

MADISON METROPOLITAN SCHOOL DISTRICT
HEALTH INFORMATION FORM 2008-2009 SCHOOL YEAR

Student Name

School

Student ID

[] [] []

Class

Date of Birth

[]

[]

1. Please check any emergency medical condition(s) that your child has. If your child has a medical condition that could be life-threatening, contact the school nurse prior to the start of school to develop an emergency plan.

- Life threatening allergy to Food List food(s): _____
- Life threatening allergy to Insect Sting List insect(s): _____
- Life threatening allergy to Latex
- Life threatening allergy to other List allergen: _____
- Type 1 Diabetes
- Severe Asthma meaning your child was admitted to intensive care during lifetime, or hospitalized in last year for asthma, or visited the emergency room 2 or more times in the last year for asthma.
- Severe Seizure Disorder
- Hemophilia
- Heart Arrhythmia
- Other life-threatening medical condition Please list: _____

2. List any OTHER health condition which may affect your child at school: _____

3. Indicate your preferred hospital: Meriter Hospital St. Mary's Hospital UW/American Family Children's Hospital

4. Is your child covered by health insurance? Yes (GO TO QUESTION #5) No (GO TO QUESTION #8)

If you do not have health insurance, you may go to www.access.wi.gov or call the Harambee Center at 608-261-9138 to see if you are eligible for BadgerCare Plus.

5. Who provides this health insurance? (Select ONE response only)

- Employer Sponsored Private, individually purchased Medicaid (including BadgerCare and BadgerCare Plus) Other

6. Are you enrolled in an HMO (Health Maintenance Organization)? (Select ONE response only)

- Yes - GO TO QUESTION #7 No - GO TO QUESTION #8

7. Which HMO? Dean Group Health Cooperative Physicians Plus Unity

8. Has your child seen a regular primary health care provider in the last year? Yes No

If no, indicate why: Lack of insurance Lack of transportation Inconvenient clinic hours Other

9. Select the clinic location of your child's regular primary health care provider: (Select only ONE clinic)

- | | |
|---|--|
| <input type="radio"/> Access Comm Health Center-South, 2202 S. Park Street | <input type="radio"/> UW Health - East, 5249 E Terrace Drive |
| <input type="radio"/> Access Comm Health Center-Evjee, 3434 E Washington Avenue | <input type="radio"/> UW Health - East Towne, 4122 East Towne Blvd |
| <input type="radio"/> Associated Physicians, 4410 Regent Street | <input type="radio"/> UW Health - Fitchburg, 5543 E Cheryl Pkwy |
| <input type="radio"/> Dean - Central, 1313 Fish Hatchery Road | <input type="radio"/> UW Health - McFarland, 5020 Farwell Street |
| <input type="radio"/> Dean - East, 1821 S. Stoughton Road | <input type="radio"/> UW Health - Monona, 5001 Monona Drive |
| <input type="radio"/> Dean - Oregon, 753 N. Main Street | <input type="radio"/> UW Health - Mt. Horeb, 600 N 8th Street |
| <input type="radio"/> Dean - Stoughton, 225 Church St | <input type="radio"/> UW Health - Odana Atrium, 5618 Odana Road |
| <input type="radio"/> Dean - Sun Prairie, 10 Tower Drive | <input type="radio"/> UW Health - Oregon, 137 S Main Street |
| <input type="radio"/> Dean - Waunakee, 202 S. Century Blvd. | <input type="radio"/> UW Health - Stoughton, 100 Silverado Dr. |
| <input type="radio"/> Dean - West, 752 N. High Point Road | <input type="radio"/> UW Health - Sun Prairie, 1270 W Main Street |
| <input type="radio"/> GHC - Capitol, 675 W. Washington Avenue | <input type="radio"/> UW Health - University Station, 2880 University Avenue |
| <input type="radio"/> GHC - DeForest, 815 S. Main Street | <input type="radio"/> UW Health - Verona, 100 N Nine Mound Rd |
| <input type="radio"/> GHC - East, 5249 E Terrace Drive | <input type="radio"/> UW Health - Waunakee, 208 S Century Avenue |
| <input type="radio"/> GHC - Hatchery Hill, 3051 Cahill Main | <input type="radio"/> UW Health - West, 451 Junction Road |
| <input type="radio"/> GHC - Sauk Trails, 8202 Excelsior Drive | <input type="radio"/> UW Health - West Towne, 7102 Mineral Point Road |
| <input type="radio"/> UW Family Medicine - Northeast, 3209 Dryden Drive | <input type="radio"/> Wildwood - Cottage Grove, 535 Southing Grange |
| <input type="radio"/> UW Family Medicine - Wingra, 701 Dane Street | <input type="radio"/> Wildwood - Madison, 4901 Cottage Grove Road |
| <input type="radio"/> UW Health - Central, 20 S Park Street | <input type="radio"/> None |
| <input type="radio"/> UW Health - Cottage Grove, 500 Westlawn Drive | <input type="radio"/> Other _____ |
| <input type="radio"/> UW Health - DeForest, 100 E North St | |

10. Select the 3 digit code for your child's regular primary health care provider from the list on the reverse. Insert the code in the boxes

[] [] []

Your signature below gives permission for the school nurse to share information about emergency medical condition(s) listed above in #1 with all school staff and to display the emergency health condition as an "alert" in the district's student information system. Additionally, your signature gives permission to share information about non emergency health conditions listed in #2 with your child's teacher and other school staff working with your child.

Signature of Parent/Guardian _____

Date _____

2008/2009 Health Care Provider List

Select the 3 digit code for your regular PRIMARY health care provider from the list below. Put the 3 digit code in the space provided next to question 10 on the reverse. To indicate no provider, use none (259). To indicate other, use other (258).

Code	Name	Code	Name	Code	Name	Code	Name
285	Algier, Leah, MD	067	Fehr, Kevin, MD	127	Lowery, Sarah, MD	188	Schmidt, Paul, MD
001	Allen, Gail S., MD	068	Fields, Marshall, MD	128	Lozeau, Anne-Marie, MD	189	Schmidt, Raandi A., FNP
002	Alvarado, Peter F., DO	069	Fischer, Jeff A., PA-C	129	Mahaffey, Megan, MD	283	Schomisch-Novy, Lea Anne, PA-C
003	Andringa, Conrad, MD	070	Flannery, Ellen, MD	130	Marquez, Byron, DO	190	Schrager, Sarina B., MD
274	Arndt, Brian, MD	071	Fortney, Luke, MD	131	Mathur, Mala, MD	191	Schroeder, Therese, PA-C
005	Aughey, Michael, MD	072	Frey, John J., MD	132	Matthew, Robert, MD	192	Schumacher, Rosemarie MD
007	Barrett, Bruce P., MD, PhD	271	Frohna, John G., MD	133	Matthews, Cami K.B., MD	193	Schwab, William E., MD
008	Barry, Daniel, MD	073	Gage, Robert, MD	134	McGarry, Daniel, PA-C	194	Schwartzstein, Alan, MD
009	Beamsley, Mark B., MD	265	Galarnyk, Ihor, MD	135	McIntosh, Gwenevere C., MD	195	Searles, Paul, DO
010	Beasley, John W., MD	288	Gendler, Julie, MD	270	McKenna, Virginia, MD	196	Shah, Meetul, MD
011	Bedford-Wilke, Catherine, MD	075	Gervais, Claire M., MD	136	Means, Anne C., MD	197	Shah, Roopa, MD
012	Behrmann, Ann, MD	287	Giblin, Mary, PA-C	137	Meier, Thomas D., MD	198	Shay, LuAnn, PA-C
013	Bellissimo, Patricia, MD	076	Gigot, Michelle, MD	138	Micke, Bernard F., MD	199	Shearer, Paul, MD
014	Benardette, Arnie, MD	077	Giorgi, Gary, MD	139	Miller, Scott, MD	200	Sheno, Debra MD
015	Benton, George, MD	078	Girdley, Forrest, PA-C	140	Millin, Kristin, MD	201	Shropshire, James H., MD
016	Bernhardt, David T., MD	079	Golden, Robert A., MD	141	Moriarty, Katherine, MD	202	Sia, Elma, MD
017	Bohman, Jon, PA-C	080	Grell, Mary, PA-C	142	Murwin, Thomas, MD	203	Siewert, Lynda, MD
018	Bonnell, Sane M., MD	081	Gronski, David, MD	143	Neary, Elizabeth, MD	204	Siewert, Steven, MD
019	Brogunier, Michele, MD	260	Hackman, Sara, MD	144	Nemeth, Blaise, MD	205	Simpson, Lisa, PA-C
020	Brown, Joan, PA-C	082	Hahn, David, MD	145	Nettum, James, MD	206	Sizer, Teresa, MD
022	Brown, Randall T., MD, MPH	083	Hansen, Mark, MD	146	Nondahl, Susan, MD	207	Skochelak, Susan E., MD
023	Bruce, Calvin, MD	272	Hanson, Carleen, MD	259	None	279	Slattengren, Andrew, DO
025	Bull, Rebecca, MD	084	Harnish, Peter, MD	147	Nosal, James, MD	208	Slaughter Perrote, Ann, PA-C
026	Burk, Renee, MD	085	Hartjes, Thomas MD	148	O'Conner, Anne, PA-C	209	Sleeth, Jeffrey S., MD
027	Burns, Deirdre A., MD	086	Hartung, Kent B., MD	149	Ogland, Carolyn, MD	210	Smith, Douglas L., MD
282	Burns, Kathryn, APNP	087	Hawkins, John, MD	150	Okada, David, MD	211	Smith, Greg, MD
028	Cambray, Robert, MD	088	Hayes, Jack, PA-C	268	Olcott, Stephen, MD	212	Sommers-Olson, Bonnie, NP
030	Carr, Kathleen E., MD	289	Hegeman, Kari, MD	151	Olinger, Mark MD	213	Spitzer-Resnick, Sheryl, MD
031	Carufel-Wert, Don, MD	089	Heifner, William R., MD	266	Omohundro, Jim, MD	214	Sprecher-Galka, Pam PA-C
032	Charles, Rebecca, MD	090	Heilman, Genna, PA-C	152	Oriel, Kathy A., MD	215	Staats, Patricia V., MD
033	Chohaney, Marilyn J., MD	091	Hermus, Russell, MD	258	Other	216	Stein, Ann MD
034	Chybowski, Timothy J., MD	092	Hill, Richard, MD	153	Pankratz, Paul, PA-C	217	Stokes, Heidi, PA-C
035	Clevidence, Derek E., MD	093	Hillery, Karen, MD	154	Parker, Megeen, MD	219	Taylor, Joanne, MD
036	Coert, Lesley, MD	094	Hilquist, Eric, MD	155	Paster, R. Zorba, MD	220	Tellez-Giron, Patricia A., MD
037	Cole, Robert L., MD	281	Ho, Libin, MD	156	Patterson, Jeffrey J., DO	221	Temte, Jonathan L., MD, PhD
039	Cooney, Janice K, PA-C	095	Hoorstra, Lois, NP	157	Paul, Caroline, MD	223	Thomas, Stephen, MD
040	Corden, Sarah S., MD	263	Hounshell, Jennie, MD	158	Pickhardt, Peter, MD	224	Thompson, Mary G., MD
041	Counts, Helen E., MD	096	Hubbard, Derek, MD	159	Pletta, Karen H., MD	225	Thompson, Trent, MD
042	Craig, Alison, MD	097	Huth, Mark, MD	160	Plumb, Amy J., MD	226	Thoresen, Marilee, PA-C
043	Crinkley, Trish, PA-C	098	Irwin, Heather, MD	161	Podoin, Rian, MD	227	Titel, Robyn, MD
044	Dahlk, Marla, PA-C	099	Iseense, Susan, MD	162	Pol, Elizabeth, MD	228	Trias, Michael, MD
045	Davis, James E., MD	100	Iyer, Lalitha, MD	163	Potter, Beth E., MD	229	Turner, Stuart, MD
046	Deaton, Nancy, MD	101	James, Catherine T., MD	164	Pribbenow, Bridget, MD	230	Udelhofen, Patricia, NP
047	Deffner-Valley, Patricia, MD	290	Joiner, Kevin, ANP	262	Prunuske, Jacob, MD	231	Urtes, Mary-Anne, MD
275	Delagrave, Jodi, APNP	102	Kamnetz, Sandra A., MD	269	Puent, Michelle, MD	232	Van Dinter, Maureen, APNP
048	DeMuri, Gregory, MD	103	Kane, Mollie, MD	165	Queoff, David W., MD	233	Vander Werff, Julie, PA-C
049	Dieter, Ward, PA-C	104	Kaske, Thomas, MD	166	Rabago, David P., MD	234	Vitcenda, Angela, PA-C
286	Doran, Owen, PA-C	105	Keevil, Holly M., MD	167	Rajagopalan, L. Nisha, MD	235	Vogt, Kevin, MD
050	Dowd, Ivy, PA-C	106	Kelley, Catherine, MD	168	Rakel, David P., MD	236	Vohmann, Monica, MD
264	Doxstater, Lana, MD	108	Kinnunen, Nina, MD	169	Rakower, Beth, NP	237	Volk, Anne, MD
051	Dresang, Lee, MD	261	Klaehn, Krista, PA-C	170	Ram, Sumita, MD	238	Wagner, Lauris, NP
052	Drews, Timothy, MD	273	Kleist, Troy, MD	171	Ranum, William, MD	239	Wagner, Sandy, PA-C
053	Dunst, Regina, RN PNP	110	Kokotallo, Patricia K., MD	172	Raval, Nilam, MD	240	Wagner-Novak, Jo Ann M, APNP
054	DuPont, Diana, PA-C	111	Koslov, Steven S., MD	173	Redemann, Sarah, NP	242	Wang, Jie, MD
055	Dvorak, Paul, MD	112	Kreckman, Sara E., MD	174	Reeder, Brian, MD	243	Warbasse, Eric, MD
276	Early, Brian, DO	113	Kresge, Dean, MD	278	Regnier, Henny, FNP	244	Weddie, Melissa, MD
056	Edmonson, M. Bruce, MD	109	Kuhn, Laurie S., MD	176	Rindfleisch, Adam, MD	246	Wendler, Karen M. PA-C
057	Edwards, Jennifer, MD	114	Kulie, Teresa, MD	177	Rindfleisch, Kirsten S., MD	247	Wertsch, Paul, MD
058	Edwards, Robert Z., MD	115	Kunzman, David T., MD	178	Ringdahl, David, MD	248	Wilcots, Margaret, MD
059	Eglash, Anne R., MD	116	Kuritz, Robert, MD	179	Roethlisberger, Marie, MD	249	Williams, Gary P., MD
060	Ehrlich, Susan D., MD	117	Kurtz, R. Compton, MD	180	Rosen, Melvin, MD	250	Wilson, John, MD
061	Eimerman, Heidi, MD	118	Landry, Gregory L., MD	291	Rowe, Sarah, ANP	251	Wilson, W. Michael, MD
062	Eifman, Lawrence, MD	119	LaValley, Karen, PA-C	284	Sager, Julie, MD	280	Wolf, Colleen, PA-C
063	Elliott, Marguerite, DO	277	Lenius, Jennifer A, PA-C	182	Sanner, Louis A., MD, MSPH	252	Wright, Robin M., MD
064	Ellis, Richard L., MD	121	Lentfer, Karen, MD	183	Sauer, Jennifer, PA-C	253	Yaffe, Michael, MD
065	Evans, Alida M., MD, PhD	122	Lenz, Linda, PA-C	184	Schaefer, Daniel, MD	254	Yentz, Audra, PA-C
066	Evensen, Ann, MD	123	Livingston, Stanley, MD	185	Scheibel, William R., MD	255	Young, Joan, NP
		124	Lo, Stephen, MD	186	Schlittler, Barbara, PA-C	256	Yu, Kok-Peng, MD
		126	Loving, Ken, MD	187	Schmelzer, Richard G., MD	257	Zenner, Tyler, MD

HEALTH INSURANCE STATUS OF MADISON METROPOLITAN SCHOOL DISTRICT (MMSD) STUDENTS

For the last 9 years, the MMSD has collected information about health insurance status of students during the annual enrollment process. Starting with the 2001-02 school year, weighted analysis was used to account for the possible discrepancies between information from families who completed the survey and those that did not.

Throughout the 2007-08, school year, the percent of students in the district who were eligible for Medicaid remained very stable at 23-24 %. This is almost identical to the national Medicaid rate for children of 25.1%.

HEALTH INSURANCE STATUS OF MMSD STUDENTS	
Year	Weighted Percent of Uninsured Students by Parent Report
1999-00	*3.8%
2000-01	*4.1%
2001-02	6.1%
2002-03	5.9%
2003-04	5.4%
2004-05	5.5%
2005-06	5.5%
2006-07	Data collected but not analyzed
2007-08	7.0%

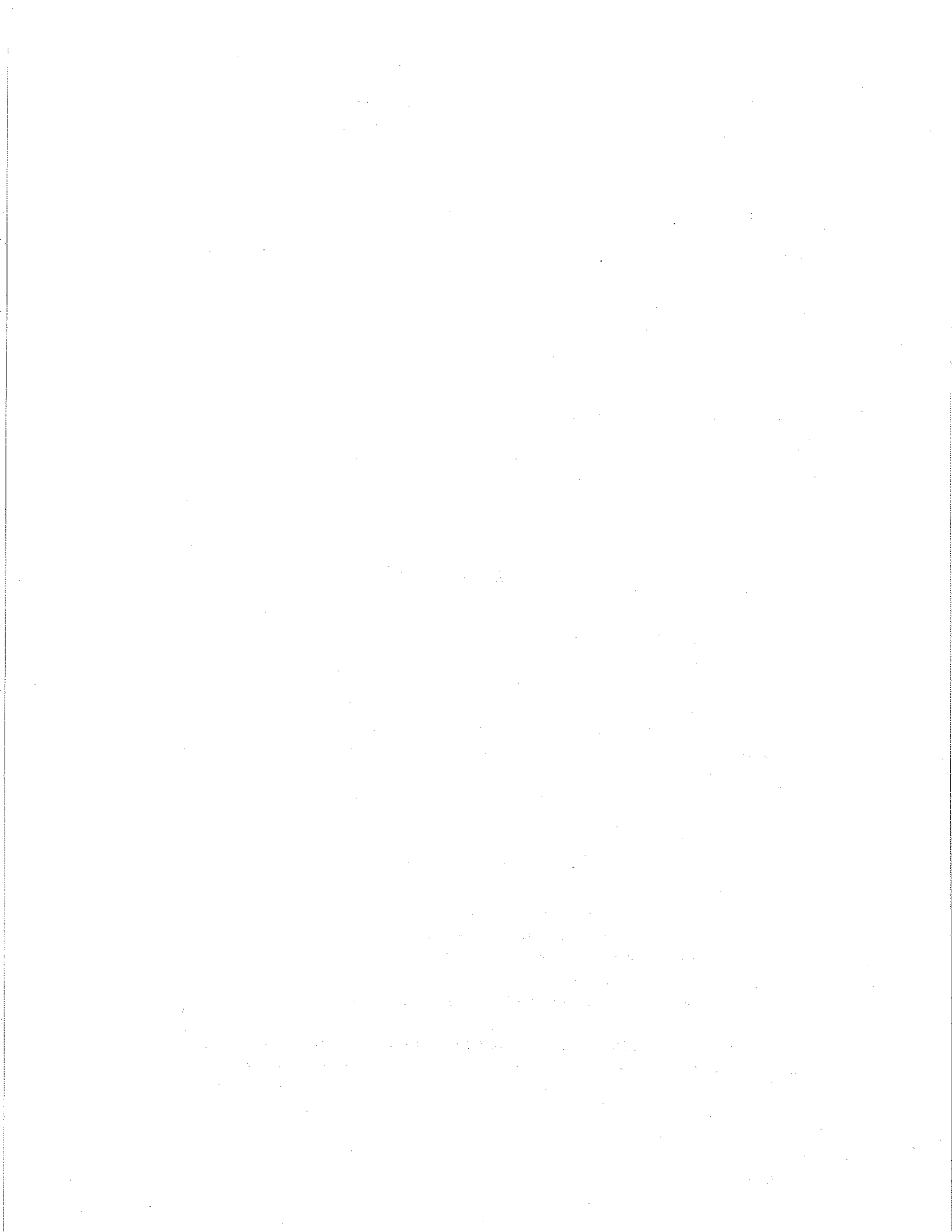
* unweighted

Analysis of the data has shown striking differences in the rates of non-insurance when comparing by ethnic group. Historically, the highest rate of uninsured children has been in the Hispanic category. Hispanic children have been five times more likely to be uninsured compared to the district rate. Historically, the rate for white students has been the lowest of all ethnic groups and has been significantly below the statewide and nationwide rates.

IMPACT: Although the number of uninsured students in the district is small, it likely represents at least 1,700 students without health insurance. The impact for each student and his or her family of not having health insurance is negative and can be catastrophic. Children without health insurance coverage:

- Are 3 times more likely than children with insurance to lack a regular health care provider.
- Are less likely to be up to date on immunizations and to receive treatment for illnesses such as sore throats and earaches.
- May not receive preventive care so chronic conditions like asthma may be undiagnosed or inadequately treated.
- May seek care only for serious illnesses or injuries and often use the school health office for health care when they are sick or hurt.
- May develop more serious or complicated conditions because simple problems such as vision or hearing concerns go unidentified or untreated.

The connections that school nurses have with community providers and collaborative projects provide an important resource for these students.



For Summer "Back to School" News letter

Does your child have health insurance? Do you? If you answered no to either question, you are not alone. Many families in our community do not have health insurance for one or all family members.

The Madison Metropolitan School District is partnering with Covering Kids and Families and the Harambee Center to offer BadgerCare Plus enrollment at Elementary School on August 21 between 11 am to 6 pm. Specialists will be at the school to answer questions and enroll eligible families. You will also be able to ask to be contacted at a later date about BadgerCare Plus enrollment if you wish.

BadgerCare Plus is a high quality health insurance program. It may cover doctor visits, vaccinations, prescription drugs, hospital stays, dental care, prenatal care, mental health services, eye exams, hearing aids and more.

BadgerCare Plus covers all children in Wisconsin regardless of income. Parents may also be covered by BadgerCare Plus depending on income.

If you are interested in learning more about BadgerCare Plus for your child or family, please stop by the station at Elementary School on enrollment day.

The following items are needed to apply for health insurance:

- Social Security Number
- Date of Birth
- Marital Status
- Citizenship
- Identity
- Employer Name and Address
- Income
- Child Support Paid or Received

If you can, bring the above information with you on August 21.

Does your child need health insurance?

BadgerCare Plus is an affordable health insurance program for families and all kids. Health insurance can pave the way for vaccinations, prescription drugs, and regular check-ups. These services add up to kids going to school healthier and ready to learn.

BadgerCare Plus can help your children be healthy and save you money because it may cover:

- ✓ Doctor Visits
- ✓ Transportation to Care
- ✓ Eye exams
- ✓ Hearing Aids
- ✓ Emergency Room Care
- ✓ Lab Tests and X-rays
- ✓ Family Planning
- ✓ Hospital Stays and Surgery
- ✓ HealthCheck and Check-ups
- ✓ Immunizations
- ✓ Prescription Drugs
- ✓ Mental Health Services
- ✓ Alcohol/Drug Addiction Care
- ✓ Prenatal Care

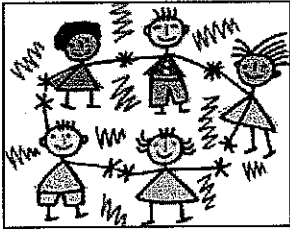


To sign up for a private meeting to enroll in BadgerCare Plus contact the **Harambee Center at 608-261-9138.**

The following items are needed to apply for health insurance: Social Security Number, Date of Birth, Marital Status, Citizenship, Identity, Employer Name and Address, Income, and Child Support Paid or Received.

BADGERCARE+

Your school has teamed up with the Harambee Center and Covering Kids & Families' CHILD Project to help uninsured families. For more information about BadgerCare Plus visit badgercareplus.org.



Covering Kids & Families

ISSUE XXIII

Wisconsin

SEPTEMBER 2008

2008 Back to School Campaign Highlights

Milwaukee Health Fair

On Aug. 15, the Milwaukee Health Department held its annual Back to School Health Fair at South Division High School. Five thousand families attended the event which provided free school supplies, health care checks, shots for school, insurance information, and dental screenings!



Outreach in River Valley School District

Each year, a River Valley School District Social Worker distributes school supplies to families who call and request them. This year, when families called to arrange a time to pick up supplies, they were asked whether anyone in the household was uninsured. Those who indicated that they or someone in their home was uninsured were offered private enrollment assistance at the same time they picked up their school supplies.

- 51 families were asked about health insurance
- Seven families requested enrollment assistance
- Two families completed FoodShare applications
- One BadgerCare Plus application was completed
- One family did not qualify for any assistance
- One family, who did not have an appointment, completed the "Am I Eligible" screener

This is a great example of a quick and easy way to incorporate BadgerCare Plus outreach into an existing school process!

Application Assistance at Madison Schools

This year, the Madison Metropolitan School District (MMSD), the South Madison Health and Family Center-Harambee, and CKF teamed up to identify uninsured children in Madison schools and help them get health care coverage. A wide range of community partners were available on Aug. 21 to answer questions about BadgerCare Plus (BC+) and to enroll eligible families at 16 of the 31 elementary schools during school registration. These schools were chosen because they have the highest percentage of free and reduced price lunch recipients in the district.

Parents had an opportunity to do a quick 10-minute screening to see if their family is eligible for BadgerCare Plus. Parents were also able to enroll their children/family in BadgerCare Plus. Outreach specialists helped walk families through the screenings and applications using the website access.wi.gov.

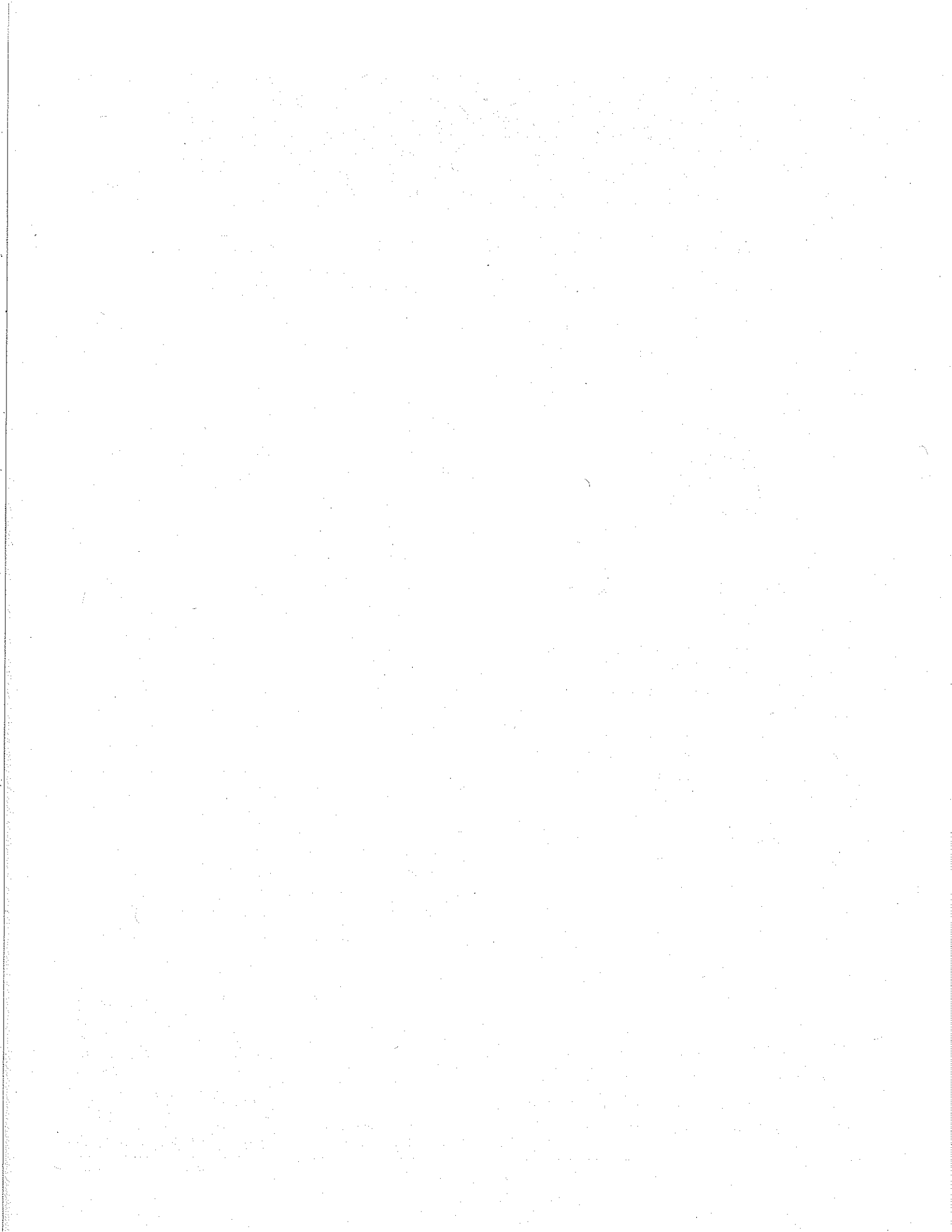
Aug. 21 Data Highlights:

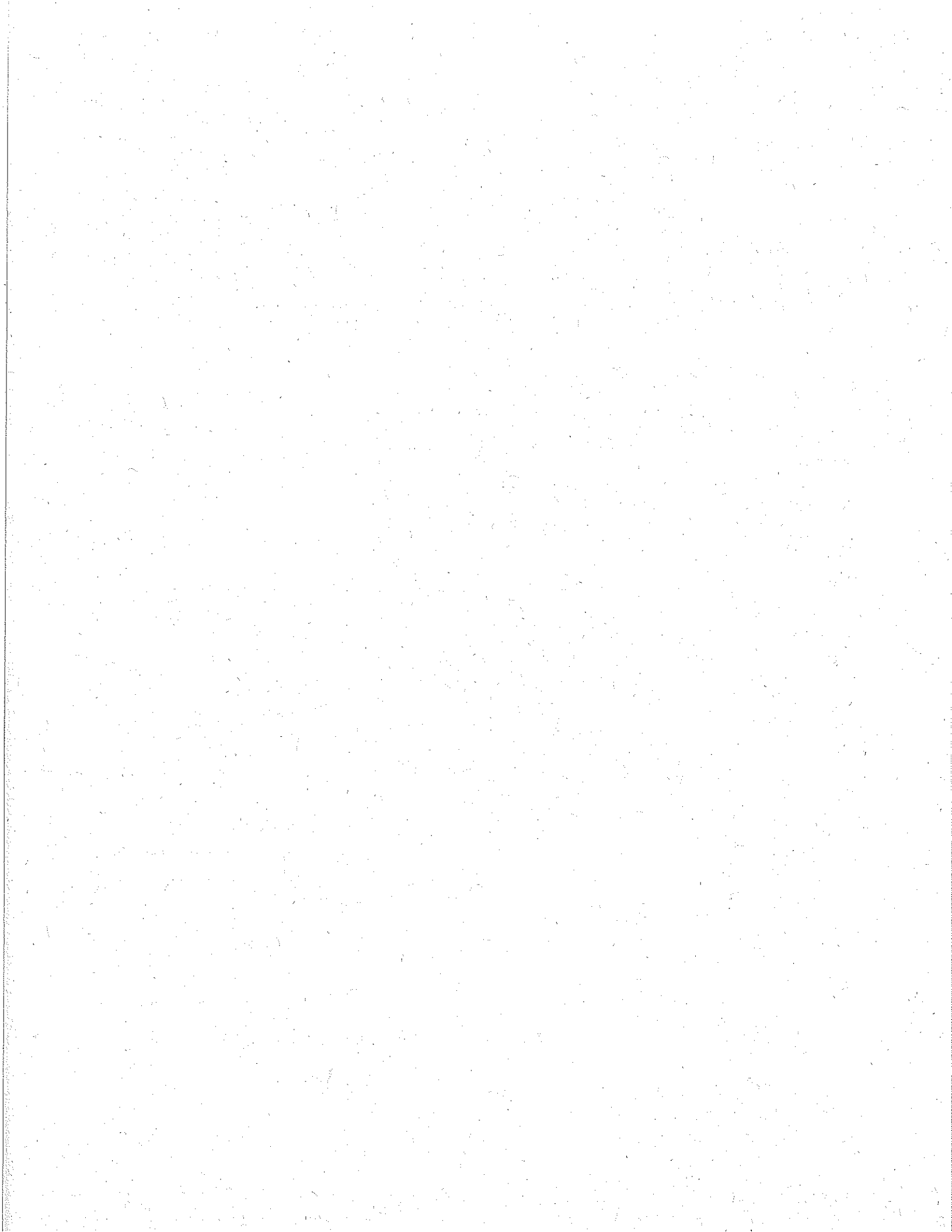
- 14 BC+ applications were completed
- 51 families were determined eligible for BC+
- 62 families will get follow-up either to complete a full application or to get answers to specific questions

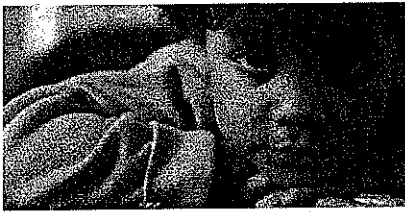
Dane County BadgerCare Plus Press Conference

School and health officials held a news conference at Lincoln Elementary School in Madison encouraging parents with uninsured kids to explore options for high-quality, affordable health care. Speakers included Jennifer Lord (Executive Director, Harambee); Daniel Nerad (Superintendent of Schools, MMSD); Arlene Silveira (Board of Education President, MMSD); Michael Jacob (Project Coordinator, CKF); Secretary Karen Timberlake (WI Department of Health Services); and Congresswoman Tammy Baldwin (U.S. Representative).









Children's Mental Health: Facts for Policymakers

NOVEMBER 2006

Mental health is a key component in a child's healthy development. Children need to be healthy in order to learn, grow, and lead productive lives. There are effective treatments, services, and supports that can help children and youth with mental health problems and those at risk to thrive and live successfully. Most children and youth in need of mental health services do not receive them.

Children's Mental Health Problems are Widespread

Mental health problems occur commonly among today's youth¹ and begin at a young age.²

One in five children has a diagnosable mental disorder.³

- One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, school, or in the community.⁴
- The onset of major mental illness may occur as early as 7 to 11 years old.⁵
- Factors that predict mental health problems can be identified in the early years.⁶

Children and youth from low-income⁷ households are at increased risk for mental health problems.

- 21% of low-income children and youth ages 6 through 17 have mental health problems.⁸
- 57% of these low-income children and youth come from households with incomes at or below the federal poverty level.⁹

A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems than children and youth in the general population.

- 50% of children and youth in the child welfare system have mental health problems.¹⁰
- 67% to 70% of youth in the juvenile justice system have a diagnosable mental health disorder.¹¹

Mental Health System Inadequate to Meet Needs of Children and Youth

Most children and youth with mental health problems do not receive needed services.

- 75% to 80% of children and youth in need of mental health services do not receive them.¹²

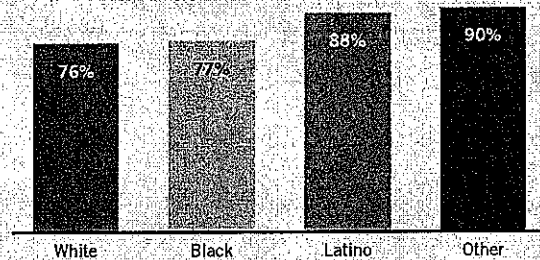
Mental health services and supports vary depending on the state in which a child or youth with mental health needs lives.

- There is a 30% difference between the states with the highest and lowest unmet need for mental health services (51% to 81%).¹³

Latino children and youth are less likely to receive services for their mental health problems than children and youth of other ethnic groups.

- 31% of white children and youth receive mental health services.¹⁴
- 13% of children from diverse racial and ethnic backgrounds receive mental health services.¹⁵
- 88% of Latino children have unmet mental health needs. (See Figure 1.)¹⁶

Figure 1: Unmet children's mental health needs, by race/ethnicity

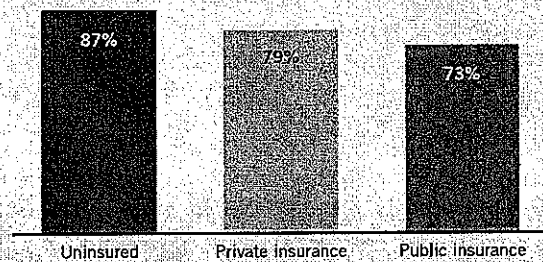


Source: Kataoka, S.; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

Even some children and youth with the most intense needs and some who are insured do not receive services.

- 85% of children and youth in need of mental health services in the child welfare system do not receive them.¹⁷
- 79% of children with private health insurance and 73% with public health insurance have unmet mental health needs. (See Figure 2.)¹⁸

Figure 2: Unmet mental health needs of U.S. children, by insurance status



Source: Kataoka, S.; Zhang, L.; & Wells, K. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

A gap also exists between need and treatment for youth with substance use disorders that sometimes occur with mental health problems.

- Less than 10% of the over 1.4 million youth between 12 through 17 years of age who needed substance abuse treatment in 2004 received specialty facility-based substance abuse treatment.¹⁹

Most Children and Youth with Mental Health Problems Struggle to Succeed

Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than children with other disabilities. When treated, children and youth with mental health problems fare better at home, schools, and in their communities.

Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade—a factor partly attributed to lack of attention to social-emotional needs.²⁰

- African-American preschoolers are 3 to 5 times more likely to be expelled than their white, Latino, or Asian-American peers.²¹

Children and youth in elementary school with mental health problems are more likely to be unhappy at school, be absent, or be suspended or expelled.

- In the course of the school year, they may miss as many as 18 to 22 days.²²
- Their rates of suspension and expulsion are three times higher than their peers.²³
- Among all students, African-American students are more likely to be suspended or expelled than their white peers (40% vs. 15%).²⁴

Youth in high school with mental health problems are more likely to fail or drop out of school.

- Up to 14% of them receive mostly Ds and Fs (compared to 7% for all children with disabilities).²⁵
- Up to 44% of them drop out of school.²⁶

Youth in the child welfare and juvenile justice systems with mental health issues do less well than others.

- Children with mental health issues in the child welfare system are less likely to be placed in permanent homes.²⁷
- They are also more likely to be placed out of home in order to access services.²⁸
- They are more likely to over rely on restrictive and/or costly services such as juvenile detention, residential treatment, and emergency rooms.²⁹

- Young adults leaving the child welfare system experience major mental health problems and drug and alcohol dependence at significantly higher rates than the general population.³⁰

Effective Public Policy Strategies to Enhance Mental Health for Children, Youth, and Their Families

- **Improve access to mental health consultation with a specific focus on young children.** Preschools with access to mental health consultation have lower expulsion rates.³¹
- **Coordinate services and hold child- and youth-serving systems accountable.** Robust service coordination in the child welfare system reduces gaps in access to services between African-American and white children and youth.³²
- **Provide mental health services and supports that meet the developmental needs of children.** Treatment and supports designed using a developmental framework are more likely to respond to the changing needs of children and youth.³³
- **Apply consistent use of effective treatments and supports.** A range of effective treatments exist to help children and youth with mental health problems to function well in home, school, and community settings.³⁴
- **Engage families and youth in their own treatment planning and decisions.** Family support and family-based treatment are critical to children and youth resilience. Youth and family engagement fosters treatment effectiveness.³⁵
- **Provide culturally and linguistically competent services.** Attention to providers' cultural and ethnic competence leads to improved mental health outcomes and greater adoption of evidence-based practices.³⁶
- **Implement concrete strategies to prevent and identify mental health problems and intervene early.** Empirically supported prevention and early intervention strategies support children and youth resilience and ability to succeed.³⁷

Endnotes

This fact sheet was prepared by Rachel Masi and Janice Cooper.

1. Children ages 12–17 are classified as youth in this fact sheet.
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16. See Kataoka, Zhang, & Wells in Endnote 12.
17. See Burns et al., in Endnote 10.
18. See Kataoka, Zhang, & Wells in Endnote 12.

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