

# Community-Based Care Helps Children

As part of the first-ever National Children's Mental Health Awareness Day, SAMHSA released data showing that children and youth with serious mental health needs make substantial improvements through community-based services.

SAMHSA presented the findings at a special briefing on Capitol Hill hosted by the Federation of Families for Children's Mental Health, the National Mental Health Association (NMHA), the National Association of Social Workers (NASW), and the National Alliance on Mental Illness (NAMI).

The SAMHSA data, from the Agency's 2005 national evaluation of the Comprehensive Community Mental Health Services Program for Children and Their Families, show that children and youth in "systems of care" spend less time in inpatient mental health care, experience fewer arrests, make improvements in their overall mental health, and do better in school than before enrollment in the program.

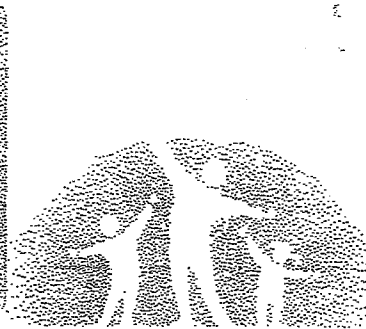
A system of care is a coordinated network of community-based services. Families and youth work in partnership with both public and private organizations so that services and supports are effective, build on an individual's strengths, and address each person's cultural and linguistic needs.

"The systems of care approach helps children thrive in their homes and communities. It is a wise investment of scarce resources," said SAMHSA Administrator Charles G. Curie, M.A., A.C.S.W.

## 2005 Key Outcomes

The SAMHSA data suggest that systems of care save taxpayers money when compared to the traditional mental health service delivery systems. In 2005, for children and families in systems of care programs, positive outcomes included the following:

- **Reduced costs due to fewer days in inpatient care.** The average reduction in per-child inpatient hospital days from entry



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Awareness Day



into services to 12 months translated into an average per-child cost savings of \$2,776.85.

- **Decreased use of inpatient facilities.** The percentage of children who used inpatient facilities within the previous 6 months decreased 54 percent from entry into systems of care to 18 months after systems of care.

- **Reduced arrest results in per-child cost savings.** From entry into systems of care to 12 months after entry, the average reduction in number of arrests per child within the prior 6 months translated into an average per-child cost savings of \$784.16.

- **Mental health improvements sustained.** Emotional and behavioral problems were reduced significantly or remained stable for nearly 90 percent of children after 18 months in systems of care.

- **Suicide-related behaviors were significantly reduced.** The percentage of children and youth who had deliberately harmed themselves or had attempted suicide decreased 32 percent after 12 months in systems of care.

- **School attendance improved.** The percentage of children with regular school attendance (i.e., 75 percent of the time

or more) during the previous 6 months increased nearly 10 percent with 84 percent attending school regularly after 18 months in systems of care.

- **School achievement improved.** The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21 percent, with 75 percent of children passing after 18 months in systems of care.

- **Significant reductions in juvenile detention.** Children and youth who were placed in juvenile detention or other secure facilities within the previous 6 months decreased 43 percent from entry into services to 18 months after entering systems of care.

Plans are under way to make Children's Mental Health Awareness Day an annual event during Children's Mental Health Awareness Week, which is the first week in May (Mental Health Month). For 2007, the event is scheduled for May 8.

For more information on these SAMHSA data or the Comprehensive Community Mental Health Services Program for Children and Their Families, visit the SAMHSA Web site at [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov). ■