

**REPORT OF THE
VIRGINIA COMMISSION ON YOUTH**

**Dissemination of the Collection
of Evidence-Based Treatment
Modalities for Children and
Adolescents with Mental Health
Treatment Needs**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 5

**COMMONWEALTH OF VIRGINIA
RICHMOND
2004**

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TO: The Honorable Mark R. Warner, Governor of Virginia

and

Members of the Virginia General Assembly

The 2003 General Assembly, through Senate Joint Resolution 358, requested that the Virginia Commission on Youth "be directed to make empirically based information concerning effective treatment modalities and practices for children available through the Internet." In addition, the resolution directs the agencies of the Secretariat of Health and Human Resources that deliver services to children, the Department of Education, and the Department of Juvenile Justice to post this information on their respective websites, provide for the dissemination of the information in as efficient and cost-effective manner as possible, and ensure access to the information by consumers, family members, service providers and others seeking current research on evidence-based treatment.

Enclosed for your review and consideration is the report which has been prepared in response to this request. The Commission received assistance from all affected agencies and gratefully acknowledges their input into this report.

Respectfully submitted,

A handwritten signature in black ink that reads "Phillip A. Hamilton".

Phillip A. Hamilton
Chairman

Delegate Robert H. Brink
Mr. Gary L. Close
Delegate L. Karen Darner
Senator R. Edward Houck

Delegate Robert F. McDonnell
Senator Yvonne B. Miller
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This project was supported in part by the Virginia Department of Criminal Justice Services' Challenge Grant 02-56605 awarded to the Virginia Commission on Youth. The opinions, findings, conclusions, and recommendations expressed in his report are those of the authors and do not necessarily reflect the view of the Virginia Department of Criminal Justice Services or the U.S. Department of Justice.

I. Authority for Study

Section 30-174 of the *Code of Virginia* establishes the Commission on Youth and directs it to "...study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." This section also directs it to "...encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services."

Under §30-175 of the *Code of Virginia*, the Virginia Commission on Youth has the power and duty to "undertake studies and to gather information and data in order to accomplish its purposes as set forth in §30-174, and to formulate and present its recommendations to the Governor and the General Assembly." In addition, "at the direction or request of the legislature by concurrent resolution or of the Governor, or at the request of any department, board, bureau, commission, authority or other agency created by the Commonwealth or to which the Commonwealth is party, study the operations, management, jurisdiction or powers of any such department, board, bureau, commission, authority or other agency which has responsibility for services to youth."

The 2003 General Assembly enacted Senate Joint Resolution 358 requesting the Commission on Youth to "make empirically based information concerning effective treatment modalities and practices for children available through the Internet." In fulfilling its legislative mandate, the Commission undertook the study.

II. Members Appointed to Serve

Members of the Commission on Youth are:

Del. Phillip A. Hamilton, Chairman, Newport News
Sen. D. Nick Rerras, Vice-Chair, Norfolk
Del. Robert H. Brink, Arlington
Del. L. Karen Darner, Arlington
Sen. R. Edward Houck, Spotsylvania
Del. Robert F. McDonnell, Virginia Beach
Sen. Yvonne B. Miller, Norfolk
Del. John S. Reid, Chesterfield
Del. Robert Tata, Virginia Beach
Mr. Steve Cannizzarro, Norfolk
Mr. Gary Close, Culpeper
Mr. Marvin H. Wagner, Alexandria

III. Executive Summary

The 2002 General Assembly, through Senate Joint Resolution 99, directed the Virginia Commission on Youth to coordinate the collection of empirically-based information to identify the treatments recognized as effective for the treatment of

children, including juvenile offenders, with mental health treatment needs, symptoms and disorders. This initiative originated from recommendations made to the 2002 General Assembly by the Virginia Commission on Youth as part of a two-year study of Children and Youth with Serious Emotional Disturbance Requiring Out-of-Home Placement and by the Joint Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (House Document 23, Senate Document 25, respectively).

The resulting 224-page publication entitled *Collection of Evidence-based Treatments for Children and Adolescents with Mental Health Treatment Needs* (*Collection*) was compiled by the Commission on Youth with the assistance from an advisory group of experts pursuant to Senate Joint Resolution 99. The *Collection* was published in House Document 9 and presented to the Governor and the 2003 General Assembly.

To ensure that this information reached the intended audience, the 2003 General Assembly passed Senate Joint Resolution 358, which required the Commission to disseminate the *Collection* via web technologies. The resolution also required the Commission to update the *Collection* biennially. The Secretaries of Health, Public Safety and Education, along with the Advisory Group, were to assist the Commission with this effort, as were various state and local agencies. During the 2003 study period, Commission staff gave over 40 formal presentations, informal briefings and on-site demonstrations to education, juvenile justice, foster care and adoption, and mental health professionals throughout the Commonwealth and discussed with participants the benefits of evidence-based treatments in children's mental health. The Commission on Youth utilized other strategies in dissemination of the *Collection* via web-based technologies. A bookmark was created to inform recipients about the *Collection* and how to access it on the Internet and over 2,500 bookmarks have been distributed. On the national level, Virginia received recognition as one of two states that has compiled a resource on evidence-based treatments in children's mental health.

The following recommendation was adopted by the Virginia Commission on Youth at the November 17, 2003 meeting:

Recommendation

Direct that the Commission on Youth, with assistance from the Senate Joint Resolution 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.

IV. Study Plan

In order to accomplish the mandate set forth in Senate Joint Resolution 358, the following activities were identified by staff and approved by the Commission on Youth to guide its study effort:

- Convene an advisory group to determine the scope of the collection efforts; include representatives from the following agencies:
 - Secretaries of Health, Public Safety and Education
 - Department of Mental Health, Mental Retardation and Substance Abuse Services
 - Department of Social Services
 - Department of Medical Assistance Services
 - Department of Juvenile Justice
 - Department of Education
 - Department of Health
 - Office of Comprehensive Services
 - Private providers
 - Parents and consumers
 - Advocacy groups
 - Pertinent associations
- Identify goals, strategies and mechanisms for dissemination.
- Identify additional partners and participants in dissemination.
- Contact partners and request assistance in dissemination.
- Identify funding sources for assistance with dissemination.
- Identify local, regional, statewide or national conferences and meetings and request time on agendas.
- Present information to audiences for dissemination to professionals and communities across the Commonwealth.
- Establish public relations and publicity plan and send information to various media outlets.
- Convert existing *Collection* Report to hypertext version for posting on the Internet.
- Coordinate activities for May Commission on Youth meeting to launch the new Internet version of the *Collection*.

V. Methodology

In developing the work plan for dissemination of the *Collection*, the Commission employed several distinct research and analysis activities.

A. ADVISORY GROUP

The Commission re-convened the Senate Joint Resolution 99 Advisory Group to assist in planning for the dissemination of the *Collection*. The Advisory Group, whose representation is listed in the previous section and whose membership is provided as Appendix B, included state and local leadership with a compelling interest in children's mental health. Representatives from Voices for Virginia's Children, Virginians for

Mental Health Equity and the Virginia Association of Community Services Boards were invited to participate and subsequently joined the Advisory Group.

The Advisory Group's role, as set forth in the mandate, was to assist the Commission in posting, maintaining, and biennially updating the *Collection*. Commission on Youth staff asked the Advisory Group to assume the following additional responsibilities:

- Review the Senate Joint Resolution 358 resolution and discuss the requirements set forth in the resolution regarding maintenance, upkeep and dissemination of the *Collection*;
- Review the Dissemination Plan;
- Identify goals, strategies and mechanisms for dissemination;
- Identify additional partners and participants in dissemination;
- Contact partners and request assistance in dissemination;
- Identify funding sources for assistance with dissemination; and
- Identify local, regional, statewide or national conferences and meetings and request time on agendas.

B. DISSEMINATION PLAN

The staff of the Commission developed a Dissemination Plan to guide the study. This plan outlines the goals of dissemination and identifies organizations to assist in that effort, including the agencies of the Secretariats of Health and Human Services, Education, and Public Safety which are mandated by resolution to assume responsibility for dissemination. Dissemination methods focused on web-based strategies; however, other more traditional methods, such as mailings and staff presentations, were included in the plan. The Dissemination Plan, which is provided as Appendix C, was presented to and endorsed by the Advisory Group. It was approved by the Commission at the May 19, 2003 meeting.

C. RESEARCH AND LITERATURE REVIEW

Commission staff conducted literature review and research to determine what dissemination approaches for the *Collection* would be most effective and feasible. A literature review was conducted to ascertain if there were best practices in disseminating evidence-based treatments. Staff discovered that efforts to disseminate evidence-based practices have often failed due partly to failures to join research with practice and/or a lack of understanding the target audience. Based on the literature reviewed, the Commission tailored dissemination of *Collection* to a diverse target audience, from policy makers and state administrators to local providers to family consumers. The findings from the literature review underscored the need to have dissemination efforts be collaborative in nature and to complement various delivery systems.

VI. Background

A. FIRST YEAR - SENATE JOINT RESOLUTION 99

One of the most significant findings from the Commission on Youth's two-year study of children and youth with serious emotional disturbance requiring out-of-home

placement¹ was that Virginia has no system in place to measure the quality or effectiveness of care received by children and adolescents with serious emotional disorders.

Family members, practitioners, and researchers have become increasingly aware of the fact that mental health services are an important and necessary support for children experiencing mental disorders. In Virginia, according to estimates by the state's Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), approximately 75,000 children and adolescents in the Commonwealth experience the disabling symptoms of serious mental illness or emotional disturbance.²

Furthermore, the Commonwealth and its localities spend millions of dollars each year to purchase services to address the emotional and behavioral problems of children and adolescents without such information. As the Joint Legislative Audit and Review Commission concluded in its Review of the Comprehensive Services Act, linking program and participant outcomes could provide "a meaningful tool to assess whether providers are producing the type of results required given the nature of the children they receive."³ Identifying evidence-based treatments for children with mental health disorders would be a significant step in improving outcomes.

In concluding its study, the Commission on Youth approved the recommendation that evidence-based treatments for children with mental health disorders be compiled into a collection to be used as a resource by service providers, educators and caregivers. The General Assembly passed Senate Joint Resolution 99 mandating the study of Effective Treatment Modalities for Children and Adolescents with Mental Health Needs. The study goal was to provide a collection of empirically sound research on the treatment modalities and practices that have proven most effective for children and adolescents with mental health treatment needs, symptoms and disorders. Additionally, this study sought to benefit professionals, communities, parents, and other entities or individuals working with children with mental health treatment needs, symptoms and disorders by providing them with a collection of research on evidence-based treatment modalities.

Guiding the study for the Commission on Youth was a 17-member advisory group, with a supporting clinical advisory group, comprised of state and local representatives from the Virginia DMHMRSAS, Virginia Department of Social Services, Virginia Department of Medical Assistance Services, Virginia Department of Juvenile Justice, Virginia Department of Education, Virginia Office of Comprehensive Services, private providers and parent representatives.

It was determined that the *Collection* would be used to plan future services and resources within the Commonwealth for children with serious emotional disturbance or

¹ Virginia Commission on Youth. *Study of Youth with Emotional Disturbance Requiring Out of Home Treatment*. House Document 23. 2002.

² National Alliance for the Mentally Ill-Virginia Chapter. General Information. 2002. Available online: <http://www.namivirginia.org/toppage1.htm>. [October 2003].

³ Virginia Joint Legislative Audit and Review Commission. *Review of the Comprehensive Services Act*, Senate Document 26. 1998.

at risk of serious emotional disturbance; to identify effective models that could be replicated; and to identify effective means to transfer technology regarding effective programs, such as education, training and program development to public and private providers. Specifically, this information should be shared with entities involved in efforts to develop a policy and plan for children's improved access to mental health services as required under current biennium language (Item 323 K). In the fall of 2002, the *Collection* was published in House Document 9 and subsequently posted on websites maintained by Legislative Information Systems and the Commission on Youth.

The *Collection* describes the treatment modalities and practices that have proven most effective for children and adolescents with mental health treatment needs, symptoms and disorders. Additionally, this resource was created to assist professionals, communities, parents, and other entities or individuals working with children with mental health treatment needs, symptoms and disorders by providing them with a collection of research on evidence-based treatment modalities.

The *Collection* was created with feedback from experts across the Commonwealth. Chapters on school-based services, juvenile offenders and maladaptive disorders and other features such as a glossary, definitions and licensing requirements of providers and resources on each disorder or maladaptive behaviors are included. The intent of the *Collection* was for it to be user friendly, non-prescriptive guide for a diverse audience of caretakers, educators, service providers, juvenile justice officials and policy-makers.

At the Commission on Youth's November 19, 2002 meeting, information on the methodology and research contained in the *Collection* was presented. At this meeting, the following three recommendations were made to maintain and strengthen the data collected, as well as to encourage the use of evidence-based practices in the delivery of children's mental health services.

Ownership and Upkeep

Direct the Commission on Youth or its successor, with assistance from the Senate Joint Resolution 99 Advisory Group, the Secretary of Health and Human Resources, the Secretary of Public Safety and the Secretary of Education, to maintain, update, and make available through web technologies information on treatment modalities and practices recognized as effective for the treatment of children, including juvenile offenders, with mental health treatment needs, symptoms and disorders pursuant to Senate Joint Resolution 99. This information shall be updated biennially.

Dissemination

That empirically-based information on effective treatment modalities for children with mental health treatment needs, including juvenile offenders, is made available through web technologies to consumers, family members, advocates, mental health professionals, treatment providers, state and local service providers, as well as state and local policy makers and other interested stakeholders. All agencies in the Secretariat of Health and Human Resources that deliver services to children, as well as the Department of Education and the Department of Juvenile Justice, shall post this collection of empirically-based information to their web sites. Dissemination methods should be as efficient and cost-effective as possible in order to facilitate access to this information:

Encouraging Use of Evidence-Based Treatments

Request that the Secretary of Health and Human Resources, as well as the Department of Juvenile Justice and the Department of Education, encourage the use of evidence-based treatment modalities and practices recognized as effective for the treatment of children, including juvenile offenders, with mental health treatment needs, symptoms and disorders.

The Commission approved these recommendations and requested that a legislative resolution reflecting these recommendations be introduced during the 2003 General Assembly Session.

B. DESCRIPTION OF THE COLLECTION

The *Collection* was published as House Document 9 to the 2003 General Assembly,⁴ and subsequently posted on websites maintained by the General Assembly's Division of Legislative Information Systems and the Commission on Youth. The published *Collection* is divided into 13 chapters of specific disorders and categories of disorders. Most of these disorders are based on the Diagnostic and Statistical Manual IV (DSM-IV) of the American Psychiatric Association (APA). In addition, a section on maladaptive behaviors was included. Sections on juvenile offending, school-based mental health and youth suicide are also included. The following is a listing of the sections included in the *Collection*:

- **Mental Retardation**
- **Pervasive Developmental Disorders**
 - Autism*
 - Asperser's Disorder*
- **Adjustment Disorders**
- **Behavior Disorders**
 - Attention Deficit Hyperactivity Disorder*
 - Oppositional Defiant & Conduct Disorders*
- **Maladaptive Behaviors**
 - Sexual Offending*
 - Eating Disorders*
 - Juvenile Firesetting*
 - Self Injury*
- **Tourette's Disorder**
- **Anxiety Disorders**
- **Mood Disorders**
- **Schizophrenia**
- **Co-occurrence of Substance Abuse and Mental Illness**
- **Youth Suicide**
- **School-based Mental Health Services**
- **Juvenile Offenders**

⁴ Virginia Commission on Youth. *Collection of Evidence-Based Treatment Modalities for Children and Adolescents with Mental Health Treatment Needs*. House Document 9. 2003.

Discussion of each type of disorder includes:

- Disorders it frequently co-occurs with;
- Best types of treatments and basic components of treatments;
- Promising treatments that are still being tested;
- Contra-indicated treatments;
- Discussion of cultural issues (whether or not treatments have been tested with specific populations, if applicable);
- General discussion of pharmacology; and
- Resources on that disorder.

In addition, the *Collection* offers general reference chapters for service providers, educators, and family members:

- **Role of the Family in Treatment Programs**
- **About Evidence-based Treatments**
- **Key Components of Successful Treatments**
- **Reference Chart of Disorders and Evidence-based Treatments**
- **Implications for Policy Makers**
- **General Description of Providers**
- **Providers Licensed in Virginia**
- **Frequently Used Terms in Virginia's Mental Health Delivery System**
- **Commonly Used Acronyms**

During the drafting phase, Commission staff was advised that the *Collection* would be the most beneficial if it was purely based on clinical research. Accordingly, in discussing evidence-based treatments, endorsements for any of these treatments were neither thought to be appropriate nor were they included. Additionally, the *Collection* contains many citations and links to other clinical resources so that additional information on these treatments can be obtained. Finally, the *Collection* does not seek to instruct clinicians how to conduct the treatments. The *Collection* was created for a diverse audience with the express goal of educating about the benefits of evidence-based treatments for children's mental health disorders. The information contained in the *Collection* is intended strictly for informational and educational purposes and is not designed to replace the advice and counsel of a physician or mental health provider.

VII. Evidence-based Treatments in Children's Mental Health

A. DESCRIPTION OF EVIDENCE-BASED TREATMENTS

As attention to the issue of youth with mental disorders has increased, one of the most important advances is the development of demonstrated effective interventions for treating children with a diagnosed mental disorder. These demonstrated treatments are commonly referred to as *evidence-based treatments*: interventions that involve standardized treatments and that have been shown through controlled research to result in improved outcomes.⁵

⁵ National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc. Center for Evidence-Based Practices. *Performance Measurement, and Quality Improvement*. [Online]. Available: <http://nri.rdmc.org/RationaleEBPCenterReview.pdf>. [June 2002].

Evidence-based treatments have emerged as a method of informing clinical and policy decisions about the numerous faces and aspects of healthcare. Evidence-based practices give service providers a means to identify and utilize “best practices” in treatment and thus to make decisions that are publicly accountable.

In order for treatments to be considered evidence-based, they must be consistent with the following elements as highlighted in the Surgeon General's report:⁶

- At least two control group design studies or a large series of single-case design studies;
- Minimum of two investigators;
- Use of a treatment manual;
- Uniform therapist training and adherence;
- True clinical samples of youth;
- Tests of clinical significance of outcomes applied;
- Both functioning and symptom outcomes reviewed; and
- Long-term outcomes beyond termination.

In the past, many decisions with important consequences have been uninformed by quality research findings. Evidence-based practices offer practitioners a different decision-making process, according them the satisfaction of staying on top of research findings and a means of making decisions that are publicly accountable.

B. NATIONAL TRENDS AND INITIATIVES

Child and adolescent mental health has emerged as a distinct arena for service delivery. Acknowledgment of mental health needs in this age group has prompted further study of the specific disorders that confront this group, as well as the interventions utilized for treatment. Increased activity in this area can be directly attributed to the 1999 Surgeon General's report *Mental Health: A Report of the Surgeon General*⁷ (which included a chapter on children and adolescents) and the National Institute of Mental Health's 2001 *Blueprint for Change: Research on Child and Adolescent Mental Health*.⁸ Both reports emphasize that mental health is an essential part of children's overall health.

The Surgeon General's report stated that, in order to improve services for children with mental health needs, the following needs to take place:

- improving early recognition and appropriate identification of disorders within all systems serving children;
- improving access to services by removing barriers faced by families; and
- the gap between research and practice must be closed with the use of evidence-based treatments.⁹

⁶ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD. 1999.

⁷ Ibid.

⁸ National Institute of Mental Health. *Blueprint for Change: Research on Child and Adolescent Mental Health*. Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention. 2001.

⁹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*.

Evidence-based treatment modalities are regarded as one of the most important advances in mental health for treating youth. Evidence-based medicine emerged from the belief that decisions about the care of individual patients should involve the conscientious and judicious use of current best evidence.¹⁰

A follow-up effort, entitled *A Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*, was released one year later and set the tone for policy and research for children's mental health.

The *National Action Agenda* found that the children's mental health system, despite programs' intention to provide coordinated care for children, remained splintered. The report describes a system plagued by treatment barriers, including stigma, discriminatory health insurance practices and the unavailability of appropriate services. The report identified a growing gap between knowledge and practice and between what is known through experience and what is actually implemented in many public mental health systems across the country.¹¹

Goals for child mental health treatment identified in the *National Action Agenda* included:

- continued development, dissemination, and implementation of scientifically-proven prevention and treatment services;
- increased research on proven treatments, practices, and services developed in the laboratory to assess their effectiveness in real-world settings;
- evaluation of model programs that can be disseminated and sustained in the community; and
- promotion of private and public partnerships to facilitate this dissemination.¹²

Attention continued at the federal level with the creation of the President's New Freedom Commission on Mental Health, established by President George W. Bush in April 2002. In 2003, the New Freedom Commission issued its annual report. The report identified a need to expand efforts at developing and testing new treatments, at promoting awareness of and improving training in evidence-based practices, and in better financing of those practices.

C. VIRGINIA INITIATIVES

In Virginia, service providers, parents, and other child-serving professionals are becoming more and more aware that evidence-based treatments for children with mental health disorders offer better results with proven outcomes. Virginia is moving towards evidence-based treatments with acknowledgement that proven treatments should be employed in public mental health delivery systems. Moreover, there is a

Rockville, MD. 1999.

¹⁰ Fonagy, P. *Evidence Based Child Mental Health: The Findings of a Comprehensive Review*. Paper presented to "Child mental health interventions: What works for whom?" *Center for Child and Adolescent Psychiatry*. 2000.

¹¹ U.S. Department of Health and Human Services. *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, D.C. 2001.

¹² Ibid.

strong desire by service providers and purchasers to utilize treatments with proven outcomes supported by data. Both state and federal funding sources are more frequently requiring that evidence-based treatments be employed in treatment design.

Currently, the *Collection* is being utilized by many entities in the Commonwealth to educate and train providers and purchasers about the benefits of evidence-based treatments. In addition, the *Collection* is being used to educate schools, parents, child welfare workers and all that work with children about children's mental health disorders and treatments that are effective for these disorders. The *Collection* is being used as a resource by many Virginia organizations, including:

- Family Assessment and Planning Teams (FAPT)
- Community Planning and Management Team (CPMT)
- Comprehensive Services Act Coordinators (CSA)
- Community Service Boards (CSB)
- Court Service Unit Staff (CSU)
- Caregivers and Relatives
- Juvenile Probation and Parole Officers
- Virginia Juvenile Community Crime Control (VJCCCA) Coordinators and Contracting Programs
- Child Welfare Workers/Foster Care Workers
- Juvenile Court Judges

In addition, the Department of Criminal Justice Services (DCJS) is using the *Collection* to educate its grantees about evidence-based treatments and programs.

Feedback received reveals that service providers believe 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 the child).

Since the development of the *Collection*, initiatives in Virginia that have taken place to promote the utilization of evidence-based treatments in children's mental health include the following:

- Collaboration with current community reinvestment initiatives with state mental health agency so the *Collection* will be utilized as a resource.
- Upcoming collaboration with state mental health agency and *Collection* be included on their "Best Practices Webpage" which is currently under development.

(cont.)

- The *Collection* will also be utilized in other legislative initiatives as a recommendation made the Task Forces Studying Treatment Options for Offenders with Mental health Disorders (Including Juvenile Offenders -SJR 97).
- A statewide *Evidence-based Treatments Conference* was held in Virginia Beach to showcase the *Collection*.
- DCJS is funding programs utilizing evidence-based treatments, i.e. Multisystemic Therapy and Functional Family Therapy sites.
- Both the Virginia CSB and Voices for Virginia's Children have endorsed the use of evidence-based treatments for children's mental health treatment needs.
- Training is being conducted at CSBs across the Commonwealth on evidence-based treatments for children's mental health.

The *Collection* is being used as a resource because it identifies effective models that can be replicated and aids in planning future services and resources for children who have serious emotional disturbance or are at risk of serious emotional disturbance.

VIII. Dissemination of the *Collection*

Available literature shows that statewide efforts to disseminate knowledge to stakeholder groups or implement evidence-based interventions have often failed partly due to their poor fit with the target audience or setting context. A 2001 report from the National Institute of Mental Health outlines these challenges.

Differences between science and practice – Dissemination and implementation efforts require the joining of two, very often distinct, communities. Some hurdles in dissemination and implementation research likely stem from differences between “science” and “practice.” While scientific research seeks to first advance knowledge, clinical practice seeks to do what is immediately best for individual patients.

Understanding the target audience – When disseminating new knowledge, understanding one's target audience is critical. In the mental health community, this target audience varies widely from policy makers and state administrations to local providers or family consumers. Some factors important for consideration in understanding a specific target audience include: individual or system incentives/disincentives; individual readiness or openness to change; beliefs about the benefits/costs of accepting new knowledge or action; and the influences of others within the audience context.

The impact of culture – Evidence-based interventions likely have imbedded values and meanings, which may or may not fit within the values and meanings of local cultures. The “fit” of new information or intervention models within a local context will likely facilitate or impede their implementation. Dissemination and implementation efforts that attempt to understand and facilitate implementation within a certain culture might be more successful.

Individual information-processing – Accurate individual receipt and processing of information is critical to dissemination efforts; unfortunately, this process often goes unmeasured. Factors important to consider include: comprehension, decision-making strategies, and language in interpreting information.

Organizational change – Dissemination and implementation efforts should consider organizational change strategies along with those targeting individual beliefs and behaviors since providers are embedded within organizations and efforts towards change may be obstructed by administrative hurdles.¹³

To more nearly insure the success of the dissemination effort, the study resolution mandated the on-going involvement of the Advisory Group to strengthen the coordinated effort between the Commission on Youth and the Secretariats.

In disseminating the *Collection*, the Commission formed numerous partnerships with state and local agencies, as well as private organizations, enabling the Commission to reach a much broader audience with news of the *Collection*. Dissemination activities are discussed in the following paragraphs.

A. COMMISSION ON YOUTH DISSEMINATION ACTIVITIES

SJR 358 directed the Commission on Youth to make empirically-based information about effective treatment modalities and practices for children available through the Internet. The Commission was to be assisted by the Advisory Group and the Secretariats of Health and Human Resources, Public Safety, and Education of Education in posting, maintaining, and biennially updating this information.

Commission on Youth staff commenced dissemination activities by writing letters to contacts asking them to partner with the Commission in disseminating the *Collection*. The Commission also asked for speaking opportunities to discuss the background and applications of the *Collection*. Additionally, e-mail notifications were sent to associations, advocates, service providers, medical associations and others regarding the *Collection*.

Advisory Group

The Advisory Group re-convened to review a draft Dissemination Plan (Appendix C), prepared by the Commission. Below are several of the key recommendations in the Dissemination Plan:

- Present *Collection* to obvious audiences for dissemination to professionals and communities across the Commonwealth.
- Establish public relations and publicity plan to send *Collection* to various media outlets.
- Convert existing *Collection* to Internet version.
- Coordinate activities for May Commission on Youth meeting to coordinate with a publicity event for the launch of the *Collection*.

¹³ National Institute of Mental Health. *Blueprint for Change: Research on Child and Adolescent Mental Health*. Report of the National Advisory Mental Health Council's Workgroup on Child and Adolescent Mental Health Intervention. 2001.

The Commission compiled an initial dissemination plan which called for those Executive branch agencies that deliver services to children to establish hyperlinks to the *Collection* to provide for the dissemination in an efficient and cost-effective manner. However, at the suggestion of the Advisory Group, the Dissemination Plan was improved and enhanced. Due to the strong response to the *Collection*, the Advisory Group suggested that the Commission launch the *Collection* in a multi-level approach so a larger audience could benefit from the resource.

The modified plan was more intensive and reflected the need for such a resource. Accordingly, the Advisory Group suggested that the Commission undertake the following:

- Create user-friendly, hyperlinked version of the *Collection*;
- Coordinate with agencies, organizations and programs across the Commonwealth to build the strongest possible multi-level efforts to assist in distribution and circulation; and
- Investigate grant funding through the Department of Criminal Justice Services to pursue reaching those in contact with the juvenile justice system.

Development of the Internet Website

Traditionally, study reports to the General Assembly are published as either House or Senate Documents and distributed to members at the end of the study period (or as specified in the study resolution).

In addition, the public can obtain individual copies upon request from the General Assembly Bill Room.¹⁴ Persons with Internet access and familiarity with the services of the General Assembly may access the *Collection* on-line using the official General Assembly website <http://legis.state.va.us> for the Legislative Information System (or Lobbyist in a Box). The *Collection* is available as House Document 9 under the 2003 Report section, but marketing it as a stand-alone, user-friendly document was crucial to ensure that the public, particularly caregivers and services providers, could readily access the resource.

The Commission, having identified the benefits of widespread knowledge about evidence-based research in the mental health treatment of Virginia's youth also determined the intrinsic value of the *Collection* to parents, caregivers, educators, service providers and others seeking current research, the Commission. The use of the Internet in disseminating the *Collection* was the next logical step in supporting widespread dissemination.

¹⁴ The cost to put one publication of the *Collection* in the hands of any given parent, service provider, or citizen at large, excluding labor, is \$5.20 (\$3.00 printing, \$1.85 book rate postage, \$.30 envelope, and \$.05 form letter enclosure.)

Guided by input from the Advisory Group, the Commission on Youth staff sought the technical assistance of the General Assembly's Division of Legislative Automated Systems analyst staff to convert the *Collection* from its paper form to a user-friendly website. Features determined to be important were:

- Links to each chapter within the *Collection*
Readers can peruse the Table of Contents and make immediate choices about which chapters to read by clicking those links.
- Hyperlinks to the resources at the end of each chapter
Readers can access the Additional Resources and Organizations to obtain more information about any given mental health disorder or treatment by clicking links to those websites.
- Feedback Form
Readers are invited to provide feedback on the *Collection* via a convenient link to the Commission on Youth's email address. This affords Commission staff ready access to update the *Collection* based on comments offered by readers and also for biennial updating of the *Collection*.
- Search Engine
The Advisory Group felt that a Search engine may be helpful to readers that were reviewing the *Collection* for specific information on particular topics. This option may be pursued in future editions.

A reproduction of the Commission on Youth homepage, along with the *Collection's* Table of Contents, showing each of the features described, are provided as Appendix D.

The Internet version of the website was formally "launched" on May 19, 2003 at the Commission on Youth meeting. The Commission on Youth previewed the website as part of its meeting, preceded by public acknowledgment of the contribution of mental health professionals and service providers.

In the seven-month period since the *Collection* was officially launched, the monthly number of visits to the Commission on Youth site has increased by 517%. The Division of Legislative Information System's *WebTrends* reports indicate web hits increased from 2,700 to 16,662 from November 2002 to May 2003. The average hits per day jumped from 92 to 536.

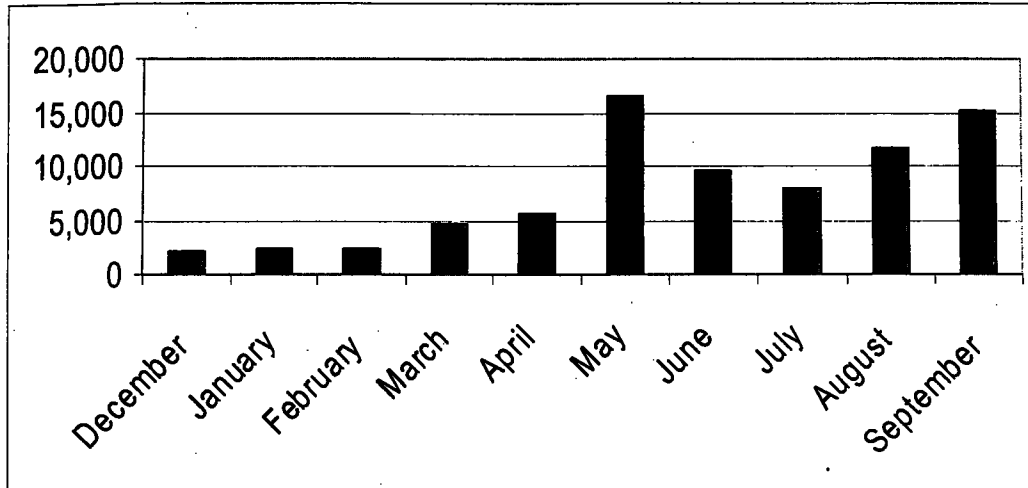
Hard copies of the *Collection* House Document 9 remain available at no cost to persons not having access to Internet technology and/or for specialized use by professionals. In 2003, approximately 400 hard copies of the report were distributed at local and regional events.

Bookmarks

The Advisory Group identified bookmarks as a low-cost multiplier that could be used in the dissemination process. The Commission created bookmarks for partners for their ready-reference and also for partners to distribute to their constituent or service groups in waiting rooms or during trainings. Graphics for the bookmark, developed originally by Commission staff, were subsequently enhanced by the Department of Criminal Justice Services, which partnered with the Commission in the dissemination process.

Chart 1

**Virginia Commission on Youth Summary of Web Activity
December 2002 to November 2003**



Source: Virginia Commission on Youth Graphic of December 2002 to November 2003
WebTrends reports, 2003.

As of December 2003, approximately 2,500 complimentary bookmarks have been distributed statewide to promote the *Collection* and website accessibility for use reaching family members, educators, providers and others on the local level.

The bookmark is replicated in Appendix E.

Conferences, Workshops, and Seminars

As seen in the Event Log for the study period, Commission on Youth staff have given over 40 formal presentations, informal briefings and on-site demonstrations to education, juvenile justice, foster care and adoption, and mental health professionals throughout the state. In these forums, Commission staff oriented participants to the benefits of evidence-based practices in children's mental health delivery and explained the benefits of utilizing evidence-based practices, followed by discussion of the *Collection* and its applications. The Event Log is provided as Appendix F.

On the national level, Virginia received recognition as one of only two states (Hawaii being the other) that has compiled a resource on evidence-based treatments in children's mental health. Virginia is the *only* state in which the legislative branch has taken the lead role in compiling and disseminating evidence-based treatments for children's mental health. Commission on Youth staff were invited to present at the National Association of State Mental Health Program Director's (NSMHPD) Conference on Evidence-based Practices in Children's Mental Health in August. The *Collection* was

discussed by national and state officials at the conference and subsequently a link to the *Collection* has been added to the NASMHPD website.

Launch of the Collection

Based on positive feedback from the Advisory Group, the Commission planned an event to coincide with the Commission meeting on May 19, 2003. The goal was to launch the Internet version of the *Collection* to coincide National Mental Health Awareness Month. Organizations and agencies that served children or with an interest in mental health were invited to attend the meeting to celebrate the launch of the *Collection*.

The event included a press conference to encourage all organizations that serve children to partner with the Commission in promoting children's mental health and was specifically geared for interested parties, both public agencies and private organizations to discuss the *Collection* and how it can serve as a resource to those that are interested in children's mental health. The Internet version of the *Collection* was unveiled as part of the Commission meeting. Bookmarks with the web address for the *Collection* were distributed to over 50 organizations and individuals.

The event increased awareness of the *Collection* and, as depicted in Chart 1, Internet traffic to the *Collection* website significantly increased in the month of May.

B. ROLE OF PUBLIC AND PRIVATE SECTOR PARTNERS

The Commission on Youth provided information about the SJR 358 initiative, the goals of dissemination, and partnership opportunities to the prospective contacts listed in the Dissemination Plan (Appendix C).

Partners were asked to participate in the dissemination process by participating in the following activities:

- a. Establishing a hyperlink to "Child and Adolescent Mental Health Treatments";
- b. Presenting or inviting Commission on Youth staff 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
- c. Publishing information about the availability of "Child and Adolescent Mental Health Treatments" in newsletters or e-mail bulletins.

Partners joined the dissemination process throughout the study year as visibility for the *Collection* and its availability on the Internet increased. Commission staff publicized the SJR 358 initiative through correspondence, distribution of contact sheets at meetings, conferences, and at events at which the *Collection* was discussed, and by word-of-mouth. The contact sheet is provided as Appendix G.

At the end of the study year, over 50 agencies, organizations, service providers, and entities, as shown in Appendix H, were participants in the partnership process. The network extends beyond the reach initially described in the study resolution. From the legislative branch, the Joint Commission on Health Care participated as a partner and, in addition to the agencies of the three Secretariats of the executive branch, several

non-governmental organizations, service providers and other entities agreed to partner with the Commission.

The following is a listing of agencies and organizations that have partnered with the Commission in disseminating the *Collection*:

Partners in the mental health treatment field included:

Colonial Community Services Board
Northwestern Community Services Board
Richmond Behavioral Health Care Authority
Virginia Association of Community Services Boards
Virginia Statewide Child and Adolescent Mental Health Managers

Consumer and Advocacy Organizations

Association for Retarded Citizens (ARC) of Virginia
People with Attentional and Developmental Disabilities Association
Virginians for Mental Health Equity
Voices for Virginia's Children
Virginia Primary Care Association
Virginia Association of Health Plans
Mental Health Association of Roanoke Valley

Private Providers

Alternative Behavioral Services
American Academy of Pediatrics, Virginia Chapter
Anthem Behavioral Health Care
Children's Hospital, Psychology Department
Hallmark Youth Care
Richmond Associates, Inc., Medical Home Plus Resource Center for Families and Children Who Have Special Care Needs

Professional Associations

Psychiatric Society of Virginia
American Academy of Pediatrics – Virginia Chapter
Medical Society of Virginia

C. DISSEMINATION ACTIVITIES WITH EXECUTIVE BRANCH AGENCIES

Senate Joint Resolution 358 directed the agencies of the Secretariat of Health and Human Resources that deliver services to children, the Department of Juvenile Justice and the Department of Education to

post this information on their respective websites, provide for the dissemination of the information in as efficient and cost-effective manner as possible, and ensure access to the information by consumers, family members, advocates, mental health policy makers and other interested persons.

The following paragraphs outline dissemination activities in each of the three Secretariats.

1. HEALTH AND HUMAN SERVICES

The Commission contacted agencies within the Secretariat for dissemination of the *Collection*. The following agencies were contacted by the Commission:

Department for Aging;
Department of Health;
Department of Medical Assistance Services;
Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS); including the Virginia Office of the Inspector General, the DMHMRSAS 329G and the Special Population Workgroup;
Department of Social Services;
Tobacco Settlement Foundation;
Office of the Comprehensive Services Act; and
State Executive Council, including the State and Local Advisory Team (SLAT).

During the study period, Commission staff presented at or participated in the following Virginia events:

329G Advisory Group's CSA Workshop, Front Royal
329G Advisory Group's Service and Administrative Structure Workgroup Meeting, Richmond
329 Advisory Group Workgroup Meeting, all subcommittees, Richmond
CSB Child and Adolescent Mental Health Managers Meeting, Richmond
Virginia CSB Conference, Williamsburg
Northwestern CSB Children Treatment Staff Training, Winchester
Child and Adolescent Special Population Meeting – DMHMRSAS Restructuring and Reinvestment Meeting, Staunton
Children's Hospital, Clinical Staff Meeting, Richmond
CSB Child and Adolescent Mental Health Managers Meetings, Richmond
Anthem Behavioral Case Managers Meeting, Richmond

In addition, the Commission pursued partnerships with the Office of Comprehensive Services, the State Executive Council and with the State and Local Advisory Team (SLAT).

Several local Comprehensive Services Act (CSA) Offices partnered with the Commission on Youth in dissemination efforts, including the following:

Arlington County CSA
Fairfax/Falls Church CSA
New Kent CSA
Portsmouth CSA
Roanoke County DSS

During the study period, Commission staff participated in the following Virginia events:

State Executive Council, Meeting, Richmond
Southwest Regional CSA Symposium, Roanoke
Central Regional CSA Symposium, Chesterfield,
Northern Virginia CSA Symposium, Arlington
CSA Coordinators' Meeting, Henrico County
Tidewater Regional CSA Symposium, Chesapeake

These agencies and organizations allowed Commission staff to present on the *Collection* or added a hyperlink to the *Collection* on their webpages.

Foster Care/Adoption Professionals

Research has shown that children entering foster care often have significant mental health problems. In fact, it is estimated that the incidence of emotional, behavioral and developmental problems among children in foster care is three to six times greater than in children in the community.¹⁵ Disorders such as disruptive behaviors, delinquency, hyperactivity and aggression—are more common in foster children than internalizing disorders—such as anxiety, fear, low self-esteem, sadness and depression.¹⁶ The need for appropriate mental health treatments for children in foster care was a recurring issue and Commission staff endeavored to involve child welfare workers and their families in the dissemination process.

The Commission contacted the Community Resource, Adoptive, and Foster Families Training (CRAFFT) initiative through Virginia Commonwealth University for dissemination of the *Collection*. CRAFFT was developed to meet the needs of local agencies as they train resource, adoptive, and foster families.

During the SJR 358 study period, Commission staff participated in the following:

- Statewide Stakeholders Committee, Foster Care and Child Protective Services Meeting, Henrico County; and
- Roundtable meeting, DSS Adoption and Foster Care Staff (CRAFFT, Richmond).

Other Health and Human Services Professionals

During the SJR 358 study period, Commission staff participated in other trainings to benefit both public and private providers that treat children with mental health disorders. The Commission partnered with Children's Hospital and Anthem Behavioral Health Care to educate on the benefits of evidence-based treatments for children's mental health. Again, the *Collection* was reported to be a valuable resource for these providers. Additionally, the Medical Society of Virginia and the Academy of Pediatrics, Virginia Chapter assisted the Commission. The Medical Society distributed bookmarks at their annual meeting and the Academy of Pediatrics; Virginia Chapter published an

¹⁵ Marsenich, Lynne. *Evidence-based Practices in Mental Health for Foster Youth*. California Institute of Mental Health. [Online]. Available: <http://www.cimh.org/downloads/Fostercaremanual.pdf>. [March 2002].

¹⁶ Ibid.

article about the *Collection* in their summer newsletter. These activities enabled the *Collection* to be utilized by a broader audience.

2. PUBLIC SAFETY: JUVENILE JUSTICE

Data compiled from multiple national studies reveal that the rate of particular mental health disorders is, on average, higher among youth in the juvenile justice population than in the general population. Estimates provided by both state and local juvenile justice facilities suggest that juvenile offenders have significant mental health treatment needs. A study by the Virginia Department of Juvenile Justice (DJJ) showed that more than 40 percent of males and almost 60 percent of females in detention homes were in need of mental health services; more than seven percent of males and more than 15 percent of females had urgent mental health treatment needs¹⁷. Data has shown that successful treatment of juveniles may reduce rates of re-offence by as much as 80 percent.¹⁸

By mandate, the *Collection* addresses special needs of juveniles in need of mental health treatment. The strength of the chapter addressing Juvenile Offenders' disorders and corresponding treatment modalities was due in large part to the active participation of strong juvenile justice professionals in the Advisory Group.

Agencies within the Secretariat of Public Safety partnered with the Commission in disseminating the *Collection* to juvenile justice professionals throughout the Commonwealth. Departments under Public Safety serving as partners were the DJJ and the Department of Criminal Justice Services (DCJS).

Other partners in the juvenile justice field included:

- Virginia Council on Juvenile Detention;
- Virginia Correctional Association;
- Court Service Units of the Eastern Region;
- VJCCCA Coordinators, Northern Region; and
- VJCCCA Coordinators, Southwestern Region

Virginia Detention Home Association

Challenge Grant

The DCJS expanded the *Collection* dissemination efforts in awarding a 2003 Challenge Grant to the Virginia Commission on Youth specifically to target juvenile justice professionals with information on evidence-based mental health practices. The six-month grant, which commenced in July, provided funds for travel, as well supplies and equipment.

¹⁷ Joint Commission on Behavioral Health Care, Virginia State Crime Commission, and the Virginia Commission on Youth. *Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders*. Senate Document 25. 2002.

¹⁸ Coalition for Juvenile Justice. 2000 Annual Report, *Handle with Care: Serving the Mental Health Needs of Young Offenders Coalition for Juvenile Justice*. 2000.

During the SJR 358 study period, Commission staff participated in the following:
Superintendents-Judges Liaison Committee Meeting (JDR Judges)
DCJS Juvenile Justice Conference (Williamsburg)
Regional Court Service Unit Directors' Conference (Hampton)
Regional Virginia Juvenile Community Crime Control Act (VJCCCA) Meeting
(Fredericksburg)
Regional Virginia Juvenile Community Crime Control Act (VJCCCA) Meeting
(Roanoke)
Juvenile Council on Juvenile Detention meeting (Virginia Beach)
Evidence-based Treatment Approaches for Adjudicated Youth (Virginia Beach)

3. EDUCATION

Although schools are not the primary agency responsible for addressing emotional and behavioral issues, they play an integral role. Educators recognize that children who are impaired by mental health disorders often have a diminished capacity to learn and must be adequately accommodated in the school setting. Schools have also responded to the needs of special populations by implementing numerous programs and services designed to foster prevention, risk-reduction, and intervention/treatment for children with emotional and behavioral difficulties.

The Commission has partnered with the Department of Education in disseminating the *Collection*. In the spring of 2003, a memorandum from the Department was sent to all school superintendents in the Commonwealth discussing the *Collection*. The Department has also posted the *Collection* on its website. Additional activities have occurred during the course of the study year with the Commission presenting at the Judges-Superintendents Liaison Committee and for participants in William and Mary's grant program, Project Hope, which is an Older Homeless Youth grant program. Staff also communicated with educators and guidance counselors across the Commonwealth explaining the benefits of the *Collection*.

The Commission also established a partnership with the statewide parent organization, Parent Educational Advocacy Training Center (PEATC) to reach a broader audience of educators and parents along with others with involvement in education and advocacy.

IX. PLANNING FOR THE FUTURE

SJR 358 specified that the *Collection* be updated biennially to ensure that it was kept current and contained up-to-date research. The resolution stated that the Commission would seek the assistance of the Advisory Group, the Secretary of Health and Human Resources, the Secretary of Public Safety, and the Secretary of Education in posting, maintaining, and biennially updating this information. In anticipation of the biennial update, Commission staff prepared a Dissemination Survey to measure the response to the content of the *Collection*, as well as the format. In addition, the survey solicited feedback on the research base and the treatments included within the existing *Collection*. The survey instrument is provided as Appendix I.

Feedback received thus far indicates that providers, parents, juvenile justice officials and child welfare staff have benefited from the information contained in the *Collection* and found it to be a user-friendly and helpful resource.

Comments indicate that it has significantly aided clinicians in the decision-making process by providing an unbiased guide to evaluating treatment options. Those commenting on the *Collection* indicate that they have neither the time to locate information on evidence-based practices nor the means to evaluate these practices. The *Collection* has become a resource for clinicians and other interested parties in that they can easily and readily access information on what treatments are proven to be effective.

At the November 17, 2003 meeting, Commission on Youth staff presented a sample list of requests for new or expanded chapters. These included:

- 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
- Treatment techniques when parental involvement not available
- Treatment phases/steps
- Assessments tools for particular disorders
- 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

X. Findings and Recommendations

Findings

Over the study year, great strides have been made in reaching service providers and all interested parties with news of the *Collection* and information on evidence-based treatments in children's mental health. Response to the *Collection* from caregivers, schools and local service providers has been consistently strong. Many partnerships have been established across the Commonwealth in promoting and utilizing the *Collection*. Not only has there been an increased awareness in evidence-based treatments for children's mental health, there has also been an increasing awareness about the current delivery of mental health services to children in the Commonwealth.

In support of feedback and experiences during the 2003 study year and in anticipation of the biennial update to the *Collection* the following recommendation was adopted by the Virginia Commission on Youth at the November 17, 2003 meeting:

Recommendation

Direct that the Commission on Youth, with assistance from the Senate Joint Resolution 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.

XI. Acknowledgments

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Partners in the Dissemination Process:

Alternative Behavioral Services, Virginia Beach

American Academy of Pediatrics, Virginia Chapter, Richmond

Anthem Behavioral Health Care Managers, Richmond

Arlington County CSA, Arlington

Association for Retarded Citizens (ARC) of Virginia, The

Blue Ridge Behavioral Health Care

Central Virginia Community Services, Richmond

*Children's Hospital, Richmond
Psychology Department*

Community Resource Adoption and Foster Family Training (CRAFFT)

*College of William & Mary, Williamsburg
School of Education Project Hope*

Colonial Community Services Board, Williamsburg

Court Service Unit Directors, Eastern Region

DMHMRSAS Child and Adolescent Special Population Work Group

Fairfax-Falls Church Office of Comprehensive Services

Greater Richmond Stop Child Abuse Now (SCAN)

Hallmark Youth Care, Richmond

Mental Health Association of Roanoke Valley

Northwestern CSB, Front Royal

Parent Education Advocacy Training Center (PEATC), Springfield

*People with Attentional and Developmental Disabilities Association (PADDA),
Newport News*

Portsmouth CSA

Psychiatric Society of Virginia

Richmond Behavioral Health Care Authority

*Richmond Associates, Inc., Medical Home Plus Resource Center
for Families and Children Who Have Special Health Care Needs*

Roanoke County Social Services, Salem

Roanoke Valley Alliance for Children, Roanoke

*Secretariat of Education
The Hon. Belle S. Wheelan*

*Secretariat of Health and Human Resources
The Hon. Jane H. Woods*

*Secretariat of Public Safety
The Hon. John W. Marshall*

State Executive Council

State and Local Advisory Team

VACSB Statewide Child and Adolescent Mental Health Managers

Virginia Association of Health Plans, Richmond

Virginia Association of Community Services Board, Richmond

Virginia Association of Counties, Richmond

*Virginia Beach Department of Mental Health, Mental Retardation and Substance
Abuse Services*

Virginia Correctional Association, Richmond

Virginia Council on Juvenile Detention

*Virginia Department of Aging
Kinship Care Task Force*

Virginia Department of Criminal Justice Services

Virginia Department of Education

Virginia Department of Health

Virginia Department of Juvenile Justice

Virginia Department of Medical Assistance Services

*Virginia Department of Mental Health, Mental Retardation and Substance Abuse
Services*

Virginia Department of Social Services

Virginia Joint Commission on Health Care

Virginia Office of the Inspector General

Virginia Office of Comprehensive Services

Virginia Primary Care Association, Richmond

Virginians for Mental Health Equity, Richmond

Visiting Teachers/School Social Workers, Richmond

*Virginia Juvenile Community Crime Control (VJCCCA) Coordinators, Northern
Virginia Region*

VJCCCA Coordinators, Southwestern Virginia Region

Voices for Virginia's Children, Richmond

Virginia Treatment Center, Richmond

SENATE JOINT RESOLUTION NO. 358

Directing the Virginia Commission on Youth, or its successor in interest, to make empirically based information concerning effective treatment modalities and practices for children available through the Internet. Report.

Agreed to by the Senate, February 4, 2003

Agreed to by the House of Delegates, February 13, 2003

WHEREAS, upon the recommendations of the Virginia Commission on Youth's Study of Children and Youth with Serious Emotional Disturbances Requiring Out-of-Home Placement, House Joint Resolution No. 119 (2000), and the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders, Senate Joint Resolution No. 440 (2001), the Virginia Commission on Youth was directed to study treatment options for offenders with mental illness or substance abuse disorders, pursuant to Senate Joint Resolution No. 99 (2002); and

WHEREAS, Senate Joint Resolution No. 99 (2002) also directed the Virginia Commission on Youth to coordinate the collection and dissemination of empirically based information that identifies effective treatment modalities and practices for children, including juvenile offenders with mental health treatment needs, symptoms, and disorders; and

WHEREAS, to accomplish its work, the Commission appointed representatives to a special study committee, the SJR 99 Advisory Group, to study effective treatment modalities for children with mental disorders, and the Advisory Group met four times to receive public comment from consumers, family members, advocates, criminal justice professionals, treatment providers, academic faculty, and other experts; and

WHEREAS, in addition to the SJR 99 Advisory Group, the Commission convened a smaller clinical group, which met seven times to provide specialized expertise and guidance on the substantive aspects of the collection of evidence based treatment modalities for children and adolescents with mental health treatment needs; and

WHEREAS, the members of the SJR 99 Advisory Group and Clinical Group have acquired considerable expertise in the treatment needs of children with mental health disorders, and noted that nationally and in Virginia, increased attention has been given to children's mental health and the development of systems of care for children with serious emotional disorders; and

WHEREAS, family members, practitioners, and researchers have become increasingly aware that mental health services are an important and necessary support for young children and their families who experience mental, emotional, or behavioral challenges; and

WHEREAS, child and adolescent mental health has emerged as a distinct area for service delivery, drawing on the philosophies and practices that characterize other childhood fields, such as early intervention; and

WHEREAS, according to estimates by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, each year more than 75,000 children experience the disabling symptoms of serious mental illness or emotional disturbance; and

WHEREAS, there has been a mounting interest in evaluating and developing empirically supported treatments for children in response to the noted prevalence of these problems with children; and

WHEREAS, the Commonwealth and its localities spend a substantial amount of money each year to provide mental health and substance abuse treatment services to children and adolescents, and the lack of information regarding the effectiveness of such services results in failed treatments and wasted resources; and

WHEREAS, over the past 30 years, there has been a movement calling for improvement in the "quality of evidence" in studies that claim to benefit children; and

WHEREAS, current emphasis on evidence-based practices for mental health treatments indicates that such practices promote effective use of resources, improve the clinician's knowledge, and allow for the identification of health care methods that have been evaluated for effectiveness; and

WHEREAS, increased awareness of mental health issues, the demand for the best medical treatment at affordable prices, and emphasis on evidence based practices are reasonable and justifiable consumer responses that may provide cost savings; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Virginia Commission on Youth, or its successor in interest, be directed to make empirically based information concerning effective treatment modalities and practices for children available through the Internet. The Commission shall seek the assistance of the SJR 99 Advisory Group, the Secretary of Health and Human Resources, the Secretary of Public Safety, and the Secretary of Education in posting, maintaining, and biennially updating this information. Such information shall include effective, empirically based, treatment modalities and practices for children, including juvenile offenders with mental health treatment needs, symptoms, and disorders; and, be it

RESOLVED FURTHER, That agencies of the Secretariat of Health and Human Resources that deliver services to children, the Department of Education, and the Department of Juvenile Justice shall also post this information on their respective websites, provide for the dissemination of the information in as efficient and cost-effective manner as possible, and ensure access to the information by consumers, family members, advocates, mental health policy makers, and other interested persons.

The Virginia Commission on Youth, or its successor in interest, shall submit to the Division of Legislative Automated Systems an executive summary and report of its progress in meeting the directives of this resolution no later than the first day of the 2004 Regular Session of the General Assembly. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

SJR 358
ADVISORY GROUP MEMBERSHIP

**DISSEMINATION OF THE COLLECTION OF
EVIDENCE-BASED TREATMENT MODALITIES FOR
CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS**

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**SJR 358
DISSEMINATION PLAN**

**Collection of Evidence-based Treatment Modalities for
Children and Adolescents with Mental Health Disorders Effective Treatment
Modalities Report Dissemination Plan**

Goal Continue to review and update the *2003 Effective Treatment Modalities Report* and to disseminate the report to professionals, communities, parents, and other entities or individuals working with children with mental health treatment needs, symptoms and disorders through web technologies.

Dissemination Plan

- Help ensure that agencies, organizations and programs across organizations build the strongest possible multi-level efforts to assist in distribution and circulation;
- Mobilize and guide concerted, coordinated action for dissemination;
- Develop a cost-effective and efficient dissemination method to allow for easy access to the information;
- Investigate an effective range of dissemination options due to the diversity of the user community; and
- Pursue Grant Funding through Juvenile Accountability Incentive Block Grant (JAIBG) to pursue reaching those in contact with the juvenile offender population.

Key State Agencies and Organizations

Secretary of Health and Human Services	Secretary of Education	Secretary of Public Safety
Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)	Department of Education (DOE)	Department of Juvenile Justice (DJJ)
Department of Medical Assistance Services (DMAS)	Parent Resource Centers	Governor's Office for Substance Abuse Prevention (GOSAP)
Department of Health (DOH)	State Council of Higher Education of Virginia (SCHEV)	Department of Correctional Education (DCE)
Office of Comprehensive Services (OCS)	School Superintendents	Department of Corrections (DOC)
State Executive Council (SEC)	School Guidance Counselors	Department of Criminal Justice Services (DCJS)
Department of Social Services (DSS)		Court Service Units
Department of Rehabilitative Services (DRS)		Detention Homes
Virginia Office for Advocacy and Protection - (VOAP)		
State and Local Advisory Team (SLAT)		
Comprehensive Service Act Coordinators (CSA)		

Other Organizations to Target in Dissemination of SJR 358
(Request the following organizations to assist with dissemination of "Collection")

329g Planning Committee (Develop a comprehensive plan for children's mental health services
(Budget Item #329g)
American Academy of Pediatrics, Virginia Chapter
American Red Cross
Association for Retarded Citizens (ARC) of Virginia
Children's Health System
Children Legal Aid Center
CRAFFT (the foster parent training group)
Comprehensive Health Investment Project (CHIP) of Virginia
Coalition for Mentally Disabled Citizens of Virginia
Governor's Office for Substance Abuse Prevention
League of Women Voters of Virginia
Medical Society of Virginia
Mental Health Association of Virginia
National Alliance for the Mentally Ill/Virginia
Parents and Children Coping Together (PACCT)
Parent to Parent of Virginia
Psychiatric Society of Virginia
The Autism Society of Virginia
Virginia Academy of Clinical Psychologists
Virginia Academy of Family Physicians
Virginia Association of Health Plans
Virginia Association for Early Childhood Education, Inc.
Virginia Association for Marriage and Family Therapy
Virginia Association of Chiefs of Police
Virginia Community Criminal Justice Association
Virginia Association of Community Services Boards
Virginia Association of Counties
Virginia Association of School Nurses
Virginia Association of Visiting Teachers/School Social Workers
Virginia Chapter of Emergency Physicians
Virginia Coalition of Private Provider Associations (VCOPPA)
Dept. of Social Services, Roanoke County
Virginia Mental Health Planning Council
Virginia Municipal League
Virginia Treatment Center for Children
Virginians for Mental Health Equity
Virginia Chapter, American Academy of Pediatrics and the Virginia Pediatrics Society
Virginia Hospital and Healthcare Association
People with Disabilities and Developmental Disabilities Association (PADDA)
Virginia Primary Care Association
Voices for Virginia's Children
Virginia Institute for Social Services Training Services (VISSTA)
Virginia Association of Community Services Board (VACSB)
Parent Education Advocacy Training Center (PEATC)

Audience Addressed by Report

- Public agencies
 - Clinicians
 - School Personnel
 - Families
 - Consumers
 - Advocates
 - Mental health policy makers
 - Other interested persons
-

Dissemination Methods

1. Electronic
2. Other Methods

Electronic Dissemination Methods			
Method	Comments	Example	Projected Date
ListServs	Ascertain if there are any applicable ListServs that can be utilized for dissemination.	Disseminating the "Collection" to organizations that deal with children and mental health issues	July – August 2003
Virginia Websites	Select appropriate agency websites either directly post or link SJR 99 "Collection". Link to appropriate Intranets.	Commission on Youth website Links to other agency websites	May – July 2003
National Websites	Select appropriate national websites, i.e. organizations or associations, link to appropriate Virginia chapters.	CHADD Virginia NAMI	August – September 2003
Electronic Mail	Excellent method of communicating with single or multiple recipients.	Utilize any existing electronic mail lists	May to September 2003

Other Dissemination Methods			
Method	Comments	Example	Projected Date
Meetings	Effective method to discuss "Collection" if appropriate subject matter. Piggybacking onto other meetings can be a good way to raise awareness.	Staff meetings, CSA, SEC meeting, COY meetings, legislative meetings, community meetings	Summer/Fall 2003
Workshops	Information exchange workshops that target specific topics and types of workers. Include "Collection" at workshop or request to be speaker.	Applicable workshops	Summer/Fall 2003
Trainings	Inclusion of relevant lessons learned examples in all levels of employee training courses.	Trainings for providers, families, recipients sponsored by agencies, providers, etc.	Summer/Fall 2003
Mailings	Letter or article describing "Collection" sent with information on how to access information. Pursue grant funding for postcards or bookmarks.	Mailing to legislators and other interested parties	Spring/Summer 2003
Publications and Newsletters	Publish information about "Collection" in academic and general publications.	Virginia Association of Health Plans Commission on Youth, any other applicable publications	Summer/Fall 2003
Conferences	Participate in public and private section conferences.	Applicable conferences	Summer/Fall 2003

Virginia Commission on Youth



Virginia Commission on Youth

- **About COY**
- **Chairman's Message**
- **General Assembly Overview**
- **Youth & Family Programs**
- **Child and Adolescent Mental Health Treatments**
- **Meetings**
- **Reports**
- **Resources**
- **Mailing List**
- **Privacy Policy**
- **Home**

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. It is comprised of twelve members: six State Delegates, three State Senators and three citizens appointed by the Governor. We provide a legislative forum in which complex issues related to Virginia youth and their families can be explored and resolved. On our website you can:

- check key meeting dates;
- review information on 2003 studies;
- access previous Commission study reports; and
- view the new publication outlining Child and Adolescent Mental Health Treatments.



We hope you find this website helpful. Please e-mail if you have comments, questions or suggestions for the Virginia Commission on Youth.



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COLLECTION OF EVIDENCE-BASED TREATMENT MODALITIES FOR CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH TREATMENT NEEDS

TABLE OF CONTENTS

- Introduction
- Role of the Family in Treatment Programs
- Evidence-based Treatments
- Child and Adolescent Mental Health Disorders**
 - Key Components of Successful Treatments*
 - Reference Chart of Disorders and Evidence-based Treatments*
- Mental Retardation**
- Pervasive Developmental Disorders**
 - (Includes: Autism and Asperger's Disorder)*
- Adjustment Disorders**
- Behavioral Disorders**
 - Attention-Deficit Hyperactivity Disorder*
 - Oppositional Defiant & Conduct Disorders*
- Maladaptive Behaviors**
 - Sexual Offending*
 - Eating Disorders*
 - Juvenile Firesetting*
 - Self Injury*
- Tourette's Disorder**
- Anxiety Disorders**
- Mood Disorders**
- Schizophrenia**
- Co-occurrence of Substance Abuse and Mental Illness**
- Youth Suicide**
- School-based Mental Health Services**
- Juvenile Offenders**
- Implications for Policy Makers**
- General Description of Providers**
- Frequently Used Terms**

Commonly Used Acronyms

The document is also available in its entirety by downloading the following three sections (PDF Format):

- Section 1 - Introduction through ADHD (391KB)
- Section 2 - Oppositional Defiant through Tourette's (300KB)
- Section 3 - Anxiety Disorders through Acronyms (548KB)

[Click here to view our current listing of partners.](#)

[Click here if you are interested in partnering with us.](#)

E-mail us your feedback on Child and Adolescent Mental Health Treatments.

This information contained herein is strictly for informational and educational purposes and is not designed to replace the advice and counsel of a physician or mental health provider. The Commission on Youth makes no representations regarding the suitability of the information contained herein for any purpose. Although this document includes links which provide direct access to other Internet sites, the Commission on Youth takes no responsibility for the content or information contained on such sites and does not exert any editorial or other control over such sites.

Virginia Commission on Youth, General Assembly Building, Suite 517B, Richmond, Virginia 23219
Phone 804-371-2481
Fax 804-371-0574

**Commission on Youth Bookmarks
for the *Collection* Dissemination Information**



**Virginia
Commission
on Youth**

*A bi-partisan legislative
commission studying issues
related to youth and their
families since 1992*

Delegates:

Phillip A. Hamilton, Chair
Robert H. Brink
L. Karen Darner
Robert F. McDonnell
John S. Reid
Robert Tata

Senators:

R. Edward Houck
Yvonne B. Miller
D. Nick Rerras

Citizen Members:

Steven Cannizzaro
Gary L. Close
Marvin H. Wagner



**General Assembly Building
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Virginia Commission on Youth

**Child and
Adolescent
Mental Health
Treatments**

*For parents, caregivers,
educators, service
providers and others
seeking current research
on evidence-based
treatments*

**Click on Child and
Adolescent Mental Health
Treatments at
coy.state.va.us,
then...**

BOOKMARK IT
<http://coy.state.va.us>

SJR 358
Dissemination of the Collection of
Evidence-based Treatment Modalities for
Children and Adolescents with Mental Health Disorders

EVENT LOG

Event	Location	Description of Activity
MARCH		
7 Parent Educational Advocacy Training Center (PEATC)	Richmond	Attend Conference and discuss SJR 358 - Request article in Newsletter
12 329 G Advisory Group/CSA Workgroup	Front Royal	Present Collection at meeting and receive feedback
19 SJR 358 Advisory Group	Richmond	Present Collection and Discuss Dissemination Methods
26 329 G Advisory Group/Service and Admin Structure Work Group	Richmond	Discuss Collection with Attendees
APRIL		
1 DOA Kinship Care Task Force	Richmond	Discuss Collection with Attendees
3 State and Local Advisory Team Meeting (SLAT)	Henrico	Present on Collection and Discuss Dissemination Methods
9 329 G Workgroup Meeting (all subcommittees)	Richmond	Present Collection and Discuss Dissemination Methods
25 Statewide Stakeholders Committee – Foster Care and Child Protective Services	Henrico	Discuss Collection with Attendees
30 Northern Virginia CSA Symposium	Arlington	Vendor Event, discuss Collection with diverse audience (350 case managers, supervisors, FAPT and CPMT members from across Northern Virginia).
30 Central Virginia Regional Advisory Group for the Virginia Tobacco Settlement Foundation	Henrico	Discuss Collection with Attendees

	Event	Location	Description of Activity
MAY			
8-9	VACSB Conference	Williamsburg	Present Collection and Discuss Dissemination Methods
16	CSA Coordinators' Meeting	Henrico	Present Collection and Discuss Dissemination Methods (40 Coordinators from across the Commonwealth)
16	Superintendents-Judges Liaison Committee	Richmond	Present Collection and Discuss Dissemination Methods (16 JDR Judges and School Superintendents, DOE Superintendent and Executive Secretary)
19	Commission on Youth Meeting	Richmond	Official Launch of Collection, reception and media coverage at COY Meeting
28	State Executive council (SEC)	Richmond	Present Collection and Discuss Dissemination Methods
30	Southwest Regional CSA Symposium	Roanoke	Present Collection and Discuss Dissemination Methods
JUNE			
6	Child and Adolescent Mental Health Managers Meeting (CSB)	Richmond	Present Collection and Discuss Dissemination Methods
16-17	DJCS Juvenile Justice Conference	Williamsburg	Present Collection and Discuss Dissemination Methods
19	Regional Court Service Unit Directors Conference	Hampton	Present Collection and Discuss Dissemination Methods
JULY			
14	Older Youth Committee Virginia's Homeless Education Program	Williamsburg	Present Collection and Discuss Dissemination Methods
29	Regional Virginia Juvenile Community Crime Control Act VJCCCA meeting	Fredericksburg	Present Collection and Discuss Dissemination Methods

AUGUST

6	Northwestern CSB Children Treatment Staff Training	Winchester	Present Collection and Discuss Dissemination Methods
8	Tidewater Regional CSA Symposium	Chesapeake	Present Collection and Discuss Dissemination Methods
	Child and Adolescent Special Population Meeting – DMHMRSAS Restructuring and Reinvestment	Staunton	
13	Clinical Staff Meeting/Children's Hospital	Richmond	Present Collection and Discuss Dissemination Methods
15	Regional Virginia Juvenile Community Crime Control Act VJCCCA meeting	Roanoke	Present Collection and Discuss Dissemination Methods
24-26	National State Mental Health Program Director's Conference on Evidence-based Practices In Children's Mental Health	FLORIDA	Participate in breakout Session on Collection and Virginia's methods

SEPTEMBER

5	Child and Adolescent Mental Health Managers Meeting (CSB)	Richmond	Discuss Dissemination Methods
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OCTOBER

7	Virginia Association of Community Services Boards (VACSB) Annual Meeting	Wintergreen	Discuss Collection and distribute Bookmarks
8	Virginia Association of Local Human Services Officials	Lynchburg	Discuss Collection and distribute Bookmarks
13	Anthem Behavioral Case Managers Meeting	Richmond	Present Collection and Discuss Dissemination Methods
23	Roundtable meeting Community Resource Adoption and Foster Family Training (CRAFFT)	Richmond	Present Collection and Discuss Dissemination Methods
27	Seminar on Evidence-based Treatment Approaches for Adjudicated Youth	Virginia Beach	Present Collection and Discuss Dissemination Methods treatments
30	Legislative Breakfast	Lynchburg	Present Collection and discuss Dissemination Methods

NOVEMBER

2-4	Virginia Correctional Association Conference	Williamsburg	Present Collection and Discuss Dissemination Methods
6	Mental Health Association of Roanoke Valley	Mental Health Association of Roanoke Valley	Present Collection and Discuss Dissemination Methods
17	Commission on Youth meeting	Richmond	Update to Commission on Dissemination activities

DECEMBER

4	Detention Home Association Meeting	Charlottesville	Present Collection and Discuss Dissemination Methods
15	Central Regional CSA Symposium	Chesterfield	Present Collection and Discuss Dissemination Methods

Partners – The Vital Link

Child and Adolescent Mental Health Treatments is a 2003 publication of the General Assembly's bi-partisan Virginia Commission on Youth developed as part of a legislative study by a 19-member Advisory and Clinical Group of mental health professionals.

It has been designed for easy, no-cost access via Internet by parents, caregivers, educators, service providers and others seeking current research on evidence-based treatment for youth.

Agencies and organizations throughout Virginia are serving as partners in the dissemination process. Partner services include:

- Establishing a hyperlink from your web page to Child and Adolescent Mental Health Treatments so others can learn about this valuable resource;
- Allowing Commission staff to attend your conferences and meetings where we can inform your members, colleagues or staff about the availability of the Child and Adolescent Mental Health Treatments; and/or
- Including information about the website in your newsletter or email bulletins.

Yes!

Our organization is interested in partnering in the dissemination process for the Child and Adolescent Mental Health Treatments. Please contact us.

Organization Name

Contact Person

Phone/email address

City

Zip

SJR 358
Dissemination of the Collection of
Evidence-based Treatment Modalities for
Children and Adolescents with Mental Health Disorders

LISTING OF PARTNERS

Alternative Behavioral Services, Virginia Beach
American Academy of Pediatrics, Virginia Chapter, Richmond
Anthem Behavioral Health Care Managers, Richmond
Arlington County CSA, Arlington
Association for Retarded Citizens (ARC) of Virginia, The
Blue Ridge Behavioral Health Care
Central Virginia Community Services, Richmond
Children's Hospital, Richmond
Psychology Department
Community Resource Adoption and Foster Family Training (CRAFFT)
College of William & Mary, Williamsburg
School of Education Project Hope
Colonial Community Services Board, Williamsburg
Court Service Unit Directors, Eastern Region
DMHMRSAS Child and Adolescent Special Population Work Group
Fairfax/Falls Church Office of Comprehensive Services
Greater Richmond Stop Child Abuse Now (SCAN)
Hallmark Youth Care, Richmond
Mental Health Association of Roanoke Valley
Northwestern Community Services Board, Front Royal
Parent Education Advocacy Training Center (PEATC), Springfield
People with Attentional and Developmental Disabilities Association (PADDA), Newport News
Portsmouth CSA
Psychiatric Society of Virginia
Richmond Behavioral Health Care Authority
Richmond Associates, Inc., Medical Home Plus Resource Center for Families and Children Who
Have Special Health Care Needs
Roanoke County Department of Social Services, Salem
Roanoke Valley Alliance for Children, Roanoke
Secretariat of Education
Secretariat of Health and Human Resources
Secretariat of Public Safety
State Executive Council
State and Local Advisory Team (SLAT)
VACSB Statewide Child and Adolescent Mental Health Managers
Virginia Association of Health Plans, Richmond
Virginia Association of Community Services Boards, Richmond
Virginia Association of Counties, Richmond
Virginia Beach Department of Mental Health, Mental Retardation and Substance Abuse Services
Virginia Correctional Association, Richmond
Virginia Council on Juvenile Detention
Virginia Department of Aging, Kinship Care Task Force
Virginia Department of Criminal Justice Services
Virginia Department of Education
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Department of Medical Assistance Services

PARTNERS (cont.)

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
Virginia Department of Social Services
Virginia Joint Commission on Health Care
Virginia Office of the Inspector General
Virginia Office of Comprehensive Services
Virginia Primary Care Association, Richmond
Virginians for Mental Health Equity, Richmond
Visiting Teachers/School Social Workers, Richmond
**Virginia Juvenile Community Crime Control (VJCCCA) Coordinators, Northern Virginia &
Southwestern Virginia Regions**
Voices for Virginia's Children, Richmond
Virginia Treatment Center, Richmond



VIRGINIA COMMISSION ON YOUTH

COLLECTION OF EFFECTIVE TREATMENT MODALITIES

DISSEMINATION SURVEY

Pursuant to Senate Joint Resolution 358, the Commission on Youth is charged with disseminating the **Collection of Effective Treatment Modalities for Children and Adolescents with Mental Health Disorders**. The **Collection** contains empirically-based information that would identify the treatments recognized as effective for the treatment of children, including juvenile offenders, with mental health treatment needs, symptoms and disorders. This **Collection** was created with assistance from experts across the Commonwealth.

Nationally and in Virginia, there has been an increase in attention to children's mental health and the development of systems of care for children with serious emotional disorders. This **Collection** seeks to benefit professionals, communities, parents, and other entities or individuals working with children with mental health treatment needs, symptoms and disorders by providing them with a collection of research on evidence-based treatment modalities as well as information on treatment resources for children.

The **Collection** is available on the Commission's web site in HTML form and can be accessed at coy.state.va.us by clicking the Child and Adolescent Mental Health Treatments link.

Please assist the Commission with the dissemination effort by completing the following questions. Feel free to use back of sheet or attach additional sheets if needed.

1. How would you suggest distributing this Collection so that it can reach the people who would benefit most?
2. Please list any modalities which you believe (based on documented efficacy) should also be included.
3. Would you be willing to provide feedback after you have reviewed the report? Would you offer suggestions for improving the functionality/usefulness of the Collection?

THANK YOU!

Contact information (*please print*):

Name

Organization

Address

City

Zip

Email address

Telephone

