



For Virginia's
Children

1 *in* **5** **kids**.org

The Campaign for Children's Mental Health

Advocating for Evidence- Based Mental Health Treatments for Children

Roanoke, VA

March 24, 2014

Evidence-Based vs. Evidence-Informed

- ▶ **Evidence-based *practices*** are approaches to prevention or treatment that are validated by some form of documented scientific evidence (controlled studies, etc).
- ▶ **Evidence-based *programs*** use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence.
 - can be "supported" or "well-supported", depending on the strength of the research design
- ▶ **Evidence-*informed* practices** use the best available research and practice knowledge to guide program design and implementation.
 - allows for innovation while incorporating the lessons learned from the existing research literature
 - should be responsive to families' cultural backgrounds, community values, and individual preferences

https://www.childwelfare.gov/management/practice_improvement/evidence/definitions.cfm

From: Children's Bureau (HHS), Child Welfare Information Gateway, FRIENDS National Resource Center for Community-Based Child Abuse Prevention, & Center for the Study of Social Policy-Strengthening Families. (2011). *Strengthening Families and Communities: 2011 Resource Guide*. Retrieved February 11, 2011, from www.childwelfare.gov/pubs/guide2011/guide.pdf#page=17.

Quality of Care

- ▶ Reason for pursuing evidence-based or evidence-informed treatments
- ▶ What goes into quality care?
 - **Availability:** Gaps in services; worse in rural areas
 - **Accessibility:** Long wait-lists or funding restrictions on the services that are available
 - **Outcomes achieved by services:** Treatments may be available and accessible, but not have the staff or treatment modalities that improve the lives of kids and families.

Importance of Systems of Care Model

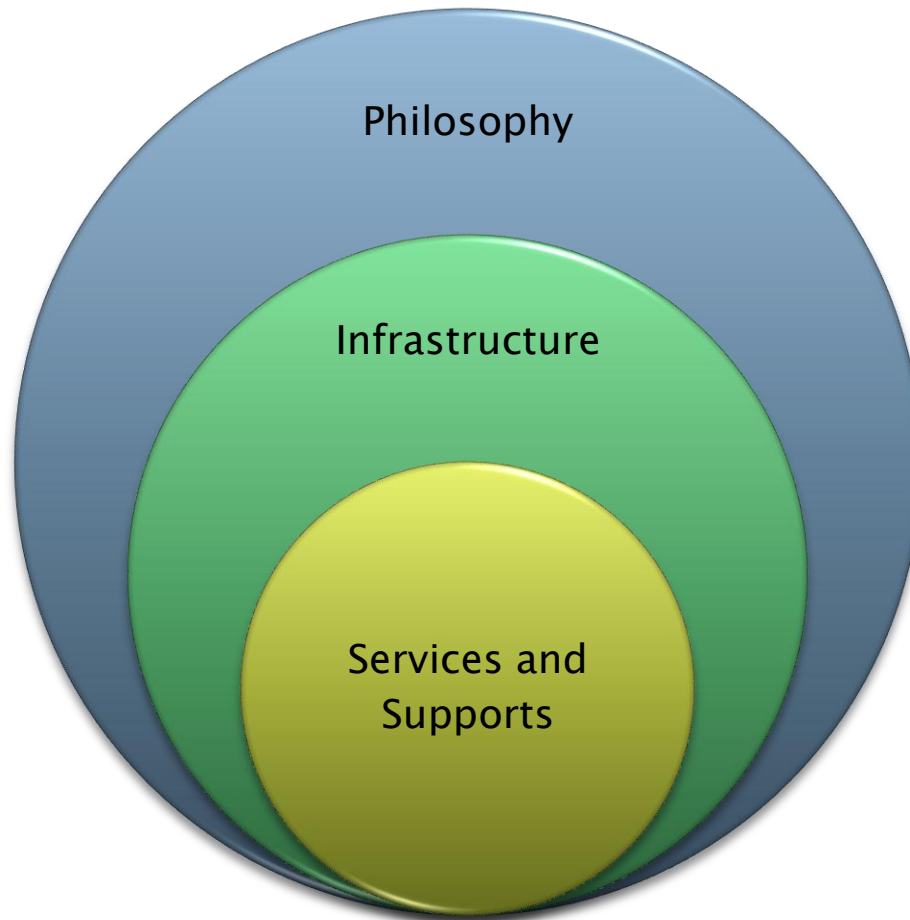
- ▶ An evidence-based treatment in isolation is not going to be as effective as a coordinated system of evidence-based treatments.
- ▶ DBHDS has identified a comprehensive array of services that are needed in every community, ranging from prevention and assessment to inpatient hospitalization.

What is Systems of Care?

- ▶ “A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health and related challenges and their families, that is
 - *organized into a coordinated network,*
 - *builds meaningful partnerships with families and youth, and*
 - *addresses their cultural and linguistic needs*in order to help them to function better at home, in school, in the community, and throughout life.”

Expanding Systems of Care: Improving the Lives of Children, Youth and Families; Stroul, Beth et al., 2012. <http://gucchdtcenter.georgetown.edu/publications/SOC%20Results%205-7-12.pdf>

Elements of Systems of Care Approach



Strategies for Expanding the System of Care Approach, Stroul and Friedman, 2011.

<http://gucchdtacenter.georgetown.edu/publications/SOC%20ExpansionStrategies%20Issue%20Brief%20%20FINAL.pdf>

Importance of Data

- ▶ Service providers and funding sources: work together to determine what we are measuring
- ▶ **Outputs:**
 - How many kids and families did we serve?
 - How much of each service element did we provide?
- ▶ **Outcomes:**
 - Were kids functioning better at the end of treatment?
 - Measureable reduction in negative outcomes
 - Measureable increase in positive outcomes

Importance of Data

- ▶ It is impossible to advocate successfully for evidence-based or evidence-informed mental health treatments in the absence of data.

Importance of Family Advocates

- ▶ In addition to data, **real family/child stories** are most important factor
- ▶ **Purposes:** personalize the need for evidence-based services or the positive impact of them

Service providers:

- ▶ Collect vignettes (need specifics, especially if anonymous)
- ▶ Identify families willing to share their stories
- ▶ Connect with the Campaign for Children's Mental Health (Ashley Everette)

Voices for Virginia's Children

- ▶ Privately funded, nonprofit, non-partisan
- ▶ Data and research on children's well-being
- ▶ Advocacy on behalf of all children, but particularly the most vulnerable
- ▶ We champion public policies that improve the lives of Va's children, especially in areas of:
 - Child welfare and foster care
 - Mental health
 - Early care and education
 - Family economic success

Campaign for Children's Mental Health

- ▶ Coordinated advocacy effort started late 2009
- ▶ Lead by steering committee: Voices, National Alliance on Mental Illness– Virginia, Virginia Association of Community Services Boards, Mental Health America– Virginia
- ▶ 60+ partner organizations
- ▶ Goal: increase access to mental health treatment for all children in Virginia who need it, regardless of where they live or what system identifies their needs
- ▶ www.1in5kids.org

Campaign Strategies

- ▶ Data and information: forums and reports
- ▶ Policy priorities: increasing services, increasing coordination of systems, improving family engagement
- ▶ Mobilizing families
- ▶ Grassroots advocacy: email listserv at 1in5kids.org; Facebook and Twitter
- ▶ Media campaign
- ▶ Cultivating champions in the General Assembly

Example

- ▶ Increasing availability and accessibility of two key services in the array: **community-based crisis response services** and **child psychiatry**
- ▶ Identified as huge gaps in most of the state:
 - Crisis response services: not many, only available to kids with Medicaid
 - Child psychiatry: not enough, long waits or no access at all

Identified as evidence-based/-informed services

Example

- ▶ Data required:
 - Commonwealth Center for Children and Adolescents (CCCA) data related to proposed closure in 2010 and 2011
 - Study by DBHDS reported to GA in 2011:

<http://www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf>

General Assembly allocated \$5.15 million in FY12–13 for crisis and child psychiatry projects in all five regions of the state

Example

- ▶ Data required for additional funding: output and outcome data from first 3 sites funded
 - # kids receiving crisis response services and child psychiatry (face to face, telepsychiatry, and consultation with primary care)
 - Before and after data about living situation and school placement
 - # kids prevented from hospitalization
 - *Pending: an additional \$1.5 million for FY14–15*



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