SJR 358
Effective Treatment Modalities for Children with Mental Health Needs

Virginia Commission on Youth
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Dissemination of “Collection”

In 2003, the Commission on Youth:

- Make the *Collection of Evidence-based Treatments* for *Children and Adolescents* (“**Collection**”) available to interested parties through web technologies;

  and

- Initiate the process for updating the “**Collection**”.

Dissemination of “Collection”

The “Collection” is to be used as a resource to:

- Increase the use of evidence-based treatments for children and adolescents by informing service providers what they are;
- Identify effective treatments/models that could be replicated; and
- Transfer information regarding evidence-based treatments to public and private providers across the Commonwealth.

Utilization of “Collection”

The “Collection” is being used as a resource by:

- CSA Coordinators
- FAPT Teams
- CSB Staff
- CSU Staff
- Caregivers and Relatives
- Juvenile Probation and Parole Officers
- VJCCCA Coordinators and Contracting Programs
- Child Welfare Workers/Foster Care Workers
- DCJS to illustrate programs for potential funding
- Other States

Feedback on “Collection”

- Service providers, parents, and other child-serving professionals have embraced the “Collection” as a helpful resource.
- There is a strong desire by service providers and purchasers to utilize treatments with proven outcomes supported by data.
- Both state and federal funding sources are requiring evidence-based treatments be employed in treatment design.

Feedback on “Collection”

- Common Themes of Evidence-based Treatments
  - Not “Hocus-Pocus”
  - Evidence-based treatments are cost-effective treatments with proven outcomes
  - Early is better than late (“An ounce of prevention is worth a pound of cure.”)
  - Must provide enough treatment for it to work – fidelity to treatment model
  - Promote community-based setting (not shift child around from setting to setting – treat child in own environment when possible)

Feedback on “Collection”

- Service providers indicate that it is more cost-effective to utilize evidence-based treatments because:
  - Treatments with proven outcomes are employed;
  - The treatments that work are usually family-oriented and community based, which cost less than more restrictive placements;
  - Recidivism for juvenile offenders is reduced; and
  - Children have better outcomes with long-term results (modify system around child).

Virginia Efforts to Utilize Evidence-based Treatments in Children's Mental Health

- Collaboration with DMHMRSAS in current community reinvestment initiatives
- The "Collection" to be included on upcoming DMHMRSAS "Best Practices Webpage" which is currently under development.
- The "Collection" has been utilized as a recommendation made the Task Force Studying Treatment Options for Offenders with Mental Health and Substance-Abuse Disorders (SJR 97, 2002).

Other Statewide Collaboration

- *Evidence-based Treatments Conference* in Virginia Beach.
- DCJS funding of programs utilizing evidence-based treatments, i.e. Multisystemic Therapy and Functional Family Therapy sites.
- Both the VACSB and Voices for Virginia's Children have endorsed the use of evidence-based treatments for children's mental health treatment needs.
- Trainings at CSBs across the state on evidence-based treatments for children's mental health.

Feedback Received for Updating Collection

Requests include:

- Evidence-based treatments for prevalent disorders facing children in foster care
- Challenges facing rural communities in service delivery
- Normal childhood development information to assist in diagnosis (not all children are ADHD)
- When parental involvement not available
- Treatment phases/steps
- Assessments tools for particular disorders

Feedback Received for Updating Collection – Cont.

Requests include:

- Co-morbidity of child abuse/neglect with certain disorders
- Co-morbidity of ADHD/PTSS
- Importance of client relationships in treatment
- Replicable components of evidence-based treatments
- Sites in Virginia that currently employ evidence-based treatments
- Listings of residential/acute inpatient hospital facilities/beds

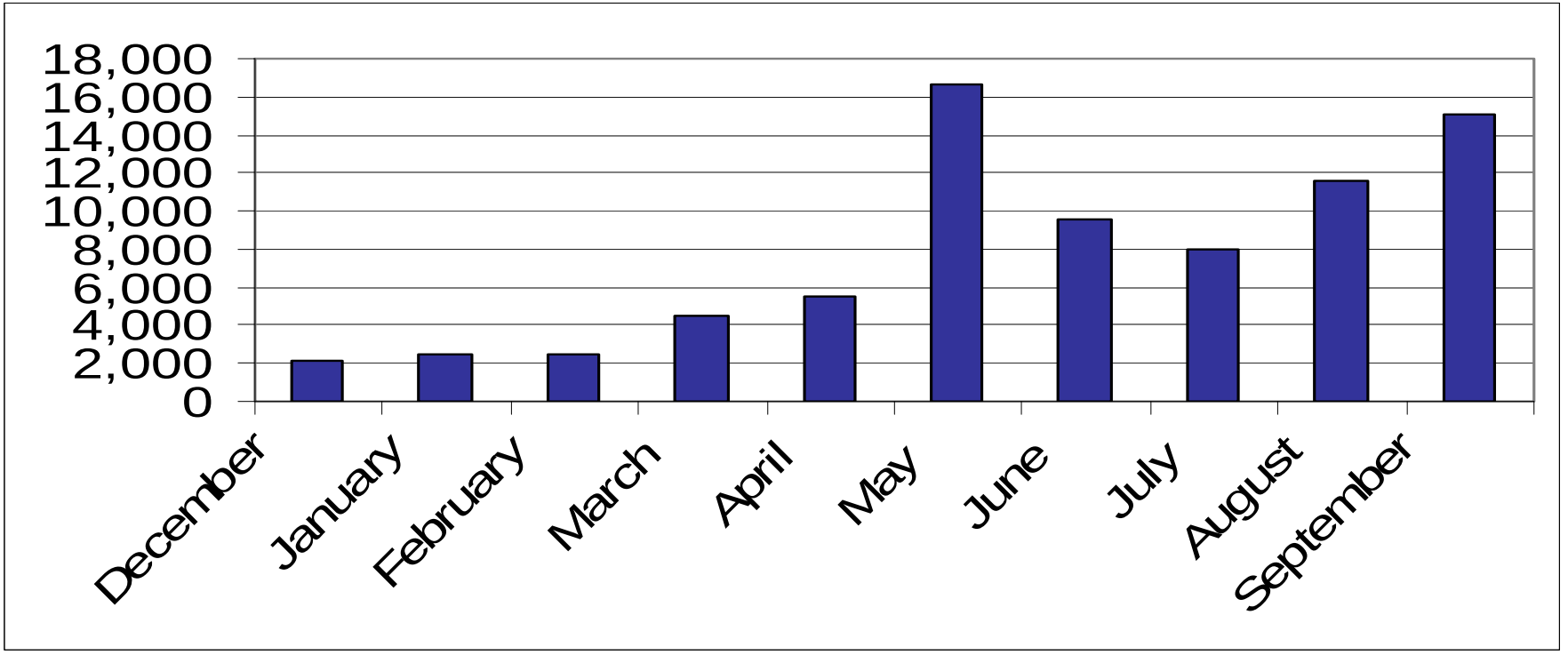
Dissemination of “Collection”

Website hits indicate success

- *WebTrends* report indicates monthly hits increased from 2,176 to 16,662 from December 2002 to May 2003.
- Percent change 617 percent.
- Up to 555 hits per day.

Dissemination of “Collection”

Website hits since “Collection” posted



Partners in Dissemination of "Collection"

- Partners are assisting the Commission by:
  - Establishing a hyperlink to **"Child and Adolescent Mental Health Treatments";**
  - Presenting or inviting COY to present at trainings, conferences, and meetings to inform members, colleagues or staff about the availability of the "**Child and Adolescent Mental Health Treatments**"; and/or
  - Publishing information about the availability of "**Child and Adolescent Mental Health Treatments**" in newsletters or e-mail bulletins.

Dissemination Activities

- Distribution of approximately 3,000 bookmarks with website information
- Survey distributed to evaluate modalities and dissemination
- Over 50 partnership forms mailed to various child-serving and child advocacy organizations
- Additional emails sent to other child-specific groups
- Ongoing efforts to establish partnerships with more organizations

Funding through DCJS Challenge Grant

- DCJS has awarded the Commission a Challenge Grant to disseminate the "Collection".
- The grant commenced in mid-July and lasts through January.
- Staff will evaluate impact at end of grant cycle but feedback has been extremely positive.
- On-going requests for information from juvenile justice professionals regarding "Collection".

Recommendations – Updating Collection

Direct that the Commission on Youth, with assistance from the SJR 358 Advisory Group, update the "***Collection on Evidence-based Treatments for Children and Adolescents with Mental Health Treatment Needs***" based on feedback received. The Commission shall complete this work prior to the 2005 General Assembly Session.