of Care philosophy's wraparound approach tackled the many barriers associated with institutionalized services that can hinder successful transitioning into adulthood for the transition aged population that

suffers from SED. These barriers include mistrust, the lack of continuity of care, the absence of young adult centered services, inadequate funding, and the lack of expertise to serve this specific population (Davis, 2003, 497-504). By utilizing the wraparound approach which finds alternatives to institutionalized care such as engaging natural, communal and familial supports, the perceptions of opportunity held by PYT program participants were improved.

This study resulted in similar findings when it came to the association of the number of risk factors and the overall perceptions of opportunity held by PYT program participants. This study showed that as PYT program participants identified having more risk factors, the overall perceptions of opportunity held by PYT program participants decreased. This is a very significant finding in regards to understanding the effectiveness of the PYT program on the perceptions of opportunity of the transition aged population who experience these risk factors. The target population of the wraparound approach is aimed at individuals who may face various risk factors such as risk of out of home placement, risk of being forced out of his or her community, risk of suicide or self-injury and the risk of engaging in criminal behaviors such as aggression or thievery (Burns, et al. 2000, 296 – 297). This study found that the PYT program, which used this wraparound method, was not successful in helping the population served have a more optimistic view in regards to attaining goals when experiencing these risk factors.

Limitations

There were several limitations of this research. The first and primary limitation of this analysis was the small sample size. The final sample size for this study was 31 PYT program participants. There are two primary reasons for this small sample. For one, the

perception of opportunity scale was a voluntary assessment and many PYT participants chose not to complete the scale or completed it at baseline, but were lost to attrition by the 12 month interview time point. The sample size of 31 reflects all of the PYT program participants who chose to complete the perceptions of opportunity scale at both baseline and 12 month time points. The other reason why the sample was only 31 is due to relatively small population of 200 PYT program participants overall. This small sample size may affect the significance of the results. On a positive note, the sample size of 31 does reflect approximately 16 percent of the total population in the PYT program.

The second major limitation of this research is that it is impossible to define the quality of the services when examining the influence of the service involvement variable on the perceptions of opportunity. The staff of the PYT program implemented a case management model which referred program participants to services but was not able to define the quality of such services. We can test to see if the numbers of services influence these perceptions; however, we cannot argue which services may have been more effective based on quality. However, given this limitation, we will still be able to examine if finding alternatives to traditional institutionalized services have any influence on the perceptions of opportunity held by PYT program participants.

Another limitation of this research was that data was not available to analyze the severity of SED evident in the PYT program participants. Having this data would have been useful in examining if those with higher levels of SED had higher numbers of risk factors. Furthermore, understanding the severity of SED would also have been useful in understanding if higher levels of SED were associated with a PYT participant needing more services.

Policy Recommendations

As the DHS and other agencies continue in their efforts to effectively serve the transition aged population that suffers from Serious Emotional Disorder, there are few policy recommendations that can be made from the results of this study. For one, utilizing the wraparound approach that is evident in a System of Care philosophy can be effective in enhancing the overall perceptions of opportunity held by transition aged individuals who suffer from SED. This approach utilizes a more holistic approach in serving this population such as capitalizing on readily available natural, familial and communal supports. By doing so, those involved in a System of Care program do not need to heavily depend on institutionalized services which have been found to be associated with various barriers that are detrimental to the transition aged population that suffer from SED. Therefore, one of the primary recommendations that are a result of this study is for the DHS and similar agencies to continue to engage in approaches evident in the System of Care philosophy when trying to create positive perceptions of goal attainment for transition aged youth that suffer from SED.

The second recommendation deals with the fact that it was found that the PYT program was not successful in helping PYT program participants have better perceptions of opportunity as they experienced more risk. It seems that the PYT program and the wraparound approach method allowed for an opposite effect to occur. As PYT program participants became more involved in the program overtime, it seems that those with more risk became even more pessimistic towards the possibilities of attaining goals. Therefore, another recommendation that stems from this study is for the DHS and similar agencies to implement methods that specifically deal with the risks experienced by the

transition aged population that suffers from SED. Furthermore, these results allow for a recommendation that the wraparound approach utilized in a System of Care should be modified to more effectively engage risk experiences, in a very specific manner, when trying to produce positive attitudes towards goal attainment for very at-risk individuals. This may involve adding more services or tailoring these services to meet the specific needs of very at-risk individuals.

The final recommendation is that there is a need for future research. The PYT program, based on a System of Care philosophy, did increase the perceptions of opportunity for program participants from baseline and after enrollment. However, there was no statistical significance between these two variables (the philosophy and the perceptions). The primary reason for this is due to the small sample size of 31. What this indicates is that it is necessary to expand this research to include similar agencies who serve this particular population. The reason this is recommended is due to the fact that perceptions for this small population of transition aged youth who suffer from SED did improve and, even though not statistically significant, it is necessary to see if this holds true for a larger and similar population. If an expanded research of this study is performed, it would be greatly beneficial in understanding if similar approaches of the wraparound method used in a System of Care can significantly improve the perceptions of opportunity held by transition aged individuals with SED. This would allow the DHS and similar agencies to capitalize on this approach and help this population have a more positive outlook on the possibility of attaining their goals given their status.

Conclusion

As mentioned in the policy recommendations, this research provides us a model that the System of Care philosophy, which utilizes the wraparound approach, can improve the perceptions of opportunity held by the population of transition aged youth who suffer from SED. This study shows us that the DHS used this approach correctly in serving this specific population in the PYT program. The DHS was effective in utilizing the wraparound approach of the System of Care philosophy in serving their population without heavily relying on institutionalized service. By doing so, the PYT program of the DHS was able to improve the overall perceptions of the importance of goal attainment for the population they served. This research also shows us that the DHS and the wraparound approach used in a System of Care must be modified in some ways to alleviate the barriers associated with the experiences of risk factors to improve the perceptions of the importance and likelihood of goal attainment held by the transition aged population that suffers from SED.

With this being said, there is still more room for future research. It is true that the wraparound approach of the System of Care worked for the perceptions of opportunity held by the population served in the PYT program of Allegheny County. However, the sample size of this population was small and research must be expanded to similar agencies who utilize this or a similar approach to gain a full glimpse of whether or not this approach truly improves the perceptions of goal attainment held by this particular population. Therefore, in conclusion, the Allegheny County Department of Human Services' Partnership for Youth Transition provides us a successful model of how the perceptions of opportunity held by transition aged youth who suffer from SED can be

improved by implementing principles evident in a System of Care. In the future, focusing on specific risks and targeting services for very at-risk SED populations seems appropriate as a means of program improvement.

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Appendix

Table 1. Descriptive Statistics for Perceptions, Risks and Service Involvement

	N	Possible Amount of Points	Range	Mean	<u>SD</u>
Perceptions of Opportunity					
Importance Scores at Baseline	31	11	6-11	8.90	1.599
Importance Scores at 12-months	31	11	3-11	8.97	2.287
Likelihood Scores at Baseline	31	11	3-11	7.52	2.264
Likelihood Scores at 12-months	31	11	2-11	7.52	2.767
Risk Factors					
Total Number of Perceived Risks	30	13	2-10	5.07	2.363
Service Involvement					
Total Number of Services During Enrollment	31	24	0-14	4.32	3.833

Table 2. Descriptive Statistics For Demographic Variables (N=31)

	N	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Age Groups				
Adolescents	17	54.8%	58.6%	58.6%
Young Adults	12	38.7%	41.4%	100%
Missing	2	6.5%		
Total	32	100%		
Gender Groups				
Male	9	29%	31%	31%
Female	20	64.5%	69%	100%
Missing	2	6.5%		
Total	31	100%		
Race Groups				
Non-Minority (white)	5	16.1%	17.2%	17.2%
Minority (non-White)	24	77.4%	82.8%	100%
Missing	2	6.5%		
Total	31	100%		

Table 3. System of Care Philosophy in PYT and Perceptions of Opportunity (N=31)

	Baseline (T1)	12 Months (T2)	+/-	Sig. (p) value	Significance
System of Care Philosophy and Perceived Importance	8.90	8.97	+0.07	.877	No
System of Care Philosophy and Perceived Likelihood	7.52	7.52	0	1.00	No

Diagram 1: PYT Service Involvement and Perceived Importance

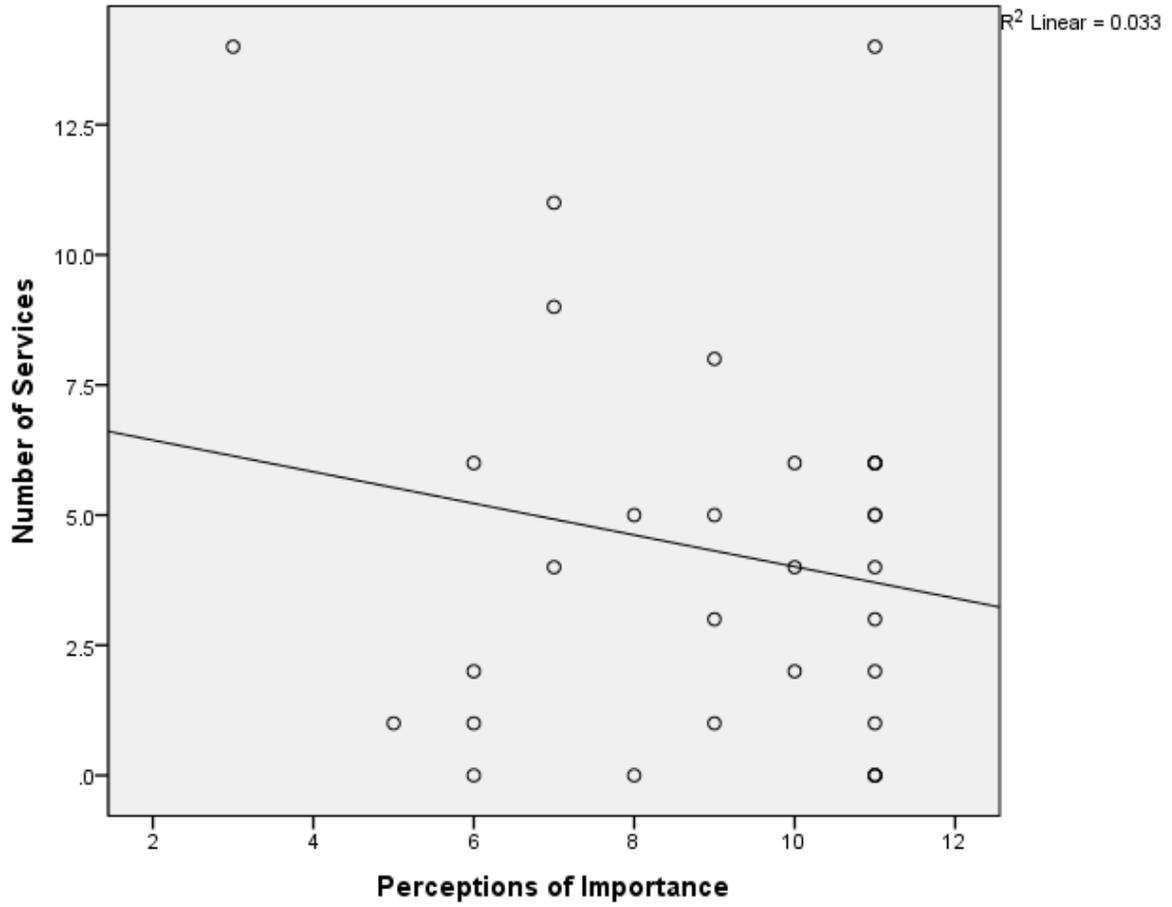


Diagram 2: PYT Service Involvement and Perceived Likelihood

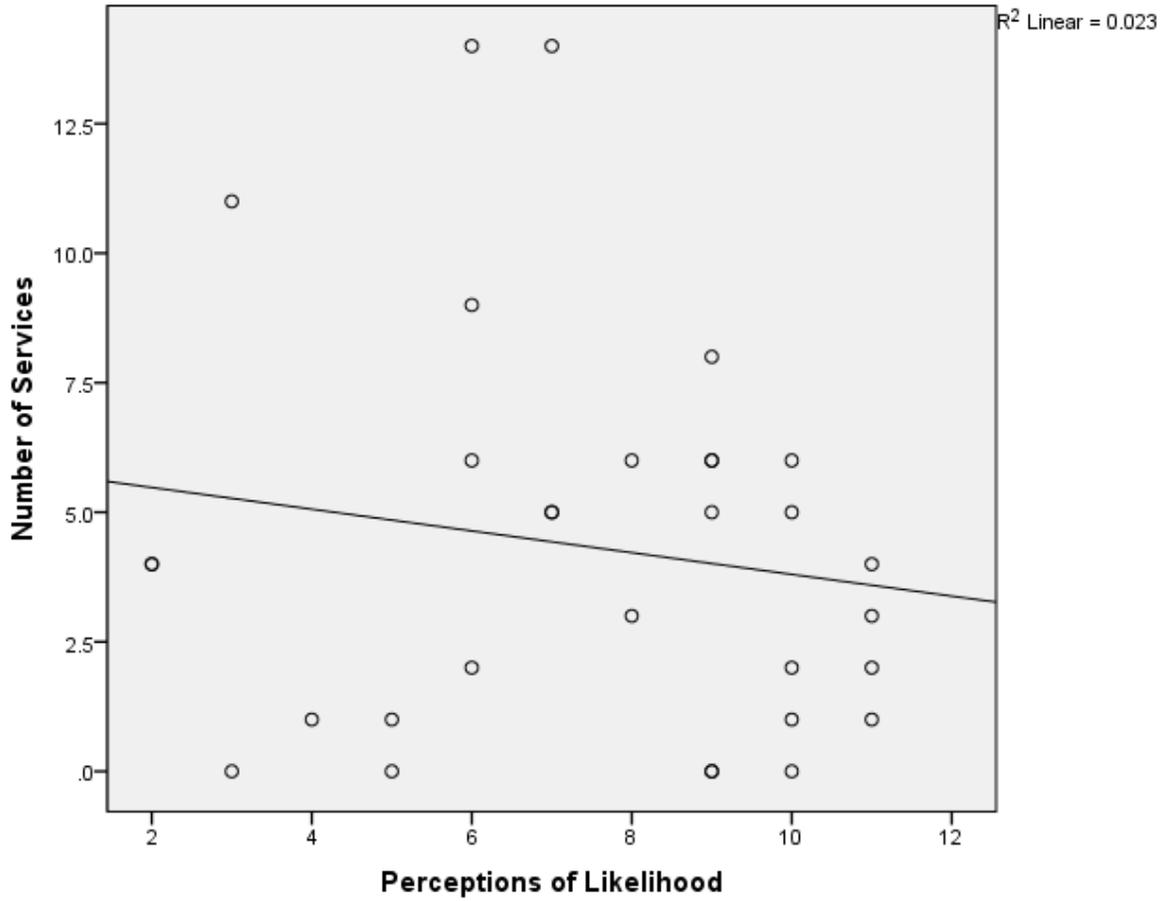


Diagram 3: Risk Factors and Perceived Importance

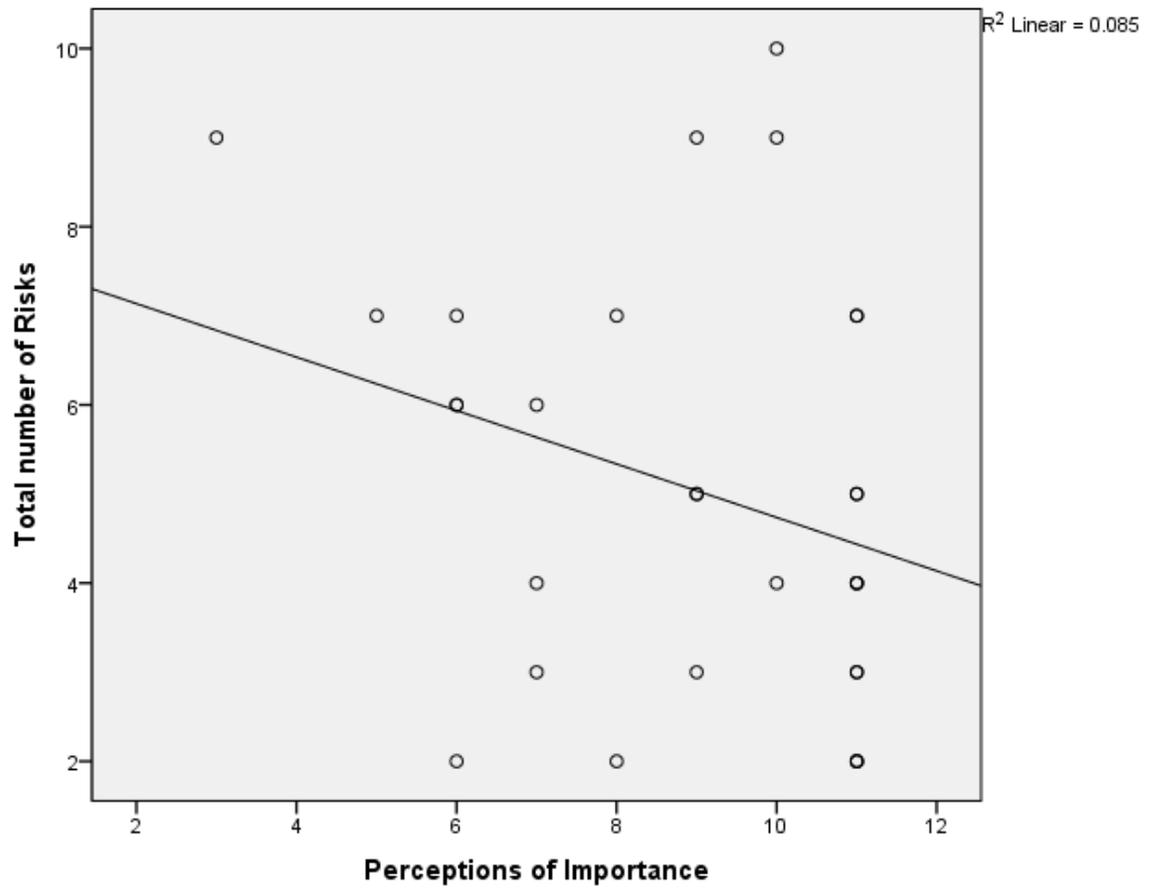


Diagram 4: Risk Factors and Perceived Likelihood

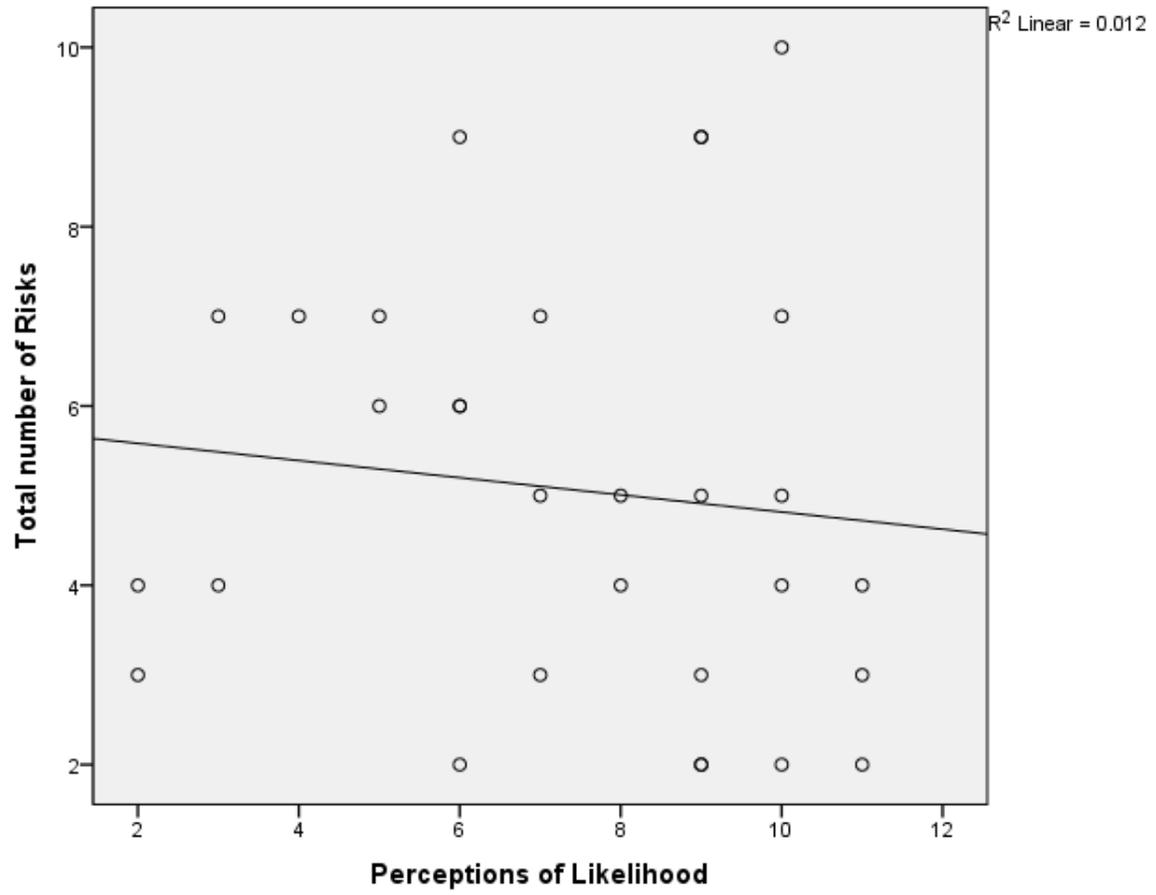


Table 4. Pearson Product-Moment Correlation Coefficient for Study Variables

	N	Pearson R Score	Interpretation (Babbie and Halley, 1995 Criteria)
PYT Service Involvement and Perceptions of Opportunity			
Number of Services and Perceived Importance	31	-.181	Moderate, Negative Strength of Association
Number of Services and Perceived Likelihood	31	-.151	Moderate, Negative Strength of Association
Risk Factors and Perceptions of Opportunity			
Number of Perceived Risks and Perceived Importance	31	-.291	Moderate-Strong, Negative Strength of Association
Number of Perceived Risks and Perceived Likelihood	31	-.111	Moderate, Negative Strength of Association

Table 5. Analysis of Variance (ANOVA) for Study Variables

	N	\bar{x}	F	Sig. (p) Value	Significance	
Age and Perceptions of Opportunity						
Age and Perceived Importance	28	Adolescents	9.41	1.569	.221	No
		Young Adults	8.33			
Age and Perceived Likelihood	28	Adolescents	7.53	.003	.958	No
		Young Adults	7.58			
Gender and Perceptions of Opportunity						
Gender and Perceived Importance	28	Male	9.67	1.215	.280	No
		Female	8.65			
Gender and Perceived Likelihood	28	Male	8.11	.571	.456	No
		Female	7.30			
Race and Perceptions of Opportunity						
Race and Perceived Importance	28	White	7.00	5.016	.034	Yes
		Non-White	9.38			
Race and Perceived Likelihood	28	White	6.60	.771	.388	No
		Non-White	7.75			