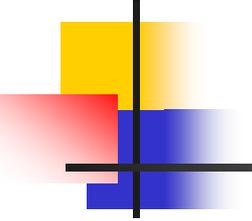


# SJR 358 – Update of Collection of Effective Treatment Modalities for Children with Mental Health Needs

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**September 22, 2004**

**Virginia Commission on Youth  
Leah Hamaker**



# Background

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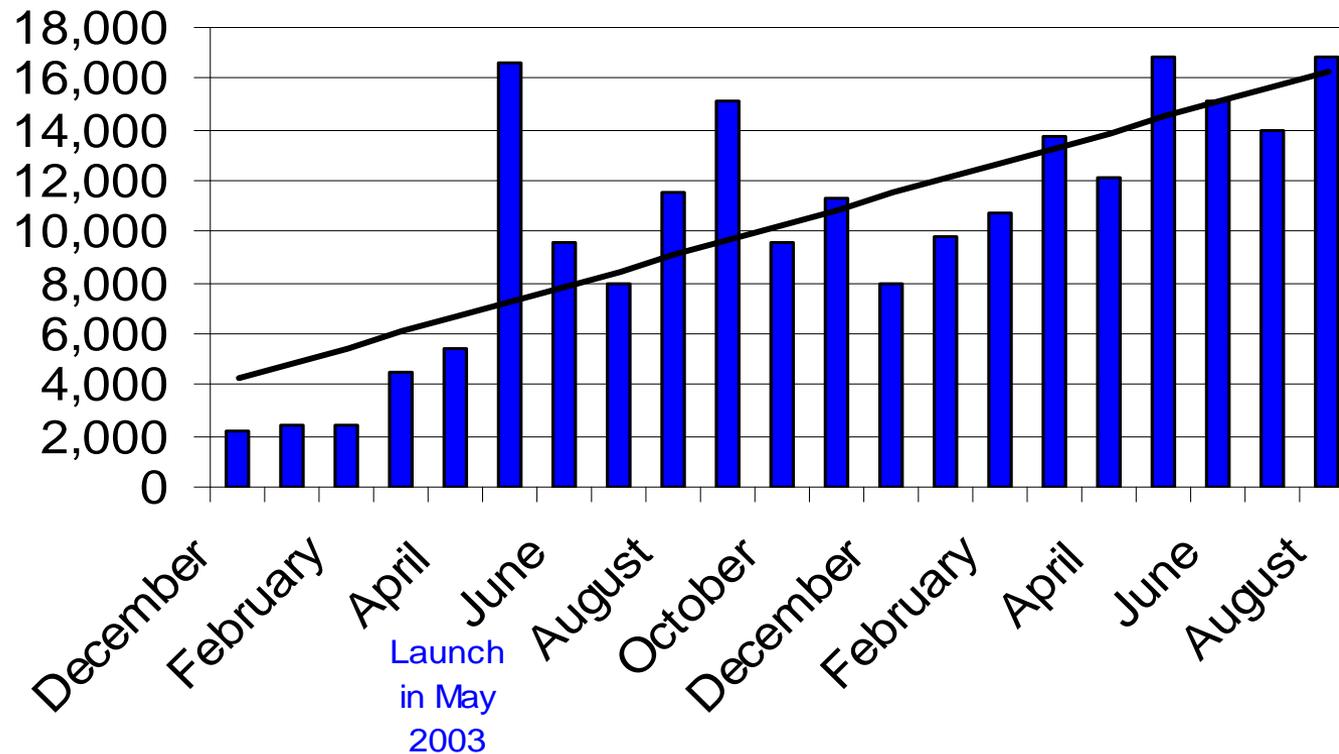
In 2002, the Commission on Youth

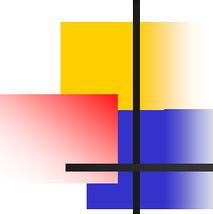
- Compiled information on evidence-based treatments for children with mental health needs (SJR 99).
  - Received assistance in this effort from an Advisory and a Clinical group of mental health experts.
  - The **Collection of Evidence-based Treatments** (“Collection”) was published as House Document 9 in late 2002.
  - To access:
    - Go to <http://coy.state.va.us>; and
    - Click on the **Child and Adolescents Mental Health Treatments link**.
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# Dissemination of "Collection"

## Virginia Commission on Youth Summary of Web Activity By Month

December 2002 to August 2004

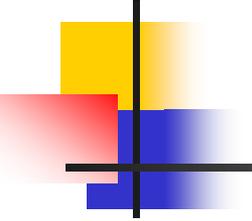




# Recent Dissemination Activities

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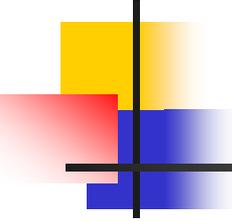
- Presentations at National Conferences
  - National Association of State Mental Health Program Directors Research Institute – *Evidence-based Practices in Children’s Mental Health: Building Capacities for Implementation and Research; and*
  - Child and Adolescent Residential and Psychiatric Programs (CHARPP) - *Conference on Evidence-Based Practice – Bringing the Beauty Out of the Beast.*



# SJR 358 – Update of “Collection”

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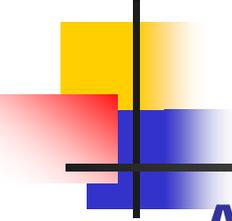
- Pursuant to SJR 358 (2003), the Commission on Youth is to:
  - Seek the assistance of the **Advisory Group**, Secretary of Health and Human Resources, Secretary of Public Safety, and Secretary of Education in posting, maintaining and **biennially updating** the “**Collection**”
    - **Advisory Group** met June 14 to assist the Commission with this mandate.



# SJR 358 – Update of “Collection”

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- Consensus from Advisory group that “Collection” must be updated regularly
- “Living document” v. legislative study
  - Research constantly evolving on best practices

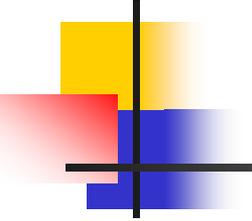


# SJR 358 – Update of “Collection”

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**Advisory Group** comprised of representatives from:

- DMHMRSAS
- DSS
- DMAS
- DJJ
- DOE
- VDH
- Office of Comprehensive Services
- Private providers
- Parents and consumers
- CSB representatives
- Local CSA representatives
- VCU/MCV/VISSTA
- Secretary of Public Safety
- Secretary of Health and Human Resources
- Secretary of Education
- Voices for Virginia’s Children
- COY Members

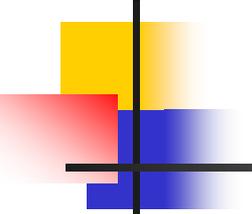


# SJR 358 – Update of “Collection”

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## **Advisory Group discussion on use of “Collection”**

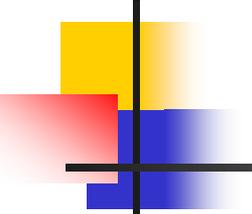
- Continue to encourage the **“Collection”** use by FAPT teams.
- Consensus that every library in state should have a copy of the **“Collection”**.
- Include the web address for the **“Collection”** in every publication from the Virginia Commission on Youth.
- School guidance offices (counseling offices) should be given information about how to access the **“Collection”**.
- More feasible to disperse the **“Collection”** to the divisions instead of individual schools.
- Acronyms/definitions need to be moved to the front
- Look to various agencies for grants for dissemination/research.



# SJR 358 – Update of “Collection”

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- Treatment concerns for children within the foster care system.
  - Include information on whether the treatments are effective for children in foster care instead of including an entire new section.
- Rural challenges
  - Health professional shortages are a huge concern in rural areas.
  - Primary Care Association did a study of rural health practices that might be beneficial for research.
  - Create a link to the Health Department’s Bright Futures information.

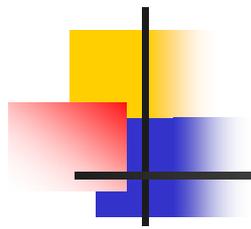


# SJR 358 – Update of “Collection”

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## When parental involvement is not available

- Each treatment should state who is to be involved. If parents are not available for a particular treatment, and it is essential they are involved, the clinician should know to not utilize the treatment.
  - Do not include in a separate section.
  - Include what the evidence says is in the best interest of the child.
  - Obtain the American Academy of Child & Adolescent Psychiatry guidelines on this issue.
- Include treatment phases or steps with the evidence-based treatments
    - Takes too much space to outline the entire treatment process.
    - Discuss the evidence-based treatment and provide information for resources for particular treatments.

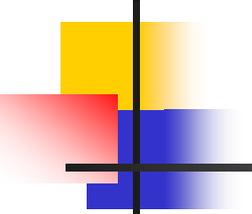


# SJR 358 – Update of “Collection”

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## Assessment instruments for particular disorders

- List of general guidelines of assessments for families, not clinicians.
- Too involved to include in-depth discussion of which assessments can be used under particular circumstances.
- When child is being diagnosed, discuss only what parents should expect.
- Include a list of Virginia resources or locations that are using these treatments.
- Consensus that this would be helpful.

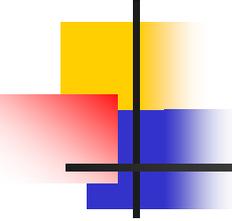


# SJR 358 – Update of “Collection”

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## **The issues surrounding anti-depression medications and children**

- The Food and Drug Administration (FDA) federal advisory committee recommends "Black Box Warnings" for anti-depression medications.
  - FDA Advisory Committee announced on September 13th that antidepressants should come with a black box on the label that indicate these drugs may occasionally incite suicidal behavior in children and teenagers.
  - The committee also agreed that pharmaceutical companies should provide patient guides in the drugs' packaging to provide families with easy-to-read information about potential risks.
  - On September 16, the FDA had a split-vote on the subcommittee's recommendations.
  - COY will include all information regarding the warnings on anti-depression medications.



# Funding through DCJS Challenge Grant

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- DCJS has awarded the Commission a Challenge Grant to disseminate the “Collection”.
- The grant commenced in mid-July and lasts through September of 2005.
- Staff will evaluate impact at end of grant cycle but feedback has been extremely positive.
- On-going requests for information from juvenile justice professionals regarding “Collection”.