

SENATE JOINT RESOLUTION NO. 99

Directing the Virginia Commission on Youth, or its successor in interest, to coordinate the collection and dissemination of empirically-based 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.

Agreed to by the Senate, March 6, 2002
Agreed to by the House of Delegates, March 5, 2002

WHEREAS, each year the Commonwealth of Virginia and its localities, through the Comprehensive Services Act for At-Risk Youth and Families (CSA), spend millions of dollars to purchase services to address the emotional and behavioral problems of children and youth in Virginia; and

WHEREAS, there is no system in the Commonwealth to measure the quality or effectiveness of care received by these children and youth; and

WHEREAS, the Joint Legislative Audit and Review Commission, in its Review of the Comprehensive Services Act, Senate Document No. 26 (1998), reported that 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"; and

WHEREAS, with the exception of composite data that are reflected on the Office of Comprehensive Services' web site, which includes elements such as demographics, referral source, expenditures and number of children served through the Family Assessment and Planning Team (FAPT) process, data on individual children are not collected; and

WHEREAS, professionals and communities could benefit from information on treatment modalities and practices recognized as effective for the treatment of children with mental health treatment needs, symptoms and disorders; and

WHEREAS, to collect information on outcomes requires the development of an extensive and integrated information management system and longitudinal data collection, both of which require considerable resources; and

WHEREAS, the collection of empirically sound research on the treatment modalities and practices that have proven most effective for children and adolescents would serve as the initial step in evaluation efforts; and

WHEREAS, this research as collected could be used as a foundation for the future collection of client-specific information; and

WHEREAS, such information could be shared with entities involved in efforts to develop a policy and plan for children's improved access to mental health services, including the identification of effective models for replication; 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 coordinate the collection and dissemination of empirically-based 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.

An advisory committee comprised of state and local representatives from the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, Virginia Department of Social Services, Virginia Department of Medical Assistance Services, Virginia Department of Juvenile Justice, Virginia Department of Education, Virginia Department of Health, Virginia Office of Comprehensive Services, private providers and parent representatives shall assist and guide the effort of the entity directed to collect and disseminate the aforementioned information.

All agencies of the Commonwealth shall provide assistance to the entity directed to collect and disseminate such information, upon request.

The Virginia Commission on Youth, or its successor in interest, shall submit a copy of the information directed to be collected and disseminated concerning effective treatment modalities and practices for treating children, including juvenile offenders, with mental health treatment needs, symptoms, and disorders to the General Assembly through the Senate Committee on Education and Health, the Senate Committee on Rehabilitation and Social Services, the House Committee on Health, Welfare and Institutions, and to the Division of Legislative Services, no later than November 30, 2002.

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