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SENATE JOINT RESOLUTION NO. 358

Offered January 8, 2003

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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.

Patrons—Houck, Hanger and Rerras; Delegates: Darner, Hamilton, Landes, McDonnell, Morgan, Rapp and Tata

Referred to Committee on Rules

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 4 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 7 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

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58 Youth, or its successor in interest, be directed to make empirically based information concerning
59 effective treatment modalities and practices for children available through the Internet. The Commission
60 shall seek the assistance of the SJR 99 Advisory Group, the Secretary of Health and Human Resources,
61 the Secretary of Public Safety, and the Secretary of Education in posting, maintaining, and biennially
62 updating this information. Such information shall include effective, empirically based, treatment
63 modalities and practices for juvenile offenders with mental health treatment needs, symptoms, and
64 disorders; and, be it

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

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