

Virginia Commission on Youth
SJR 358 (2003)
Update of *Collection of Evidence-Based Practices for*
Children and Adolescents with Mental Health Treatment
Needs

General Assembly Building
5th Floor East Conference Room
September 7, 2011
1:00 p.m.

Advisory Group Members: Wayne Barry, Christina Benton, Rebecca Bowers-Lanier, John Daugherty, Vicki Hardy-Murrell, Pamela Fisher, Heidi Lawyer, Julie Linker, Terry Tinsley

Attending Electronically: Janet Bessemer, Becky China, Betty Etzler, Michael Southam-Gerow, Bryce McLeod, Karen Purcell

Staff Attending: Amy Atkinson, Leah Hamaker

Guests: Lauren Baugh, Lauren Bull, Jennifer Fidura, Will Frank, Julie Linker, Samantha Marsh-Hollins

Welcome and Introductions

Amy M. Atkinson, Executive Director

Ms. Amy Atkinson welcomed the members of the Advisory Group to the meeting. She briefed the Advisory Group on the recent publication of the *Collection of Evidence-based Practices for Children with Mental Health Treatment Needs 4th Edition* ("Collection"). The Collection has been widely used since its first publication in 2002. Monthly web hits for the *Collection* are as high as 40,000. Ms. Atkinson thanked of Advisory Group members for their work and support of the Collection.

Overview of Collection 4th Edition

Leah Hamaker, Senior Legislative Analyst

Ms. Hamaker acknowledged the contributions of the Advisory Group and highlighted the features and new sections included in the *Collection 4th Edition*. Because of the Commission's partnership with Virginia Commonwealth University, staff was able to incorporate a significant new feature: each disorder now includes a section on assessments. Ms. Hamaker stated that terminology in the *Collection 4th Edition* was revised to reflect current literature in the field of children's mental health. Stand-alone sections on pediatric bipolar disorder, obsessive-compulsive disorder, habit disorders, and trauma were also included. Additions were made to the glossary, acronyms, and abbreviations sections. A search engine for the web version is another new feature.

Ms. Hamaker discussed dissemination of the *Collection 4th Edition*. Letters were sent to the Health and Human Services, Education, and Public Safety cabinet secretaries, agencies, private provider associations, and psychiatric societies. Letters were also sent to the State Council of Higher Education and the Virginia Community College System to

encourage inclusion of evidence-based practices at the post-secondary level in psychology, psychiatry, social work, and counseling programming.

Ms. Hamaker informed the Advisory Group members that, in anticipation of the release of the *DSM-5*, revisions will be made to the *Collection 4th Edition* during the 2011 study year. This update will capture changes to web links/resources and will include recent literature and practices in autism spectrum disorders, intellectual disability, and other disorders as needed. A more comprehensive update will occur during the summer of 2013 following the release of the *DSM-5*.

Ms. Hamaker stated that, during the next update cycle, the Advisory Group would be receiving information from many of Virginia's providers to share how evidence-based and promising practices are incorporated in their services and programs.

Virginia Home for Boys and Girls/Teaching-Family Model – An Evidence-Based Practice Approach

John Dougherty, Virginia Home for Boys and Girls

Mr. Dougherty discussed the Teaching-Family Model. The Teaching-Family Model provides a comprehensive, family-driven array of services which providers and families share responsibility for the care and treatment of youth with mental health needs. Mr. Dougherty stated that the Teaching-Family Model is based on the "practice teach reward" approach. This model can be applied in residential, in-home, and therapeutic foster care settings. Implementation of this model is critical. The Advisory Group asked about outcome data, service satisfaction, and delivery of the model.

Mr. Dougherty noted that the key to successful outcomes at the Virginia Home for Boys and Girls was the "above and beyond efforts" accompanying the treatment model. He noted that recent outcome data would be soon available from the Teaching-Family Association. Most of the youth served are eligible for the Comprehensive Services Act. While Medicaid may be accessed for therapeutic foster care and intensive-in-home, the Virginia Home for Boys and Girls is not a Medicaid campus. Medicaid requirements for reimbursement do not match the Teaching-Family Model requirements. Mr. Dougherty informed the members that the Virginia Home used residential treatment as a form of short-term trauma response. Questions were raised about data on family engagement. Mr. Dougherty noted that there was not data available on family engagement because of complex family dynamics. However, outcome data was collected on educational measures such as graduation rates and Standard of Learning (SOL) scores. He noted that enrollment in their school has doubled and 75 percent of these students complete their term and return to their home school.

Other Examples of Evidence-based Programs in Virginia

Advisory Group Discussion

The Advisory Group discussed other evidence-based and promising programs that they would like Commission staff to investigate. The members agreed that it would be appropriate to learn more about the components of these programs for possible inclusion in the next biennial update. The Advisory Group discussed the possibility of generating lists of resources, particularly providers who currently offer evidence-based and/or promising practices. The members agreed that this may be time-consuming and difficult to maintain. The members discussed future recommendations, which would focus on training to help providers learn about evidence-based and promising practices. The members discussed the possibility of highlighting approaches included within an

evidence-based treatment but agreed that this would be very difficult; it would be just as helpful to emphasize the need to tailor treatments to allow for an individual approach. Various programs were discussed, including the Faison School's program for older youth, which focus on teaching life skills.

Biennial Update – Developmental Disabilities’ Sections

Advisory Group Discussion

Ms. Atkinson informed the members that staff had sent letters to stakeholder organizations discussing the release of the *Collection 4th Edition* and requesting that they share this resource with their members. After receiving the letters, several stakeholders had contacted Commission staff to express concerns with wording and terminology relating to the Intellectual Disabilities section. Concerns were also expressed regarding the inclusion of Autism Spectrum Disorders in the Collection. Mary Ann Bergeron with the Virginia Association of Community Services Boards and Jennifer Fidura with the Virginia Network of Private Providers stated it was not accurate to include Intellectual Disability in the Collection it was classified it as a “disorder”. They also noted the information contained in this section did not reflect the advances made in this field. For example, the Intellectual Disability community has moved to "person centered planning" in service delivery. This is a central approach used by providers in their interaction with individuals diagnosed with an Intellectual Disability. Ms. Fidura noted that the medical model is represented in the Collection. There have been changes in the language which are not reflected by the medical model. If these disorders were included in this way, staff should consider including other developmental disorders, such Williams Syndrome or brain injury.

Ms. Atkinson informed the Advisory Group members that she had discussed these concerns with Senator Edward Houck, who is a member of the Commission on Youth. Senator Houck introduced Senate Joint Resolution 99 during the 2002 General Assembly, directing the Commission on Youth to collect and disseminate treatment modalities recognized as effective for the treatment of children, including juvenile offenders, with mental health treatment needs. Senator Houck understood the concerns expressed to staff.

Senator Houck suggested several approaches for Commission staff to share with the Advisory Group members for their consideration.

- Add a disclaimer to the Collection which states that Intellectual Disability and Development Disabilities are not mental health disorders, but are included as helpful resources;
- Modify the Intellectual Disability and Autism Spectrum Disorders sections to include information from the Developmental Disability community about best practices in service delivery;
- Change the name of the Collection from “mental health” to “behavioral and development disorders” to address the stigma of mental health disorders; and/or
- Invite all impacted parties to join the Advisory Group for a meeting to obtain consensus and discuss the options Commission staff should pursue.

Senator Houck stated that he would not recommend deleting either of these sections because that option was extreme.

Ms. Atkinson stated that the membership of the Advisory Group was recently expanded to include representatives from the Intellectual Disability and Developmental Disability community. Ms. Lawyer, Executive Director of the Virginia Board for People with

Disabilities has agreed to coordinate this effort and share information with impacted stakeholders.

The Advisory Group discussed modifying the Autism Spectrum Disorders and Intellectual Disabilities sections. One approach was for Commission on Youth staff to revise these two sections to discuss the mental health disorders which co-occur with Autism Spectrum Disorders and Intellectual Disabilities. The Advisory Group members stated that this approach was specific and was consistent with the Collection's message and "brand". The Advisory Group suggested that this shift in the focus of mental health disorders, rather than Autism Spectrum Disorders and Intellectual Disabilities, was very appropriate.

Ms. Atkinson thanked the Advisory Group for their participation. She informed the members that, once the revised sections were ready, staff would email them for comment.

The Advisory Group meeting adjourned.