Agenda

Hilton Tampa Downtown, Florida
March 2-5, 2014

The 27th Annual
Children’s Mental Health
Research & Policy Conference

Sponsored by the Department of Child & Family Studies
Louis de la Parte Florida Mental Health Institute • College of Behavioral & Community Sciences
University of South Florida

http://cmhconference.com
Conference Notes

**Presenters, please check in!**
After you check in at Registration, please see us at the Presenter Check-in Station. Bring your presentation in electronic format (preferably on a flash-drive). We will test your files, and pre-load them in your presentation room before your session begins.

**Number to Know**
Hilton Tampa Downtown .......... 813-204-3000

Conference Locations

**Intensive Workshops** ................. Bayshore V, VII
Sun, 9:00 am & 1:00 pm

**Poster Sessions** ................. Bayshore Ballroom
Sunday 5:00 pm
Tuesday 6:00 pm

**Plenary Sessions** ................. Bayshore Ballroom
Monday 8:00 am, 12:30 pm
Tuesday 8:00 am, 2:15 pm
Wednesday 8:00 am

**Research Luncheon** ................. Bayshore Ballroom
Tues 11:30 am – 12:45 pm

**Concurrent Sessions** ................. Bayshore V, VI, VII,
Esplanade I, II, III,
Palma Ceia B, C,
Garrison
Welcome

Bienvinidos to Tampa and our 27th Annual Children’s Mental Health Research & Policy Conference! We hope our usually sunny city will offer you a chance to warm up from the frigid temperatures many of you have been experiencing this winter. While we can’t promise you the perfect weather, we can promise the conference will provide an opportunity to hear many important, high quality presentations, as well as renew friendships and develop new relationships with colleagues who have mutual interests.

We hope you will plan to attend all five of our Bayshore Ballroom presentations! We are fortunate to begin Monday morning with a special keynote address by Dr. David Satcher, the 16th Surgeon General of the United States. Dr. Satcher wanted to be known as the Surgeon General who listened to the American people and who responded with effective programs. During his tenure, he issued Mental Health: A Report of the Surgeon General, the first ever surgeon general’s report on mental health. Dr. Satcher’s presentation will address promoting and protecting the mental health of children while also discussing opportunities to reduce stigma, enhance early diagnosis and treatment, allow early access to care, and improve academic performance.

On Monday afternoon, we are also fortunate to have Dr. Thomas Bornemann, director of the Carter Center’s Mental Health Program, who will discuss Children’s Mental Health in a Time of Dynamic Policy Change. You will find a complete description of his presentation on the following pages, as well as the additional plenary presentations on wraparound for a new era, issues related to emerging adulthood, substance abuse and federal updates.

I look forward to our learning and working together this week to carry out the goals of our conference – expanding the boundaries of our conference beyond behavioral and mental health to include education, juvenile justice, substance abuse, child welfare and prevention. We hope – through our new excellent partnership with the National Wraparound Initiative, as well as our ongoing partnerships with the Transitions Research and Training Center at UMass Medical School, the Institute for Translational Research in Adolescent Behavioral Health and the Children’s Mental Health Network – we will continue to create a conference that nurtures diverse points of view for improving the lives of children, youth and their families.

I would also like to thank our conference sponsors, without whom we would not be able to offer the same quality and expertise that will be presented. We appreciate the support from RTI International, Choices, Inc., and the Louis de la Parte Family!

We are thrilled to have you all as a part of our 2014 conference and hope your time here will both inform and “warmly” inspire you.

Mario Hernandez, PhD
Professor and Chair
Department of Child & Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida
# The 27th Annual

## Children’s Mental Health Research & Policy Conference

### OVERVIEW

<table>
<thead>
<tr>
<th>Sunday, March 2, 2014</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Registration Opens</td>
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<tr>
<td>8:00 am</td>
<td>Networking Breakfast (For registered Intensive Workshop participants only)</td>
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<tr>
<td>9:00 am – 12:00 pm</td>
<td>Intensive Workshop 1 (Part 1) &amp; Workshop 2</td>
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<td>12:00 pm – 1:00 pm</td>
<td>Lunch on Your Own</td>
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<tr>
<td>1:00 pm – 4:00 pm</td>
<td>Intensive Workshop 1 (Part 2) &amp; Workshop 3</td>
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<tr>
<td>4:00 pm – 5:00 pm</td>
<td>Special Session (Open to all conference participants)</td>
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<tr>
<td>5:00 pm – 6:30 pm</td>
<td>Poster Session</td>
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<th>Monday, March 3, 2014</th>
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<tr>
<td>7:00 am</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>8:00 am – 9:45 am</td>
<td>Plenary</td>
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<tr>
<td>9:45 am – 10:00 am</td>
<td>Networking Break</td>
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<tr>
<td>10:00 am – 11:30 am</td>
<td>Concurrent Sessions 1-9</td>
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<tr>
<td>11:30 am – 12:15 pm</td>
<td>Lunch on Your Own</td>
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<tr>
<td>12:30 pm – 1:45 pm</td>
<td>Plenary Session</td>
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<tr>
<td>1:45 pm – 2:00 pm</td>
<td>Networking Break</td>
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<tr>
<td>2:00 pm – 3:00 pm</td>
<td>Concurrent Sessions 10-18</td>
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<td>3:00 pm – 3:15 pm</td>
<td>Networking Break</td>
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<td>3:15 pm – 4:45 pm</td>
<td>Concurrent Sessions 19-27</td>
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<td>4:45 pm – 5:00 pm</td>
<td>Networking Break</td>
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<td>5:00 pm – 6:30 pm</td>
<td>Concurrent Sessions 28-36</td>
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<th>Tuesday, March 4, 2014</th>
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<tr>
<td>7:00 am</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>8:00 am – 9:45 am</td>
<td>Plenary</td>
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<tr>
<td>9:45 am – 10:00 am</td>
<td>Networking Break</td>
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<tr>
<td>10:00 am – 11:30 am</td>
<td>Concurrent Sessions 37-45</td>
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<tr>
<td>11:30 am – 12:45 pm</td>
<td>Research Luncheon</td>
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<td>1:00 pm – 2:00 pm</td>
<td>Concurrent Sessions 46-54</td>
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<td>2:00 pm – 2:15 pm</td>
<td>Networking Break</td>
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<tr>
<td>2:15 pm – 3:45 pm</td>
<td>Plenary</td>
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<tr>
<td>3:45 pm – 4:00 pm</td>
<td>Networking Break</td>
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<tr>
<td>4:00 pm – 5:30 pm</td>
<td>Concurrent Sessions 55-63</td>
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<tr>
<td>6:00 pm – 7:30 pm</td>
<td>Poster Session</td>
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<th>Wednesday, March 5, 2014</th>
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<td>7:00 am</td>
<td>Registration &amp; Continental Breakfast</td>
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<td>8:00 am – 9:15 am</td>
<td>Plenary</td>
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<tr>
<td>9:15 am – 9:30 am</td>
<td>Networking Break</td>
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<tr>
<td>9:30 am – 11:00 am</td>
<td>Concurrent Sessions 64-71</td>
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<tr>
<td>11:00 am – 11:15 am</td>
<td>Networking Break</td>
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<tr>
<td>11:15 am – 12:15 pm</td>
<td>Concurrent Sessions 72-74</td>
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<td>12:15 pm</td>
<td>Conference Closes</td>
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*“It costs more to keep a man in prison than to keep a boy in college”*

— A favorite quote of Louis de la Parte

**Thank you to our sponsors…**

- Emerging Adult Track
- Institute for Translational Research Track
- Wraparound Track

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**The de la Parte Family**

and to our partners:

- National Wraparound Initiative
- The Transitions Research and Training Center at UMass Medical School
- Institute for Translational Research in Adolescent Behavioral Health
- Children’s Mental Health Network
**Special Session — 4:00 PM – 5:00 PM — Palma Ceia**

**Opening Remarks**

Dennis

**Poster Presentations & Networking — 5:00 PM – 6:30 PM — Bayshore Ballroom**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>On the Way Home: Improving Transition Outcomes in High-Risk Youth</td>
<td>Thompson; Trout</td>
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<tr>
<td>2</td>
<td>Incorporating Child and Family Voice into Systems of Care: The Experience of One Change Effort</td>
<td>Mendenhall; Frauenholtz; Heavilin</td>
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<tr>
<td>3</td>
<td>Pro-social Behavior in Marginalized Adolescents Exposed to Stressful Events: More Ordinary Magic?</td>
<td>Larson</td>
<td></td>
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<tr>
<td>4</td>
<td>Characteristics of Youth and Their Caregivers Upon Admission to Inpatient Psychiatric Care</td>
<td>Blizzard</td>
<td></td>
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<tr>
<td>5</td>
<td>Expanding the Continuum of School-Based Mental Health Services through Interagency Collaborative Partnerships</td>
<td>Penn</td>
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<tr>
<td>6</td>
<td>Systems Mapping and University Partners Help Georgia Collaborative's Strategic Focus</td>
<td>Snyder</td>
<td></td>
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<tr>
<td>7</td>
<td>Convergence of the Caregiver Information Questionnaire (CIQ) and Official Child Protective Services Data in Screening for Child Abuse</td>
<td>Hussey; Stormann; Lin; Kolusky</td>
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<tr>
<td>8</td>
<td>Washington State Peer Support Training and Evaluation</td>
<td>Quick; Bruns; Johnson</td>
<td></td>
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<tr>
<td>9</td>
<td>Comparing School Connectedness and Teacher Support among Sexual Minority Youth and Their Peers</td>
<td>Joyce</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Meeting the Needs of Child Welfare Involved Youth: Examining a Comprehensive Assessment Program within a System of Care</td>
<td>Strater; Thomas; Pugh-Lilly; Safrit</td>
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</tr>
<tr>
<td>11</td>
<td>The Experiences and Perspectives of Young Adult College Students with Serious Mental Health Conditions</td>
<td>Sabella; Costa; Duperoy; Salzer</td>
<td></td>
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<tr>
<td>12</td>
<td>Mending the Safety Net: Service Utilization among Unaccompanied Homeless Youth</td>
<td>Taylor; Peterson; Fargo; Day</td>
<td></td>
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<tr>
<td>13</td>
<td>Curious Minds Research Workshop: Engaging Youth and Young Adults into Research &amp; Evaluation</td>
<td>Johnson; Keane</td>
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<tr>
<td>14</td>
<td>Suicide Prevention Gatekeeper Trainings: A Mixed Methods Sequential Explanatory Study</td>
<td>Avila</td>
<td></td>
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<tr>
<td>15</td>
<td>Development of a Tool for Understanding Parent and Teen Agendas for Outpatient Psychotropic Medication Appointments</td>
<td>O’Brien; Chapman; Rosen</td>
<td></td>
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<tr>
<td>16</td>
<td>Steering the Ship While They Drain the Lake: How the BECOMING Project Adjusted its Service Model in Response to Environmental Changes and Self-Reflection</td>
<td>Lawrence; Snyder; Currey; Oshel</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Can Cultural Competence Really Impact Treatment Outcomes for Depressed Ethnic Minority Youth in the U.S.?</td>
<td>Atingdui</td>
<td></td>
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<tr>
<td>18</td>
<td>Indiana System of Care Expansion Planning Grant Processes</td>
<td>Evans; Walton</td>
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<tr>
<td>19</td>
<td>Youth in the System</td>
<td>McClahahan</td>
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<tr>
<td>20</td>
<td>Mental Health Services Use by Youth During and Prior to Correctional Custody in Ontario, Canada</td>
<td>Khan; Kundtyak; Cairney; Guttmann</td>
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<tr>
<td>21</td>
<td>Patterns of Psychotropic Medication Use During the Transition to Adulthood</td>
<td>Narendorf; Ren</td>
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<tr>
<td>22</td>
<td>Assessing the Status of Trauma-Informed Care: Survey Development and Initial Findings from an Organizational Survey of the Children’s Home Society of Florida</td>
<td>Hodges; Green</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Using Organizational Learning Strategies to Support Theory Driven Evaluation: Closing the Loop</td>
<td>Hodges; Nesman; Grossman</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Comparison of Parent Partner Role in Wraparound and Parent Support Providers Outside of Wraparound Structures</td>
<td>Purdy</td>
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</table>
### Monday March 3, 2014

**Networking Breakfast 7:00 AM**

**Plenary Session – 8:00 AM – 9:45 AM**

| Session | Title | Presenters | Room 
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<tbody>
<tr>
<td>PL</td>
<td>Welcome and Overview</td>
<td>Mario Hernandez</td>
<td>Bayshore Ballroom</td>
</tr>
<tr>
<td>Special Introduction</td>
<td>Wayne Holden</td>
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<tr>
<td>Sponsored by RTI Promoting and Protecting the Mental Health of Children: A Collaborative Approach</td>
<td>David Satcher</td>
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**Monday Morning Concurrent Sessions — 10:00 AM – 11:30 AM**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>30-Minute Paper: A Summary of Survey Data from the Participants of 54 Wraparound Trainings in Seven States</td>
<td>Estep; Walker; Ossowski</td>
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<tr>
<td></td>
<td>30-Minute Paper: Development, Training, and Initial Statistical Summary of a Coaching Measure for Wraparound Teams</td>
<td>Estep; Matarese; Hensley</td>
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<tr>
<td></td>
<td>30-Minute Paper: Wraparound Outcomes in Massachusetts: Real Phenomenon or Lessons for Outcomes Measurement?</td>
<td>Karpman-Hull; Simons</td>
<td></td>
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<tr>
<td>2</td>
<td>90-Minute Symposium: Multisystemic Therapy for Emerging Adults</td>
<td>Davis; Sheidow</td>
<td></td>
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<tr>
<td>3</td>
<td>60-Minute Discussion: Disparity and Disproportionality in Children’s Behavioral Health: Are We Seeing Improvements?</td>
<td>Lazear, Allen</td>
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<tr>
<td></td>
<td>30-Minute Paper: Factors Influencing Reduction in Parenting Stress in System of Care Communities</td>
<td>Gebreselassie; Stephens; Spooner; Carleton</td>
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<tr>
<td>4</td>
<td>90-Minute Symposium: Strategic Financing for Systems of Care: Affordable Care Act, Medicaid, and Block Grant</td>
<td>Chair: Stroul; Worthing; Peters</td>
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<tr>
<td>5</td>
<td>30-Minute Paper: Mental Health Problems in Pediatric Primary Care: Symptoms and Impairment on Routine Screening</td>
<td>Bahn; Kahn; Biel; Anthony</td>
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<tr>
<td></td>
<td>30-Minute Paper: Wraparound in the Netherlands – from welfare state to participation society</td>
<td>Colijn</td>
<td></td>
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<tr>
<td>6</td>
<td>90-Minute Symposium: Enhancing Treatment and Recovery for Youth with Substance Use and/or Mental Health Disorders</td>
<td>Chair: Adams, Discussant: Clark</td>
<td></td>
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<tr>
<td></td>
<td>Element of Symposium: What Does the Research Tell Us About Good and Modern Treatment and Recovery Services for Youth With Substance Use Disorders?</td>
<td>Cavanaugh</td>
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<td></td>
<td>Element of Symposium: After the Technical Expert Panel: Developing the State Youth Substance Use Disorder Treatment Practice Guide</td>
<td>Harwood</td>
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<td>Element of Symposium: After the Technical Expert Panel: Implementation at the State Level</td>
<td>Burrell</td>
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<tr>
<td>7</td>
<td>60-Minute Symposium: The Implications of Implementation Research on Training, Coaching, and Supervising for High Fidelity Wraparound</td>
<td>Chair: Rast; VanDenBerg; Discussant: Simmons,</td>
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<td></td>
<td>Element of Symposium: Implications from Implementation Research for Orientation and Initial Training</td>
<td>Smith</td>
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<td></td>
<td>Element of Symposium: Research Implications for Coaching Family Partners</td>
<td>Boehrer</td>
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<td></td>
<td>Element of Symposium: Implementation Research in Supervising Wraparound</td>
<td>Rast</td>
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<td>8</td>
<td>60-Minute Symposium: Relationships of Behavioral Health and Work Experiences to Later Outcomes Among Transition-age Youth in Diverse Settings.</td>
<td>Chair &amp; Discussant: Haber</td>
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<td></td>
<td>Element of Symposium: Behavioral Health Symptoms, Work, and Educational Experiences as Risk and Protective Factors for Recidivism in a Young Offender Population.</td>
<td>Burgess; Haber</td>
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<td>Element of Symposium: Relationships between work in school and post-secondary outcomes among youth with ED versus other disabilities.</td>
<td>Knight; Haber; Heeney,</td>
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<td></td>
<td>30-Minute Paper: Creating A Community of Practice For Supporting Transition Age Youth With Serious Mental Health Conditions</td>
<td>Smith; Ellison; Costa</td>
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<td>9</td>
<td>90-Minute Paper: Shaping behavioral health policy by measuring evidence in a new way: Community defined evidence</td>
<td>Martinez</td>
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**Lunch on your own — 11:30 AM – 12:15 PM**
Lunch on Your Own
11:30 am – 12:15 pm
Take this opportunity to connect with colleagues and friends. Lunch items will be available for purchase in the hotel atrium on the second floor.

<table>
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<tr>
<th>Plenary Session – 12:30 PM – 1:45 PM</th>
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| Networking Break — 1:45 PM – 2:00 PM |

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<tr>
<th>Monday Afternoon Concurrent Sessions — 2:00 PM – 3:00 PM</th>
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| Networking Break 3:00 PM – 3:15 PM |

<p>| Emerging Adult Track | ITR Track | Wraparound Track | 27th Annual Children's Mental Health Research &amp; Policy Conference – Tampa, FL – 2014 – 5 |</p>
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Chair/Discussant</th>
<th>Room</th>
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<tbody>
<tr>
<td>19</td>
<td>60-Minute Symposium: Sustaining Wraparound Orange: An Evaluation of Service Utilization, Costs, Outcomes, and Financing Strategies</td>
<td>Sheffield; Pires</td>
<td>Bayshore V</td>
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<tr>
<td></td>
<td><strong>Element of Symposium:</strong> Setting the Stage: An Introduction to Wraparound Orange</td>
<td>Sheffield</td>
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<td><strong>Element of Symposium:</strong> Financing Wraparound Orange Services</td>
<td>Armstrong; Sheffield</td>
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<tr>
<td></td>
<td><strong>Element of Symposium:</strong> A Comparison of Service Utilization and Costs for Youth in Wraparound Orange vs. Traditional Behavioral Health Services</td>
<td>Robst; Rohrer; Dollard</td>
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<tr>
<td></td>
<td>30-Minute Paper: Wraparound: An Accountability Model…A Study of Fidelity, Recidivism and Fiscal Impact</td>
<td>Kamradt; Goldfarb</td>
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<tr>
<td>20</td>
<td>90-Minute Symposium: Understanding the Impact of Culturally Responsive Interventions on Positive Cultural Identity and Resilience with Urban American Indian/Alaska Native Young People in Transition</td>
<td>Bandurraga; Jivanjee; Cross</td>
<td>Bayshore VI</td>
</tr>
<tr>
<td>21</td>
<td>30-Minute Paper: The Family Journey Assessment: Tracking the Impact of Family Support</td>
<td>Kahn; Anthony; Shank; Serkin</td>
<td>Bayshore VII</td>
</tr>
<tr>
<td></td>
<td><strong>30-Minute Paper:</strong> Gender Differences in Parental Help Seeking Behaviors</td>
<td>Crue; Riley; Christmas</td>
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<tr>
<td></td>
<td><strong>30-Minute Paper:</strong> Examining the Relationship Between Parenting Behaviors, Attitudes, and Mental Health on Child Disruptive Behaviors Among Child Welfare Involved Families</td>
<td>Lewis; Dunnigan; Kohl</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>60-Minute Discussion: Integrating Children and Families into Health Homes in New York City: Coordination of Care with Essential Behavioral Health Providers Coordination of Care with Essential Behavioral Health Providers</td>
<td>Fear; Gandhi; Pessin; Bandison</td>
<td>Esplanade 1</td>
</tr>
<tr>
<td></td>
<td>30-Minute Paper: The Role of Implementation Drivers in Child Welfare Systems Change</td>
<td>Lambert; Richards; Knight</td>
<td></td>
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<tr>
<td>23</td>
<td>60-Minute Discussion: Different stakeholders different data</td>
<td>Monaco; Mennen</td>
<td>Esplanade 2</td>
</tr>
<tr>
<td></td>
<td><strong>30-Minute Paper:</strong> Mental Health and Trauma in Young Children Receiving Wraparound: A Longitudinal Study</td>
<td>Painter; Cabello; Brown</td>
<td></td>
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<tr>
<td>24</td>
<td>60-Minute Discussion: The Neuroscience of Leadership in Systems of Care: Transforming the Way We Lead Systems Change with Insights From Brain Science</td>
<td>Ellington</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td></td>
<td><strong>30-Minute Paper:</strong> Youth, caregiver, and family-level predictors of attrition in a longitudinal outcomes study of youth with behavioral health challenges and their caregivers</td>
<td>McCarthy</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>60-Minute Discussion: Service provider-university center research partnerships: An opportunity to conduct high quality applied research and translate findings to practice.</td>
<td>Thompson; Daly; Epstein</td>
<td>Palma Ceia 2</td>
</tr>
<tr>
<td></td>
<td><strong>30-Minute Paper:</strong> Addressing the Gap between Clinical and Business Practices through a Learning Collaborative Model</td>
<td>Vu; Mercado; Fuss; Peri</td>
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</tr>
<tr>
<td>26</td>
<td>90-Minute Symposium: Collaborative Helping: A Framework for Integrated Health Homes</td>
<td>Gillespie</td>
<td>Palma Ceia 3</td>
</tr>
<tr>
<td>27</td>
<td>45-Minute Paper: Strengthening Adolescent Outcomes: Enhancing Adoption and Implementation of Too Good Prevention Programs using the Consolidated Framework for Implementation Research</td>
<td>Lynn; Solomon; Menendez</td>
<td>Garrison</td>
</tr>
<tr>
<td></td>
<td><strong>45-Minute Paper:</strong> Facilitators and Barriers to Parental Engagement to Minimize Post-Treatment Relapse</td>
<td>Gogna; Taylor; McFarlane</td>
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</table>

Networking Break 4:45 – 5:00 PM
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>RM</th>
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</thead>
<tbody>
<tr>
<td>28</td>
<td>30-Minute Paper: Using Motivational Interviewing to Enhance Implementation of Wraparound</td>
<td>Winarski; Mayo; Chila; Dollard</td>
<td>Bayshore V</td>
</tr>
<tr>
<td></td>
<td>30-Minute Paper: Shared Decision Making among Parents of Children with Mental Health Conditions</td>
<td>Butler</td>
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<tr>
<td></td>
<td>30-Minute Paper: Utilizing a Function Based Assessment and Intervention Model to Stabilize Placements and Decrease Runaway Behavior of Youth in Foster Care</td>
<td>Crosland; Joseph; Hodges; Clark</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>30-Minute Paper: Expert practitioners’ descriptions of strategies to translate principles into practice with emerging adults</td>
<td>Walker</td>
<td>Bayshore VI</td>
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<tr>
<td></td>
<td>30-Minute Paper: Young Adults’ Perspectives on Access and Involvement with a Mental Health System of Care</td>
<td>Delaney; Kamon; Suter; Pandina</td>
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<tr>
<td></td>
<td>30-Minute Paper: Evaluating Critical Intervention Parameters of eSMART-MH From the Young Adults Perspective: Initial Findings of a Behavioral Health Avatar-Based Intervention for Depressive Symptoms</td>
<td>Pinto; Greenblatt; Thomas; Clochesy</td>
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<tr>
<td>30</td>
<td>45-Minute Paper: Disentangling the Association between Foster Care and Children’s Use of Psychotropic Medications</td>
<td>Ringeisen; Stambaugh; Leslie; Webb</td>
<td>Bayshore VII</td>
</tr>
<tr>
<td></td>
<td>30-Minute Paper: Young Adults’ Perspectives on Access and Involvement with a Mental Health System of Care</td>
<td>Delaney; Kamon; Suter; Pandina</td>
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</tr>
<tr>
<td>31</td>
<td>90-Minute Symposium: Using Data and Clinical Expertise to Improve the Monitoring and Use of Psychotropic Medications for Children in Foster Care</td>
<td>Chair &amp; Discussant: Pires</td>
<td>Esplanade 1</td>
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<tr>
<td></td>
<td>Element of Symposium: What Do Medicaid Data Suggest About Improving Psychotropic Medication Use in the Foster Care Population?</td>
<td>Pires; Allen</td>
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<td></td>
<td>Element of Symposium: What to Measure and Monitor: Identifying and Defining Indicators for the Monitoring and Improvement of Psychotropic Medication Use</td>
<td>Bellonci</td>
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<tr>
<td></td>
<td>Element of Symposium: Models of Informed Consent for Psychotropic Medications for Children in Child Welfare</td>
<td>Lancaster; Naylor</td>
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<tr>
<td>32</td>
<td>45-Minute Paper: WFI-4 to WFI-EZ Transition: Lessons Learned from Implementation</td>
<td>Sutter; McCarthy</td>
<td>Esplanade 2</td>
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<tr>
<td></td>
<td>45-Minute Paper: Implementation of the WFI-EZ in a Multi-Site Wraparound Agency</td>
<td>Sprague Effland</td>
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<tr>
<td>33</td>
<td>45-Minute Paper: Perceptions of School-Based Mental Health Supports in Rural Communities with and without Systems of Care</td>
<td>Howland; Cornell; Anderson; Cohen</td>
<td>Esplanade 3</td>
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<tr>
<td>34</td>
<td>30-Minute Paper: Outcome Trajectories for Youth Served in Residential Treatment Settings Compared to Youth Served In Medicaid Home and Community Based Services Waiver</td>
<td>Wang; Radigan; Song</td>
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<td></td>
<td>30-Minute Paper: Caregiver and Youth Expectations in Partial Hospitalization Program: Associations with Treatment Outcomes</td>
<td>Dowell</td>
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<td></td>
<td>30-Minute Paper: Circumpolar Indigenous Pathways to Adulthood (CIPA) study - multi-site, international community-based participatory research</td>
<td>Wexler</td>
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<tr>
<td>35</td>
<td>30-Minute Paper: The Promise Zone: How to Implement Cross-System Behavioral Support Services in High Need Schools</td>
<td>Bandisson; Gandhi; Fear; Pessin</td>
<td>Palma Ceia 3</td>
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<tr>
<td></td>
<td>30-Minute Paper: Integrating Managed Care and the CANs with Wraparound</td>
<td>Rast; VanDenBerg; Simons</td>
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<tr>
<td></td>
<td>30-Minute Paper: How To Continuously Evaluate State-Wide Systems Of Care Utilizing 100% Sample Data From All Schools, Mental Health And Other Services</td>
<td>Kazi; Anderson; Brinkman</td>
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<tr>
<td>36</td>
<td>90-Minute Symposium: Understanding “Failed Reunification” to Facilitate Improved Outcomes for Children and Families</td>
<td>Henderson; Soderstrom</td>
<td>Garrison</td>
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</table>
**Networking Breakfast 7:00 AM**

**Tuesday Morning Plenary Session — 8:00 AM – 9:45 AM**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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</thead>
<tbody>
<tr>
<td>PL</td>
<td>Wraparound for a New Era</td>
<td>Eric J. Bruns; Janet S. Walker; Michelle Zabel; Elizabeth Manley; Madeline Lozowsk; Jody Levison-Johnson</td>
<td>Bayshore Ballroom</td>
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</tbody>
</table>

**Networking Break 9:45 AM - 10:00 AM**

**Tuesday Morning Concurrent Sessions—10:00 AM – 11:30 AM**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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<tbody>
<tr>
<td>37</td>
<td>30-Minute Paper: From the Balcony and on the Ground: Perspectives on Implementing Wraparound</td>
<td>Levison-Johnson; Van Deman</td>
<td>Bayshore V</td>
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<tr>
<td></td>
<td>30-Minute Paper: Measuring and Improving Wraparound Practice: A Success Story from Connecticut</td>
<td>Vanderploeg; Casiano; Horwitz; Marshall</td>
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<td></td>
<td>30-Minute Paper: System Transformation in Child Welfare: Integrating System of Care Principles and Wraparound to Improve Safety, Permanency, and Well-being</td>
<td>Lewis; DeFrances</td>
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<td>38</td>
<td>30-Minute Paper: Predictors of Mental Health Service Use in Young Adulthood: Results from the National Survey on Drug Use and Health</td>
<td>Ringeisen; Miller; Hedden; Colpe</td>
<td>Bayshore VI</td>
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<tr>
<td></td>
<td>30-Minute Paper: Practical Difficulties in Implementing Supported Employment with Young Adults</td>
<td>Lidz; Smith</td>
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<td></td>
<td>30-Minute Paper: Perspectives of Early Emerging Adults with Serious Mental Health Conditions on Vocational Peer Mentors</td>
<td>Kloidnick; Fagan; Sabella; Ellison</td>
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<td>39</td>
<td>60-Minute Discussion: Engaging Youth as Partners in Child and Youth Mental Health Promotion</td>
<td>Gandy; Auguste; McBrearty</td>
<td>Bayshore VII</td>
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<tr>
<td>40</td>
<td>90-Minute Symposium: The Collaborative Problem Solving Approach: Implementation and Evidence Across Settings and Systems</td>
<td>Chair: Pollastri; Discussant: Ablon</td>
<td>Esplanade 1</td>
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<tr>
<td></td>
<td>Element of Symposium: Collaborative Problem Solving as an Intervention for the Reduction of Challenging Behavior: Introduction and Evidence</td>
<td>Pollastri; Epstein; Ablon</td>
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<tr>
<td></td>
<td>Element of Symposium: Collaborative Problem Solving as a Unifying Approach: Program and Organizational Implementation from a Multi-Service Children's Mental Health Agency</td>
<td>Hone</td>
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<td></td>
<td>Element of Symposium: Collaborative Problem Solving in Systems of Care</td>
<td>Tatartcheff-Quesnel</td>
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<tr>
<td>41</td>
<td>60-Minute Paper: The Aftermath of Newtown: Connecticut's Policy and Systems Changes in Children's Mental Health</td>
<td>Franks</td>
<td>Esplanade 2</td>
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<tr>
<td></td>
<td>30-Minute Paper: The Chardon High School Shooting, Evaluating Trauma Care and Outcomes</td>
<td>Adams; Clark</td>
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<td>42</td>
<td>60-Minute Discussion: Cultural Adaptation of Parent Training for Minority Families</td>
<td>Butler; Chapman</td>
<td>Esplanade 3</td>
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<tr>
<td>43</td>
<td>30-Minute Paper: Building Community Capacity to Enhance and Sustain Hawai’i’s System of Care</td>
<td>Yamauchi; McGeehan</td>
<td>Palma Ceia 2</td>
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<tr>
<td></td>
<td>30-Minute Paper: Promoting a multilevel approach to inter-agency partnerships: One state’s experience of implementing a PRTF outcome-based information system.</td>
<td>Kapp; Damman; Ryan</td>
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<td></td>
<td>30-Minute Paper: Interagency Partnerships in your Backyard: One State's Approach</td>
<td>Stevenson; Robbins; Unites; Kilgore</td>
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<tr>
<td>44</td>
<td>30-Minute Paper: Early Detection and Intervention for the Prevention of Psychosis in Youth</td>
<td>McFarlane; Downing</td>
<td>Palma Ceia 3</td>
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<tr>
<td></td>
<td>30-Minute Paper: Emotional Dysregulation's Role in Crisis Intervention For Children Treated for Mental Illness in a Comprehensive Youth-Serving Agency</td>
<td>Cordell; Dickerson</td>
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<tr>
<td></td>
<td>30-Minute Paper: Children, Youth, and Families’ Crisis Response and Stabilization</td>
<td>Shannahlan; Cosgrove</td>
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<tr>
<td>45</td>
<td>90-Minute Paper: Implementation of Three Evidence-based Practices Across Two Levels of Care</td>
<td>Albizu-Rivera; Lynch; Snyder; Wólciki</td>
<td>Garrison</td>
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</tbody>
</table>

**Research Luncheon — 11:30 AM – 12:45 PM — Bayshore Ballroom**

**Research Luncheon**

Bayshore Ballroom

11:30 pm - 12:45 pm

Conference attendees are welcome to enjoy lunch on us! A buffet-style meal will be provided, allowing opportunities for networking with fellow attendees and presenters.
### Tuesday Afternoon Concurrent Sessions — 1:00 PM – 2:00 PM

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<thead>
<tr>
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<tr>
<td>46</td>
<td>60-Minute Discussion: Family Support Partner Role within an Integrated Wraparound Approach</td>
<td>Lewis; Ciano; DeFrances</td>
<td>Bayshore V</td>
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<tr>
<td>47</td>
<td>30-Minute Paper: A new manualized training approach for engaging young adults in community mental health programs</td>
<td>McKay</td>
<td>Bayshore VI</td>
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<tr>
<td></td>
<td>30-Minute Paper: Listening to young adults: Finding better ways to engage young adults in mental health treatment.</td>
<td>Cohen; Cornell</td>
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<tr>
<td>48</td>
<td>60-Minute Discussion: Using the CANS to ensure fidelity and monitor outcomes in Wraparound</td>
<td>Dollard; Israel; Landner</td>
<td>Bayshore VII</td>
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<tr>
<td>49</td>
<td>30-Minute Paper: From Placement to Prison Revisited: Do Child Welfare Services Disrupt the Delinquency Pipeline among Latino, African American and Caucasian Emerging Adults Transitioning Out of Care?</td>
<td>Garcia; Greenson</td>
<td>Esplanade 1</td>
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<tr>
<td>50</td>
<td>30-Minute Paper: Developmental Trajectories of Therapeutic Alliance for Youth in Residential Group Care</td>
<td>Lambert; Hurley</td>
<td>Esplanade 2</td>
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<tr>
<td></td>
<td>30-Minute Paper: Personality Traits and the Therapeutic Alliance: What Skills Pay the Bills?</td>
<td>Valenti; Trunzo; McDonough</td>
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<tr>
<td>51</td>
<td>60-Minute Discussion: Making Medicaid Work for Children in Child Welfare</td>
<td>Stroul; Pires</td>
<td>Esplanade 3</td>
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<tr>
<td>52</td>
<td>60-Minute Discussion: Gathering Family Input to Improve Integrated Care</td>
<td>Lambert; Pond</td>
<td>Palma Ceia 2</td>
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<tr>
<td>53</td>
<td>60-Minute Discussion: Challenges and Innovations in Maintaining Retention in Longitudinal Research</td>
<td>Muzzi; Graziano; Downing; Lindquist-Grantz; Castillo</td>
<td>Palma Ceia 3</td>
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<tr>
<td>54</td>
<td>60-Minute Discussion: Workforce Development: Applying implementation frameworks to transform academic and behavioral health programs</td>
<td>Bertram</td>
<td>Garrison</td>
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</table>

**Networking Break 2:00 PM – 2:15 PM**

### Tuesday Afternoon Plenary Session — 2:15 PM – 3:45 PM

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<tr>
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<tbody>
<tr>
<td></td>
<td>Promoting Learning and Working during Young Adulthood: Adult System Perspectives</td>
<td>Maryann Davis; Marsha Ellison; Nancy Koroloff; Amanda Costa; Steven A. Reeder</td>
<td>Bayshore Ballroom</td>
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**Networking Break — 3:45 PM – 4:00 PM**
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<th>Session</th>
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<tbody>
<tr>
<td>55</td>
<td>45-Minute Paper: WFI-EZ Fidelity and Wraparound Outcomes: Is measured fidelity to the wraparound model predictive of treatment success?</td>
<td>Strech; Vetter</td>
<td>Bayshore V</td>
</tr>
<tr>
<td></td>
<td>45-Minute Paper: Influences on Caregiver Assessment of Wraparound Fidelity: Does the program status of the assessor affect fidelity scores on the WFI-EZ?</td>
<td>Vetter; Strech</td>
<td></td>
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<tr>
<td>56</td>
<td>90-Minute Symposium: State- and Community-level Collaboration and Support for Transition Projects: Lessons from the Healthy Transitions Initiative</td>
<td>Chair: Walker; Discussant: Koroloff</td>
<td>Bayshore VI</td>
</tr>
<tr>
<td></td>
<td>Element of Symposium: Assessing the state and local implementation context for comprehensive transition support</td>
<td>Walker; Koroloff</td>
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<tr>
<td></td>
<td>Element of Symposium: Policy Challenges and Successes at the State and Local Level</td>
<td>Wang; Butler; Coppola</td>
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<tr>
<td></td>
<td>Element of Symposium: Supporting implementation with data-driven technical assistance</td>
<td>White; Butler</td>
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<tr>
<td>57</td>
<td>90-Minute Symposium: Weaving Baskets for the Community: The Fresno American Indian Community Path Toward a System of Care</td>
<td>Bartgis; Davila; Mateos; Ruiz</td>
<td>Bayshore VII</td>
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<tr>
<td>58</td>
<td>30-Minute Paper: Creating a multi-level decision support data system to support wraparound implementation in Kentucky</td>
<td>Robbins; Johnston; Hughes; Sather</td>
<td>Esplanade 1</td>
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<tr>
<td></td>
<td>30-Minute Paper: How do we know if kids are getting better? Implementation of real-time clinical outcome monitoring.</td>
<td>Cohen; Croney; Klyachkin</td>
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<tr>
<td></td>
<td>30-Minute Paper: Implementation to Indications of System Maturity: The Data Driven Evolution of the Cuyahoga Tapestry System of Care.</td>
<td>Stormann; Hussey; Lin; Kim</td>
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<tr>
<td>59</td>
<td>30-Minute Paper: Outcomes of an Intensive School-Based Arrest Reduction Initiative and Development of a Free School Toolkit</td>
<td>Vanderploeg; Bracey; Franks; Monroe</td>
<td>Esplanade 2</td>
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<tr>
<td></td>
<td>30-Minute Paper: Effective Strategies for Preventing Youth from Entering the Juvenile Justice System: The System of Care Response</td>
<td>Gebreselassie; Stephens; Spooner; Carleton</td>
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<tr>
<td></td>
<td>30-Minute Paper: Case Study exploring the impact of Wraparound Santa Cruz on a Probation Youth with Immigrant Background</td>
<td>Lutz</td>
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<td>60</td>
<td>45-Minute Paper: Strengths and behavioral health among youth with serious emotional disturbance (SED): Preliminary findings from a state-level system of care</td>
<td>Horen; Rose; Lee; Cosgrove</td>
<td>Esplanade 3</td>
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<tr>
<td></td>
<td>45-Minute Paper: Stakeholder Views Regarding the Evolving Challenges of Developing a System of Care in Children’s Mental Health</td>
<td>Frauenholtz; Mendenhall</td>
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<td>61</td>
<td>45-Minute Paper: Achieving the Aims of Community-Based Participatory Research through Intergenerational Dialogue Exchange and Action (IDEA)</td>
<td>Wexler</td>
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<tr>
<td></td>
<td>45-Minute Paper: Progress Tracking System for Transition to Adulthood Programs: Research-Informed Implementation Strategies</td>
<td>Harnar; Clark; Rajayidya</td>
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<td>62</td>
<td>30-Minute Paper: A strategy for coding intervention exposure, adherence and quality using non-experts</td>
<td>Gross; Harley; Lambert; Thompson</td>
<td>Palma Ceia 3</td>
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<tr>
<td></td>
<td>30-Minute Paper: Improving Implementation of Evidence-Based Treatment Foster Care through Coaching and Consultation</td>
<td>Murray</td>
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<td>30-Minute Paper: Using the Quality Implementation Tool (QIT) to Evaluate Implementation of Evidence-Based Mental Health Interventions in a Community-Based Setting</td>
<td>LaVelle; Quintero; McGrath; Ward</td>
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<td>63</td>
<td>30-Minute Paper: Placing Evidence-Informed Interventions at the Fingertips of School Social Workers</td>
<td>Rivers; Castillo; Randall</td>
<td>Garrison</td>
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</table>
### Tuesday Poster Presentations & Networking — 6:00 PM – 7:30 PM — Bayshore Ballroom

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<tbody>
<tr>
<td>1 Reducing Risks for Emotional and Behavioral Problems During the High School Transition: Proximal Outcomes in the Common Sense Parenting Trial</td>
<td>Mason; Ringle; Thompson; Fleming</td>
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<tr>
<td>2 B:HIP Salisbury: Rural Partnerships Between Pediatric Primary Care Offices and a University Social Work Department to Increase Access to Children’s Mental Health Screenings and Treatment</td>
<td>Habeger</td>
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<tr>
<td>3 Implementation Matters: Sustaining through learning organizational strategies</td>
<td>Barber</td>
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<td>4 Changing the Face of Children’s Community Mental Health</td>
<td>Fridl</td>
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<tr>
<td>5 National Trends in Implementing Wraparound, 2013: A Profile of the States</td>
<td>Sather</td>
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<tr>
<td>6 Home Instruction for Parents of Preschool Youngsters (HIPPY) Leads to Positive Parent and Child Outcomes</td>
<td>Boone; Ellingsen</td>
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<tr>
<td>7 A Data-Based CQI Approach to System of Care Enhancement and Sustainability</td>
<td>Suarez; McGeehan</td>
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<tr>
<td>8 Wraparound Literature Review</td>
<td>Quick; Bruns</td>
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<tr>
<td>9 Mental health diagnosis disparities across age and gender</td>
<td>Wallace</td>
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<tr>
<td>10 Wraparound Fidelity Monitoring; Using Process to Improve Outcomes in the Child Welfare System</td>
<td>Timmons-Mitchell; Stormann</td>
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<td>11 Tough Teens and their Families - Simultaneous Implementation of Wraparound and Multidimensional Family Therapy (MDFT)</td>
<td>Vasquez; Xayarath</td>
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<tr>
<td>12 Bridging the Gap: Ohio’s Local Conversations on Ending Health Disparities</td>
<td>Mawasha; Dawson</td>
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<tr>
<td>13 Relations between mental health, substance use, health and health care utilization among young adults</td>
<td>Kamon; Suter; Delaney</td>
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<tr>
<td>14 Creating Wraparound Services through School District and Community Partnerships: Influencing District and Public Policy Changes</td>
<td>Balles; Cohen</td>
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<td>15 Tailoring wraparound trainings to targeted audiences for systemic change</td>
<td>Anderson</td>
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<tr>
<td>16 Using a Motivational Interviewing Simulator and EBook to Strengthen Provider Skills: Findings from a Pilot Study and Implications for Use with Emerging Adults</td>
<td>Ferreira</td>
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<tr>
<td>17 The Neuroscience of Collaboration and Collective Intelligence in Wraparound: Seeing Team-Based Practice Through the Lens of Brain Science</td>
<td>Ellington</td>
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<td>18 Early Childhood Well-Being Program</td>
<td>Witkowski</td>
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<td>19 Setting and Child Characteristics Effect on Attrition</td>
<td>Squicciarini</td>
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<tr>
<td>20 Factors Considered in Determining Educational Setting for Students with Emotional Disturbance</td>
<td>Hoge</td>
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<tr>
<td>21 Extracurricular Activity Involvement and Youth Functioning in a System of Care.</td>
<td>Abraczinskas; Haber; Klimmer; Cook</td>
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<td>22 Key Informant Interview Study of Mental Health and Substance Use Provider Experiences on Treating Youth Co-Occurring Disorders</td>
<td>Sharma; Bernstein; Mosby; Stephan</td>
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<td>23 The Association of Having a Medical Home with Indicators of Health and Functioning among US children with Anxiety or Depression</td>
<td>Bitsko; Holbrook; Visser; Perou; Ghandour</td>
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<td>24 Disrupted attachment among children and youth who have experienced trauma: Impacts of treatment milieu facility dogs on antisocial behavior in children and youth</td>
<td>Nickerson-White</td>
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<td>25 Unconditional Education: “Doing Whatever it Takes” A multi-service non-profit agency partners with education providers in Alameda County, CA to implement a wraparound informed model with the goal of increasing academic success for students.</td>
<td>Dickerson; Ventura</td>
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<td>26 Social Capital use and well-being among African-American male former foster youth ages 18-25</td>
<td>Miller</td>
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<td>27 The Clinical Landscape of a Partial Hospitalization School Age Program: A Secondary Analysis of Diagnostic Assessments</td>
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<td>28 Social Action through Photovoice with Transition-age Youth in North Carolina</td>
<td>LaPorte; Knight Jackson-Diop</td>
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<td>29 Searching for Outcomes: How Child Welfare Agencies Describe the Intended Impact of Systems Change Efforts</td>
<td>Knight; Richards; Lambert</td>
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<td>30 Fundamental Cause Theory and Medicating Disadvantaged Children</td>
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<td>60-Minute Discussion: Making Connections: Creating a Collaborative Learning Community for WFAS Users</td>
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<td>90-Minute Symposium: Building the Bridge to Adulthood: Vermont’s Youth in Transition Grant</td>
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<td>60-Minute Discussion: Behavioral Health-Primary Care Integration to Improve Child Wellness: A Clinical and Business Perspective</td>
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<td>67</td>
<td>30-Minute Paper: An Exploration of Children’s Perspectives of Their School Experiences: A Mixed Methods Research Study</td>
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<td>30-Minute Paper: Mental Health Service Utilization Among Children Placed in Kinship and Non-Kinship Foster Care</td>
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<td>69</td>
<td>30-Minute Paper: Reducing Run Behaviors with Youth in Foster Care: Evaluating an Assessment Tool for Use with Child Welfare Personnel</td>
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<td>70</td>
<td>60-Minute Discussion: Promoting Positive Outcomes for Children and Youth Involved in Bullying</td>
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<td>60-Minute Discussion: Data Mining for Cross System Collaboration</td>
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<td>72</td>
<td>60-Minute Discussion: From Wraparound to OYEAH (Healthy Transition): Building Block by Block</td>
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<td>73</td>
<td>60-Minute Discussion: Evaluation &amp; Social Action with Transition-age Youth with Emotional &amp; Behavioral Challenges: A North Carolina Case Study and Discussion</td>
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<td>74</td>
<td>60-Minute Discussion: Permanency Roundtables as a Strategy to Help Older Youth in Care Achieve Legal Permanency</td>
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Sunday Intensive Workshops

**Sunday Full-Day Workshop**
9 am – 4 pm • Intensive Workshop 1 ~ Bayshore V

*Uniting Individualized Care Coordination and Evidence-Informed Practice: Examples Using Wraparound and the Managing and Adapting Practice (MAP) System*

Bruce F. Chorpita, PhD, University of California, Los Angeles and PracticeWise, LLC; Eric J. Bruns, University of Washington School of Medicine; Adam Bernstein and Eric Daleiden, PracticeWise, LLC; Kimberly Estep, University of Maryland, School of Social Work Institute for Innovation and Implementation

The wraparound care coordination process has established itself as a standard of care for children and youth with complex needs and their families who require coordination of care and for whom a single intervention is unlikely to suffice. However, wraparound theory and practice often does not consider systematic ways to integrate evidence based strategies and clinical services. This two-part, 6 hour intensive workshop will describe recent applications of evidence-based treatment (EBT) that are based on quality improvement and flexible application of “common elements” of research-based care that provide a more individualized approach that aligns with the philosophies and procedures of wraparound and systems of care. The first 3-hour workshop will provide an overview of the effort and describe of an innovative approach to evidence-based care using the Managing and Adapting Practice (MAP) system. In the second workshop, we will present more in-depth examples of how “Wrap and MAP” can be implemented in a coordinated fashion so that (1) wraparound planning includes consideration of a broader array of research-based options that fit the youth and family’s needs and preferences; (2) clinicians use effective practice elements that connect to the youth and family’s needs, strengths, preferences; (3) parent and youth partners, mentors, behavioral specialists, and others can serve as care extenders who can enhance treatment strategies; and (4) progress and practices are monitored consistently and used to inform revision to plans of care. The workshop will conclude with an array of practical steps to implement the “Wrap+MAP” idea.

**Sunday Morning Workshop**
9 am – 12 pm • Intensive Workshop 2 ~ Bayshore VII

*Hiring, Inspiring, and Never Tiring: Recruiting, Developing, and Retaining a Quality Wraparound Work*

Marlene Matarese, PhD, Director of Training and Technical Assistance, University of Maryland, School of Social Work Institute for Innovation and Implementation; Deputy Director, TA Network; Joe Anne Hust, Peer Support & System of Care Implementation Manager/ National Trainer, University of Maryland, School of Social Work Institute for Innovation and Implementation; Janet S. Walker, PhD, Co-Director, National Wraparound Initiative, and TA Network lead at Portland State University

If you have been involved in the implementation of Wraparound you have probably had many conversations about how to hire, who to hire, and what are the best ways to develop staff. Successful implementation relies on hiring staff who are the right match for the work, supporting them to provide quality wraparound practice and inspiring them to continually grow in their work with families.

This intensive workshop will focus on wraparound workforce development implementation drivers which include staff recruitment, selection and retention. Faculty will provide in-depth strategies for identifying quality staff for both care coordination and parent peer support in wraparound. An example of discussion topics will include the characteristics of quality practitioners and tips for interviewing to assess for these qualities. In addition to recruitment and retention, training and coaching are essential in successful implementation. Faculty will provide participants with examples of core training topics and methods for building skills in staff beyond the initial training. Faculty will also explore strategies for building an organizational culture that supports a happy and healthy wraparound workforce. Lastly, techniques for performance management/ staff evaluation for both wraparound facilitation staff and parent support partners will be described.
Sunday Afternoon Workshop
1 pm – 4 pm • Intensive Workshop 3 ~ Bayshore VII

**Implementing and Evaluating the Collaborative Problem Solving Approach**

**J. Stuart Ablon, PhD**, Director, Think-Kids, Massachusetts General Hospital/Harvard Medical School, Boston, MA; **Alisha Pollastri, PhD**, Director of Research and Evaluation, Think-Kids, Massachusetts General Hospital/Harvard Medical School, Boston, MA

Collaborative Problem Solving (CPS) is a conceptual and therapeutic model that is increasingly being used to understand and address externalizing and internalizing symptoms in children and adolescents. It is a flexible approach that can be used with individual families, in schools, in residential and inpatient programs, or in juvenile detention centers. Moreover, CPS has been applied as a unifying approach across mental health agencies and in systems of care. At Think:Kids in the Department of Psychiatry at Massachusetts General Hospital, our team of clinicians and clinical researchers evaluate, develop, and use the Collaborative Problem Solving approach to help families in our outpatient clinic, as well as to train clinicians, parents, and educators across the world to implement this evidence-based approach. Unlike traditional models of discipline, the CPS approach avoids the use of power, control and motivational procedures and instead focuses on building helping relationships and teaching at-risk children the skills they need to succeed. This conceptualization was first articulated in the book *The Explosive Child* (Greene, 1998) and then in *Treating Explosive Kids: The Collaborative Problem Solving Approach* (Greene & Ablon, 2006). Clinical researchers at Think:Kids have built a research infrastructure to support increased data capture, and to increase collaboration with external sites using CPS. This has included collecting session-by-session outcome data with the Youth Outcomes Questionnaire (YOQ; Wells et al., 1996), reducing data entry costs through use of the secure Research Electronic Data Capture system (REDCap; Harris et al., 2009), integrating research data with clinical data from the electronic medical record, and sharing data and measurement tools in order to collaborate effectively and efficiently with external sites to increase the rate of publication and thus dissemination. Discussion will include the challenges we have encountered as we have attempted to build this research infrastructure, as well as our solutions to some of those challenges.

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**Special Session**

**Sunday, March 2, 4:00 pm - 5:00 pm**

**Special Session ~ Palma Ceia**

**The Need and Opportunity to Expand Substance Use Disorder (SUD) Treatment and Recovery Services in School Based Settings**

**Michael Dennis, PhD**, Chestnut Health Systems

This presentation explores the unmet need for SUD treatment among youth, its consequences, and the opportunity to address this gap through the expansion of behavioral health services to school-based settings under the Parity and Affordable Care Acts. The importance of evidence-based approaches will be discussed with emphasis on ensuring program and cost-effectiveness. The relationship between SUD and a range of school, substance, mental health, and health care utilization problems and policy implications will be highlighted.
1. **On the Way Home: Improving Transition Outcomes in High-Risk Youth**

   **Ron Thompson, PhD,** Boys Town National Research Institute for Child and Family Studies, Boys Town, NE; **Alexandra Trout, PhD; Michael Epstein, EdD,** University of Nebraska—Lincoln, Lincoln, NE

   High-risk youth transitioning into the community school and home setting following a stay in out-of-home care face many academic and behavioral challenges. For most youth, few supports or resources are available to the transitioning youth, and barriers to communication hinder placement stability and short and long-term educational success. This presentation will present the results of a preliminary randomized controlled trial evaluation of On the Way Home, an aftercare program for high-risk transitioning youth.

2. **Incorporating Child and Family Voice into Systems of Care: The Experience of One Change Effort**

   **Amy Mendenhall, PhD; Susan Frauenholtz, MSW; Katherine Heavilin, BA,** University of Kansas, Lawrence, KS

   The inclusion of child and family voice is critical to system of care development but remains challenging. The Children’s Enhancement Project (CEP) seeks to provide flexible, community-based services incorporating child and family voice. Utilizing a mixed-methods approach, evaluators discerned CEP’s attempts to include child and family voice. Results were mixed; indicating that child and family involvement at all levels of system of care development is difficult. Implications for other developing systems of care are discussed.

3. **Pro-Social Behavior in Marginalized Adolescents Exposed to Stressful Events: More Ordinary Magic?**

   **Andrea Larson, MSW,** University of Wisconsin-Madison, Madison, WI

   Little attention has been paid to the association between stressful life events and adaptive behavior, particularly in youth. We used the challenge model of resilience to examine the association between stress and pro-social behavior and to test how marginalized status, coping, and social resources affected this relationship. We found differential associations related to the outcome of interest: stress and marginalized status were positively associated with stopping the harassment of a peer whereas resources predicted volunteering.

4. **Characteristics of Youth and their Caregivers Upon Admission to Inpatient Psychiatric Care**

   **Angela Blizzard, BA; Sharon Stephan, PhD,** University of Maryland, School of Medicine, Baltimore, MD

   Very few studies have examined the characteristics of youths and their caregivers as youths enter inpatient psychiatric care. Youth and their caregivers completed baseline assessments within two weeks of an inpatient psychiatric admission. Caregiver empowerment in mental health, strain, coping, and perceived benefit of mental health services were measured, along with youth engagement in school. Implications for providing supports to youth and families as they exit inpatient psychiatric care will be discussed.

5. **Expanding the Continuum of School-Based Mental Health Services through Interagency Collaborative Partnerships**

   **Cotrane Penn, PhD,** Charlotte Mecklenburg Schools, Charlotte, NC

   Charlotte-Mecklenburg Schools recognized a need to expand the availability of mental health services in our schools. Mental health needs affect learning, attendance, and student well-being, but in this era of test-centric accountability soft-skills are often overlooked. Our vision for mental health services includes a collaborative system of support between the District, county, and private mental health agencies. We are in the early implementation stage of new service delivery model.

6. **Systems Mapping and University Partners Help Georgia Collaborative’s Strategic Focus**

   **Angela Snyder, PhD, MPH,** Georgia Health Policy Center

   Only recently have local university partnerships been recognized as a supportive resource for interagency groups. The Georgia Interagency Directors Team’s partnership with the Center of Excellence assisted efforts to “manage, design, facilitate, and implement an integrated approach to a child and adolescent system of care which shares funding [and] resources and informs policy and practice.” The partnership yielded a systems map ushering in a more preventive focus and a revised strategic plan.

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*Poster Presentations & Networking Reception*

5:00 pm - 6:30 pm ~ Bayshore Ballroom
7. **Convergence of the Caregiver Information Questionnaire (CIQ) and Official Child Protective Services Data in Screening for Child Abuse**

David Hussey, PhD; Chris Stormann, PhD; Yingge Lin, PhD; Julia Kolulsky, MS, Case Western University, Cleveland, OH

A small body of literature examines the concordance between caregiver and official child protective services data regarding reports of child maltreatment, yet caregiver report is routinely used in mental health screening assessments with children. Study results revealed that approximately 82% of physical abuse incidents, and 62% of sexual abuse incidents, were not reported on the Caregiver Information Questionnaire (CIQ). Implications of these findings, as well as factors that help to predict concordance will be examined.

8. **Washington State Peer Support Training and Evaluation**

Hattie Quick, MSW; Eric Bruns, PhD, University of Washington, Department of Psychiatry & Behavioral Sciences, Division of Public Behavioral Health & Justice Policy, Seattle, WA; Tamara Johnson, CPC, Washington State University - Office of Research, Youth ‘N Action, System of Care Implementation Grant, Seattle, WA

This presentation illustrates the results of a week-long pilot Youth and Family Peer Support Training and evaluation. Washington State has provided support to family and youth advocates to work to develop a youth- and family-specific peer support training curriculum. Results from the evaluation of this training showed a moderate, but significant (p<.01), knowledge gain occurred in participants from pre- to post-training. At the time of this submission data collection was still ongoing.

9. **Comparing School Connectedness and Teacher Support among Sexual Minority Youth and Their Peers**

Hilary Joyce, PhD, Auburn University, Auburn, AL

A positive school climate yields numerous benefits for youth. However, sexual minority youth are at risk for disparate school connectedness and teacher support. Using the National Longitudinal Study of Adolescent Health, this study compares the school connectedness and teacher support scores of sexual minority youth and majority youth. The results suggest that sexual minority youth experience significantly lower school connectedness. Implications for future research and practice are discussed.

10. **Meeting the Needs of Child Welfare Involved Youth: Examining a Comprehensive Assessment Program within a System of Care**

Katherine Strater, University of North Carolina at Charlotte, Charlotte, NC; Jennifer Thomas, PhD, Teen Health Connection, Charlotte, NC; Aalece Pugh-Lilly, PhD, MeckLINK Behavioral Health Care, Charlotte, NC; Libby Safrit, MA, Teen Health Connection, Charlotte, NC

This presentation examines an assessment tool used to identify the needs of youth and families involved with the child welfare system and link them to appropriate services and supports. The processes used to conduct these assessments within an adolescent primary care facility will be described, as will the results of an evaluation designed to enhance assessment processes. Identified challenges and solutions will be discussed to inform implementation of assessment processes in System of Care communities.

11. **The Experiences and Perspectives of Young Adult College Students with Serious Mental Health Conditions**

Kathryn Sabella, MA; Amanda Costa, AA; Tania Duperoy, BA, Transition Research and Training Center (RTC), University of Massachusetts Medical School, Worcester, MA; Mark Salzer, PhD, Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, Philadelphia, PA

College students of all ages with serious mental health conditions (SMHC) face many challenges. Most programs designed to assist college students with SMHC are designed for older adults. A better understanding of young adult college students’ perspectives and experiences can inform future age-tailored interventions. This study describes how young adult college students with SMHC utilize supports/services, engage and interact on campus, and how their perceptions, experiences, and satisfaction levels compare with those of older adults.

12. **Mending the Safety Net: Service Utilization among Unaccompanied Homeless Youth**

Kimberlee Taylor, MS; Rachel Peterson, MS; Jamison Fargo, PhD, Utah State University, Logan, UT; Jayme Day, MS, State of Utah, Department of Workforce Services, UT

A sample of 155 at-risk and literally homeless youth were surveyed about their demographic, homelessness, and experiential characteristics, and service utilization. Economic/safety net services were utilized most frequently (76%), followed by health/mental health (44%), homelessness (29%), and legal/criminal justice services. Under-utilization of services is thought to be related to gaps in the service provider network and awareness of available services rather than to characteristics of individual homeless youth.
13. Curious Minds Research Workshop: Engaging Youth and Young Adults into Research & Evaluation

Laqonia Johnson, AA; Gina Keane, MSW, Spectrum Programs, Inc., Miami, FL

Families and Communities Empowered for Success (FACES) is a collaborative effort to strengthen existing community-based services in Miami-Dade County for youth who have serious emotional disturbances or co-occurring substance abuse disorders and their families. The FACES Evaluation Team conducted a four day Curious Minds Research Workshop in order to improve youth attitudes and increase knowledge and skills related to research. Results from qualitative and quantitative data analysis reveal youth improvements in all three domains.

14. Suicide Prevention Gatekeeper Trainings: A Mixed Methods Sequential Explanatory Study

Maria Avila, PhD, University of Vermont, Burlington, VT

This sequential explanatory mixed methods study sought to identify factors contributing to providers’ suicidality attitude and knowledge changes by obtaining quantitative results from gatekeeper training participants (n=316) and to explore those results via focus group interviews (n=16). Quantitatively, findings show significant changes in knowledge and attitude from pre- to post-training. Qualitatively, themes that emerged included: Community Characteristics, Barriers to Accessing Mental Health, Benefits of and Changes Resulting from the Suicide Prevention Gatekeeper Training.

15. Development of a Tool for Understanding Parent and Teen Agendas for Outpatient Psychotropic Medication Appointments

Megan O’Brien, PhD; Kyle Chapman, MA; Michael Rosen, MA, University of Kansas, School of Social Welfare Office of Child Welfare and Children’s Mental Health, Lawrence, KS

Failure to recognize differences between parent and teen perspectives on psychiatric medication can inhibit treatment success. This poster describes the application of a worksheet for parents and teens to support communication with each other and with providers during psychiatric medication appointments. Analysis of data from 240 parent/teen dyads utilizing the worksheet in an outpatient setting revealed only low to moderate congruence. Implications for practice and research are discussed.

16. Steering the Ship While They Drain the Lake: How the BECOMING Project Adjusted its Service Model in Response to Environmental Changes and Self-Reflection

Nicole Lawrence, PhD; Liz Snyder, PhD, Duke University, Durham, NC; Dave Currey, PhD; Ann Oshel, MS, Alliance Behavioral Healthcare, Durham, NC

Durham (NC)’s System of Care received a six-year SAMHSA grant in 2010 to help improve the services provided to youth age 16 to 21 with mental health issues and other life challenges. Major systemic changes within the state’s mental health system presented challenges to implementation. These external factors in addition to early evaluation findings were the impetus behind significant changes to the BECOMING service model.

17. Can Cultural Competence Really Impact Treatment Outcomes for Depressed Ethnic Minority Youth in the U.S.?

Norissa Atingdui, PhD, Nassau County Family Support System of Care, Richmond Hill, NY

Cultural competence has been espoused as a way to address disparities in mental health access, utilization and quality of care for ethnic minorities. However, most cultural competence research explores the effectiveness of provider level cultural competence interventions—such as staff and student training. There is limited research that links these changes in provider cultural competence, to changes in treatment outcomes for ethnic minorities. This presentation will review a study that explored cultural competence as a moderator of treatment outcomes will be explored. There is evidence to substantiate the role of cultural competence in enhancing treatment outcomes for depressed ethnic minority youth.

18. Indiana System of Care Expansion Planning Grant Processes

Pinkie Evans, MBA, MSW; Betty Walton, PhD, Indiana University, Indianapolis, IN

Indiana received a system of care expansion planning grant to implement and sustain systems of care (SOCs) statewide. The purpose is to develop a state and local SOC infrastructures that include families and youth, child mental health and addiction services, child welfare, education, and advocates. The presentation will follow the related research process including the instrument selection, adaptation of a self assessment tool, the use of qualitative research techniques, and data analysis.
19. **Youth in the System**
Robin McClahahan, *Alamo Area Youth Move, Converse, TX*
This presentation will review the services and supports the youth get with the chapter and what we have done with the resources we found when we do research.

20. **Mental Health Services Use by Youth During and Prior to Correctional Custody in Ontario, Canada**
Saba Khan, MPH; Paul Kurdyak, MD, PhD; John Cairney, PhD; Astrid Guttmann, MD, *Institute for Clinical Evaluative Sciences, Toronto, Canada*
Up to two-thirds of youth in correctional facilities have one or more psychiatric disorder, but only one-third or fewer receive appropriate mental health services. The objective of this study was to use population-based administrative data to describe rates of psychiatric services received by youth in correctional facilities in Ontario. Between 2010 and 2012, almost 40% of youth aged 10 to 24 in a provincial correctional centre received mental health-related services.

21. **Patterns of Psychotropic Medication Use During the Transition To Adulthood**
Sarah Narendorf, PhD; Yi Ren, MA, *University of Houston, Graduate College of Social Work, Houston, TX*
Youth with emotional and behavioral disturbances are often treated with psychotropic medications, yet we know little about medication use patterns as youth leave high school and transition to adulthood. This study used longitudinal data from a nationally representative sample of youth served in the emotional disturbance special education category to identify and describe subgroups of youth with different medication use patterns.

22. **Assessing the Status of Trauma-Informed Care: Survey Development and Initial Findings from an Organizational Survey of the Children’s Home Society of Florida**
Sharon Hodges, PhD; Amy Green, MA, *USF Department of Child & Family Studies, Tampa, FL*
The high prevalence of trauma in youth makes it important that child-serving organizations are trauma-informed. A survey of the status of TI care was developed collaboratively with the Children’s Home Society of Florida to highlight progress and assist in planning the next steps toward further TI care within CHS. The purpose of this poster is to describe the process of survey development and present results from the first administration of the survey.

23. **Using Organizational Learning Strategies to Support Theory Driven Evaluation: Closing the Loop**
Sharon Hodges, PhD Teresa Nesman, PhD, *USF Department of Child & Family Studies, Tampa, FL; Elizabeth Grossman, MPH, ICF International, Atlanta, GA*
Training and technical assistance on theory-driven evaluation has been provided to funded CMHI communities since 1999 as a strategy to support development of shared stakeholder goals and outcomes as well as to build the capacity of communities to use data as a tool of shared decision-making and community accountability. This interactive poster will consider how changes in technology and funding create new opportunities for training and technical assistance on theory-driven evaluation and identify strategies to support data utilization in funded CMHI communities.

24. **Comparison of Parent Partner role in Wraparound and Parent Support Providers outside of Wraparound structures**
Frances Purdy, MEd, JD, *Rockville, MD*
This presentation is a comparison of findings of tasks performed by parent support providers when they work in a traditional wraparound program and when they work in the community or with residential treatment and not part of a wraparound program. The presentation will address the current national certification domains of competence and the workforce development needs as applied to these role variance.
Monday Morning Plenary

8:00 am – 9:45 am ~ Bayshore Ballroom

Welcome and Overview

Mario Hernandez, PhD, University of South Florida, Tampa, FL

Special Introduction

E. Wayne Holden, PhD, President and Chief Executive Officer, RTI International

E. Wayne Holden, PhD, became RTI International’s fourth president and chief executive officer in 2012. Dr. Holden is a distinguished researcher and clinical psychologist with more than 27 years of professional experience. He joined RTI as executive vice president of Social and Statistical Sciences in 2005, overseeing the organization’s largest unit. Prior to joining RTI, he served as vice president, senior vice president and ultimately president of the research company ORC Macro. Before joining ORC Macro in 1998, he had a successful career in academia serving more than 10 years in a variety of roles in the Department of Pediatrics at the University of Maryland’s School of Medicine, including as director of pediatric psychology and as a tenured associate professor. Since 2006, Dr. Holden has held an appointment as an adjunct professor in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine. He is also an adjunct professor in the Department of Health and Policy Management at the University of North Carolina Gillings School of Global Public Health. Dr. Holden is a fellow of the American Psychological Association and has authored more than 130 articles on various topics in clinical child/pediatric psychology and health services research. He currently serves on the Board of Directors for United Way of the Greater Triangle and Ziptronix. He is also on the Board of Advisors for the Emily Kryzewski Center and the Frank Hawkins Kenan Institute of Private Enterprise, and he is an elected trustee for the Triangle University Center for Advanced Studies, Inc. (TUCASI).

Promoting and Protecting the Mental Health of Children: Collaborative Approach

Dr. David Satcher, Director, The Satcher Health Leadership Institute (SHLI)

Dr. Satcher will be the featured speaker for the opening plenary session for the conference on Monday, March 3rd, 2014. This presentation titled Promoting and Protecting the Mental Health of Children: A Collaborative Approach will begin by discussing the history, mission, and programs of the Satcher Health Leadership Institute and their relevance to promoting and protecting mental health, especially of children. This will include discussion of the key ingredients of successful collaborations, as taught in the leadership institute at the Morehouse School of Medicine. Dr. Satcher will then describe the magnitude of the mental health problems/challenges which children face in this country and the impact of these on home, school, and community. The presentation will also discuss the potential role of home, school, and community in collaborating to promote and protect the mental health of children, including summary statements from the Surgeons General Report on Children’s Mental Health released in 2001. Finally, Dr. Satcher will discuss opportunities to reduce stigma, to enhance early diagnosis and treatment, to allow early access to care, and to improve academic performance. The presentation will conclude by looking at the special needs of urban communities for collaboration and the model that has been most successful in taking advantage of this type of consortium.

About the presenter

Dr. David Satcher was appointed by President Bill Clinton in 1998 as the 16th Surgeon General of the United States. Serving under both Democratic and Republican parties, Dr. Satcher tackled issues that had not previously been addressed at the national level, including mental health, sexual health and obesity. He also led the Department’s efforts to eliminate racial and ethnic disparities in health.

His initial report on mental health, the first Surgeon General’s Report on this important health topic, asserts that mental illness is a critical public health problem that must be addressed by the nation. This report received such an overwhelming response from policy makers, health professionals, community leaders and individuals, that Dr. Satcher went on to issue three other Surgeon General Reports on the topic. The reports he issued as Surgeon General have triggered nationwide efforts of prevention, heightened awareness of important public health issues, and generated major public health initiatives.

In 2006, Dr. David Satcher established the Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine as a natural extension of his experience in improving public health policy for all Americans and his commitment to eliminating health disparities for minorities, poor people and other disadvantaged groups.

Satcher received many awards throughout his career, including the New York Academy of Medicine Lifetime Achievement Award (1997) and the Jimmy and Rosalynn Carter Award for Humanitarian Contributions to the Health of Humankind (1999).
Monday Afternoon Plenary
12:30 pm - 1:45 pm – Bayshore Ballroom

Special Introduction

Nan Rich, former Florida State Senator

Recognized as one the most passionate and dedicated members of the Florida Legislature, Nan Rich was first elected to the State Senate in 2004 after serving 2 terms in the House of Representatives. She was the first woman to be elected leader of the Senate Democrats – a position she held from 2010 until she was term-limited in November, 2012. During her legislative service, Senator Rich became widely recognized as one of Florida’s leading champions of children’s and social justice issues. She served on the Florida Children & Youth Cabinet, whose mission is to ensure that public policy relating to children and youth promotes collaboration among agencies.

Nan built a reputation as someone who could “work across the aisle” to build bipartisan coalitions on important legislation. Prior to running for public office, Nan was the National President of the National Council of Jewish Women (NCJW) for the 1996-1999 triennium – the first Floridian elected to that office in the organization’s 120 year history. In 1999, President Bill Clinton appointed her to serve as a Board Member of the United States Holocaust Memorial Museum in Washington, D.C.

Nan Rich’s community involvement includes years of advocacy and activism on behalf of women and children. She currently serves on the Board of Directors of KIDS in Distress.

A long-time resident of Florida, Nan attended the University of Florida. She is married to David. They have four children and three grandchildren.

Children's Mental Health in a Time of Dynamic Policy Change

Dr. Thomas H. Bornemann, Director, The Carter Center

Dr. Bornemann has been confirmed as the Monday afternoon speaker for the conference on Monday, March 3rd, 2014. This presentation titled, Children’s Mental Health in a Time of Dynamic Policy Change, will focus on access to children’s mental health resources in the context of rapidly evolving public health policy. This presentation will highlight the Affordable Care Act and its implications for children’s mental health. Additionally, this presentation will note current successes and positive changes, as well as cover challenges to ensuring children’s access to quality mental health care. This presentation will also focus on Georgia as a case study, representative of many states balancing a high demand for services with continued strained resources to try and meet public mental health needs.

About the Presenter

Dr. Thomas H. Bornemann became director of the Carter Center’s Mental Health Program on Aug. 1, 2002. Prior to that, he served as senior adviser for mental health in the Department of Mental Health and Substance Dependence of the World Health Organization. While at WHO, Dr. Bornemann worked on the development of the World Health Report, which focused on Mental Health.

Dr. Bornemann has spent his entire career in public mental health working in all aspects including: clinical practice, research, research management, and policy development and administration at the national level. Early in his career, Dr. Bornemann served in a psychiatric emergency clinic in San Francisco, Calif. At the National Institute of Mental Health, he was part of — and later led — the team that designed and developed a series of inpatient and outpatient services for a variety of populations, particularly refugees.

Dr. Bornemann also served in the Office of International Health as the chief of refugee programs. In 1994, Dr. Bornemann was appointed the deputy director of the Federal Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration. In that capacity, he had day-to-day responsibility for administering a national program that serves as the federal focal point for mental health services. He was responsible for directing program support to states and communities in service delivery and in promoting knowledge development and application of best practices. During his tenure at the center, Dr. Bornemann was part of a leadership team that developed the first ever Surgeon General’s Report on Mental Health.

Among his areas of interest, Dr. Bornemann has expertise in humanitarian assistance in refugee and disaster situations and has published and lectured extensively in these areas. He has an overarching interest in overcoming the barriers to the application of research findings to practice settings and the integration of mental health into the larger public health arena. He has consulted extensively domestically and internationally. He formerly held an academic appointment in the Department of International Health, Division of Health Systems in the Bloomberg School of Public Health at Johns Hopkins University. He currently has an adjunct appointment at the Rollins School of Public Health at Emory University in the Department of Health Policy and Management. He received his doctorate in counseling from the University of San Francisco. A career public health officer, Dr. Bornemann retired at the rank of rear-admiral assistant surgeon general.
Session 1
10:00 am - 10:30 am
30 Minute Paper ~ Bayshore V
A Summary of Survey Data from the Participants of 54 Wraparound Trainings in Seven States

Kimberly Estep, MA, University of Maryland, School of Social Work, Baltimore, MD; Janet Walker, PhD; John Ossowski, MS, LMSW, Portland State University, Portland, OR

Wraparound programs often recruit experts to assist with staff training and technical assistance. The IOTTA is a survey designed by the National Wraparound Initiative to measure the perception of the quality of trainings by those who attend. Data is collected from trainings in six states. We examined differences across states and across the type of training. Results indicate that trainings increase participants’ mastery. Differences among states and training types will be discussed.

10:30 am - 11:00 am
30 Minute Paper ~ Bayshore V
Development, Training, and Initial Statistical Summary of a Coaching Measure for Wraparound Teams

Kimberly Estep, MA; Marlene Matarese, PhD, University of Maryland, School of Social Work, Baltimore, MD; Spencer Hensley, BA, University of Washington, Psychiatry Department, Seattle, WA

While values and principles are essential to meaningful work with families, coaching and training are key drivers to successful implementation. This presentation will provide the audience with an overview of the Coaching Observation Measure for Effective Teams (COMET). Results indicate the measure has high variability, and discriminates between differences across states. There are differences between the scores of national and local coaches. Further results as well as implications for continued development will be discussed.

11:00 am - 11:30 am
30 Minute Paper ~ Bayshore V
Wraparound Outcomes in Massachusetts: Real Phenomenon or Lessons for Outcomes Measurement?

Hannah Karpman-Hull, PhD, Smith College, Northampton, MA; Jack Simons, PhD, Executive Office of Health and Human Services, Boston, MA

This paper presents the findings of a study that used HLM and propensity score matching to examine the treatment trajectories for children who did, and did not receive Wraparound in the public sector mental health system in Massachusetts. Results suggest that children in the Wraparound group fare worse over time than those in the comparison group. These findings are highly inconsistent with the current literature and may provide lessons for designing and managing outcome measurement systems.

Session 2
10:00 am - 11:30 am
90 Minute Symposium ~ Bayshore VI
Multisystemic Therapy for Emerging Adults

Maryann Davis, PhD, University of Massachusetts Medical School, Worcester, MA; Ashli Sheidow, PhD, Medical University of South Carolina, Charleston, SC

Multisystemic Therapy (MST) has proven effectiveness for reducing recidivism in delinquent youth up to age 17 and provides a useful foundation for treating slightly older justice-involved youth. To target young adult offenders with serious mental health conditions (SMHC), MST was adapted and pilot tested. This symposium will present the first complete findings of a pre-post study designed to finalize the model and test the feasibility of the approach and the research design. The first paper will describe the details of the adaptation, the feasibility findings, as well as pre- post-comparison results for the ultimate outcomes of reduced recidivism, mental health symptoms, and substance use symptoms (when present), and intermediate goals of school attendance, and residential stability. The second paper will present additional adaptations to the team lay position and therapists’ work on strengthening career and vocational outcomes, and pre-post comparative findings in these areas. The final paper will present details of the approach to strengthening clients’ social networks, including family members, peers, other adult allies, and significant others.

Session 3
10:00 am - 11:00 am
60 Minute Discussion ~ Bayshore VII
Disparity and Disproportionality in Children’s Behavioral Health: Are We Seeing Improvements?

Kathy Lazear, USF Department of Child & Family Studies, Tampa, FL; Kamala D. Allen, MHS, Center for Health Care Strategies, Inc., Hamilton, NJ

While disparity and disproportionality persist for minority youth, recent data suggest some improvement in certain areas. For example, disproportionality of African American children in foster care has decreased. Access to behavioral health care for Hispanic children has increased in Medicaid. This session asks, “Are we making headway for certain populations or within certain systems; if so, what are contributing factors? What programmatic or systemic approaches are contributing to changes within certain child serving systems or among certain populations? What should policymakers know? What areas are not improving and why?”
11:00 am - 11:30 am
30 Minute Paper ~ Bayshore VII

Factors Influencing Reduction in Parenting Stress in System of Care Communities

Tesfayi Gebreselassie, PhD; Robert Stephens, PhD; Mary Spooner, PhD; Russell Carleton, PhD, ICF International, Atlanta, GA

This study investigates parenting stress in 745 caregivers’ of children and youth age 1 month to 12 years during the first six months following entry into system of care. Significant factors that predict reduction in parenting stress in the first six months after entry into systems of care are having adult support, transition from being unemployed to being employed, having family time, and improvement in the child’s CBCL Total Problem scores from intake to 6 months.

Session 4
10:00 am - 11:30 am
90 Minute Symposium ~ Esplanade 1

Strategic Financing for Systems of Care: Affordable Care Act, Medicaid, and Block Grant

Chair: Beth Stroul, MEd, Management & Training Innovations, McLean, VA; Jim Wotring, MSW, Georgetown University Center for Child and Human Development, Washington, DC; Sherry Peters, MSW ACSW, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

For the ACA segment, presenters will highlight the results of an environmental scan that determined what provisions of the ACA are being implemented by states and the potential implications for children’s behavioral health services. A description of specific approaches in selected states will be reviewed, such as the use of health homes. For the segment on Medicaid, an Informational Bulletin recently released by the Centers for Medicare and Medicaid Services will be reviewed to identify how Medicaid can be used more strategically to finance children’s behavioral health services. The third component will present the results of a second environmental scan that identified ways in which states are currently using the Block Grant and potential future uses of these funds for systems of care and their component services. The symposium will include time for discussion of how these strategic financing opportunities are being used in their states and for sharing strategies on how to leverage these in the future.

Session 5
10:00 am - 10:30 am
30 Minute Paper ~ Esplanade 2

Mental Health Problems in Pediatric Primary Care: Symptoms and Impairment on Routine Screening

My Banh, PhD; Nicole Kahn, MEd; Matthew Biel, MD, MSc; Bruno Anthony, PhD, Georgetown University Center for Child and Human Development, Washington, DC

Primary care pediatrics is a crucial setting to identify mental health (MH) concerns. Evidence-based screening tools can be employed in primary care to identify presenting MH problems and to assess related impairment. This study used the Strengths and Difficulties Questionnaire (SDQ) to examine the prevalence of parent-reported MH symptoms in youth at primary care provider appointments, to identify common profiles of MH problems in this population, and to explore relationships between MH issues and impairment.

10:30 am - 11:00 am
30 Minute Paper ~ Esplanade 2

“Helping Children Soar” in Early Childhood: Practice, Evaluation, and Policy Implications

Jeana Bracey, PhD, Child Health and Development Institute of Connecticut, Farmington, CT; Melissa Mendez, LCSW, Wheeler Clinic, Plainville, CT

This presentation reviews multiple perspectives on the work of the Promising Starts initiative regarding implementation of evidence-based practices, evaluation, and quality improvement monitoring in service delivery, multi-system collaborative partnerships at local and state levels, and state policy recommendations. Promising Starts is a successful SAMHSA-funded Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) initiative for improving services and systems to promote young child wellness from birth to age 8 in New Britain, Connecticut. SAMHSA awarded a five-year Project LAUNCH grant to Wheeler Clinic, a community-based mental health center, in September 2010. Locally known as Promising Starts, this initiative promotes wellness for children by enhancing and expanding the early childhood systems of care for young children and their families.
Wraparound in the Netherlands – from Welfare State to Participation Society

Joris Colijn, MSc, Utrecht University of Applied Sciences, Utrecht, Netherlands
The Dutch ‘verzorgingsstaat’ (welfare state) has grown too complex and too expensive. A ‘transition’ to the local government level should result in better services and reduced costs. The research focuses on the relationship between Wraparound based care delivery methods and the achieved level of empowerment for clients. It uses process-based instruments to gain a deeper understanding of the effects of Wraparound based care delivery. Main research method is qualitative comparative analysis (QCA).

Session 6

10:00 am - 11:30 am

Enhancing Treatment and Recovery for Youth with Substance Use and/or Mental Health Disorders

Chair: Twyla Adams, MHS, Division of Services Improvement, Targeted Populations Branch, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment, Rockville, MD; Discussant: H. Wesley Clark, MD, JD, MPH, CAS, FASAM, Center for Substance Abuse Treatment, SAMHSA.
As a subset of efforts to develop a good and modern system SAMHSA engaged in a process focused on improving the service system for youth with substance use or substance use and co-occurring mental health disorders. Work included defining services and launching the Assessing the Evidence Base project, collaborating with researchers across the country to conduct systematic reviews of the literature on selected services and supports for youth with substance use disorders and their families. These findings informed the development of a SAMHSA-sponsored technical expert panel on what the research tells us about good and modern treatment and recovery services for youth with substance use disorders. Convening the panel reflected SAMHSA’s continued commitment to improving developmentally appropriate treatment and recovery services and supports for youth with substance use disorders. The findings will inform SAMHSA’s approach to enhancing the service system for these youth going forward. This presentation will provide an overview of the technical expert panel meeting, a gathering of 25 researchers representing the fields of neuroscience, pharmacotherapy, treatment and recovery services for youth with substance use disorders and co-occurring substance use and mental health disorders, health disparities, minority health issues, and the integration of substance use disorders and primary care. It will also review a SAMHSA-supported effort to develop a State Youth Substance Use Disorder Treatment Practice Guide. Lastly, this presentation will provide a State-level example of the ways in which the technical expert panel report and NASADAD practice guide may be utilized in the design, planning and implementation of treatment and recovery systems for youth with substance use disorders in Washington State.

What Does the Research Tell Us About Good and Modern Treatment and Recovery Services for Youth With Substance Use Disorders?

Doreen Cavanaugh, PhD, Georgetown Health Policy Institute, Georgetown University, Washington, DC
The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment supported an expert panel to identify what the research tells us about good and modern treatment and recovery services for youth with substance use disorders. The non-Federal 25-member research panel represented the fields of neuroscience, pharmacotherapy, treatment and recovery services, minority health, and integration of substance use disorders and primary care. The findings provide a responsible assessment of currently available information on treatment and recovery for youth with substance use co-occurring mental health disorders.

After the Technical Expert Panel: Developing the State Youth Substance Use Disorder Treatment Practice Guide

Rick Harwood, National Association of State Alcohol/Drug Abuse Directors
The development of the State Youth Substance Use Disorder Treatment Practice Guide is particularly needed given recent changes to the healthcare delivery system resulting from the Patient Protection and Affordable Care Act (ACA) and other health reform efforts. The ACA is focused on the whole health of the youth and will begin to address the 1.6 million youth in need of specialty substance use disorder (SUD) treatment who are currently not receiving it. This likely increase in the demand for youth SUD treatment, continuing care and recovery support affirms the need for additional consideration of the most effective and efficient service provision for these youth. State agencies responsible for SUD prevention, treatment, and recovery services will play instrumental roles in disseminating new and improved treatment options for youth with SUDs by licensing and funding providers and their workforce and implementing quality initiatives. Given these changes to the behavioral health delivery system, state agency staff responsible for youth SUD services identified the need for the development of this guidance document.
After the Technical Expert Panel: Implementation at the State Level

Tina Burrell, MA, Behavioral Health and Service Integration Administration, WA Department of Social and Health Services, Olympia, WA

The Washington State Recovery Youth Services (WA-RYS) program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment (CSAT), under the State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Cooperative Agreement. WA-RYS supports adolescents aged 12-18 with substance use or co-occurring substance use and mental health disorders, multisystem-involved youth, and their families/caregivers. Targeted objectives for WA-RYS include providing an evidence-based practice with demonstrated positive outcomes, increasing family involvement, providing care coordination, and increasing the availability of recovery supports to assist with extended recovery engagement.

Session 7

10:00 am - 10:30 am
30 Minute Paper ~ Palma Ceia 2

Improving Wraparound Facilitator Competency through Observation and Coaching

Amy Neumeyer, MPH; Monica Hampton, LMSW, Detroit-Wayne Mental Health Authority, Detroit, MI

Training skilled facilitators and monitoring model fidelity is challenging, especially in large regions, because individuals and organizations interpret and implement the Wraparound model in different ways. In an effort to standardize the implementation of Wraparound across ten provider agencies serving over 500 children and families annually, a county-level mental health authority in Michigan has developed and implemented a facilitator competency evaluation that involves observation, rating, and coaching.

10:30 am - 11:30 am
60 Minute Symposium ~ Palma Ceia 2

The Implications of Implementation Research on Training, Coaching, and Supervising for High Fidelity Wraparound

Chair: Jim Rast, PhD, Vroon VanDenBerg, Aurora, CO; Discussant: Jack Simmons, PhD, Children's Behavioral Health Initiative, Boston, MA

This symposium will examine implementation research and discuss lessons learned in three key areas of supporting wraparound: initial orientation and training, coaching focusing on the family partner role, and supervision of the wraparound process. The need for continual innovation to improve the impact of each of these implementation components to develop and sustain wraparound at fidelity levels will be discussed. The first presentation will address new research on orientation and initial training. The second presentation will share new research about the coaching process. The third presentation will review different types of wraparound supervision and present three implementation studies done across 116 supervisors in 39 programs.

Implications from Implementation Research for Orientation and Initial Training

Brittany Rast Smith, MA, Vroon VanDenBerg, Aurora, CO

This presentation will begin with a summary of research on training wraparound and initial orientation. Then it takes a closer look at two particular studies which compare the results on training transfer and wraparound fidelity.

Research Implications for Coaching Family Partners

Susan Boehrer, BA, Oklahoma Federation of Families, Washington, OK

This presentation describes the process and important issues in training coaches and focuses on lessons for coaches of Family Partners. The first study compares general coaching to a structured coaching process that focuses specifically on the wraparound process. The second study involves strategies for preparing and debriefing shadowing and live coaching sessions. The third study examines the impact of specifically training and supporting staff to engage in peer to peer coaching.

Implementation Research in Supervising Wraparound

Jim Rast, PhD, Vroon VanDenBerg, Aurora, CO

This presentation will review different types of wraparound supervision and present three implementation studies done across 116 supervisors in 39 programs. The first study compares the use of a model of supervision that proactively monitors work with youth and families following a specified process and schedule and compares it to the same amount of undefined supervision in terms of staff satisfaction and wraparound fidelity. The second study evaluated the impact of supervision type and frequency on the time needed for staff to reach fidelity.
Session 8  ★
10:00 am - 11:00 am
60 minute Symposium ~ Palma Ceia 3

**Relationships of Behavioral Health and Work Experiences to Later Outcomes Among Transition-age Youth in Diverse Settings.**

Chair & Discussant: Mason Haber, PhD, University of North Carolina at Charlotte, Charlotte, NC

Youth with emotional and behavioral challenges, such as youth with emotional disturbances (ED) have difficulties with school achievement and adjustment that may impact their abilities to advance to post-secondary education and research. Has shown that youth with emotional and behavioral challenges tend to be more interested in employment than education. This presentation will contribute to efforts to reconcile various findings and provide a better understanding of how work may function as a risk or protective factors among youth with emotional and behavioral challenges, by examining this issue longitudinally in two very different populations: 1) a representative sample of youth with emotional disturbances and youth with other disabilities from the National Longitudinal Transition Study – 2 (NLTS-2); and 2) a population of youthful (i.e., 16-17 year-old) incarcerated offenders in a large Southeastern U.S. county. Findings on prospective relationships between work experiences and recidivism, postsecondary education, employment, and community inclusion outcomes will first be presented.

**Behavioral Health Symptoms, Work, and Educational Experiences as Risk and Protective Factors for Recidivism in a Young Offender Population.**

Charles Burgess, BS; Mason Haber, PhD, University of North Carolina at Charlotte, Charlotte, NC

Involvement with the criminal justice system (CJS) during the transition to adulthood is a poor prognostic indicator for future functioning in adult roles and continued CJS involvement after an initial arrest further exacerbates this risk. While involvement in educational or employment settings and behavioral health issues, such as mental health and substance use (MHSA) symptoms, are among the most widely studied in the criminal justice literature the relationship between these factors remains ambiguous. Work involvement is consistently shown to be a protective factor among adults and older youth (i.e. mid-twenties and beyond), but some studies focusing on transition-aged youth have shown no relationship between work involvement and desistence from crime, in some cases may even be a risk factor. The potentially deleterious effect of work may be due to its interference with other normative developmental tasks, such as educational attainment. However, in a population whose involvement in educational settings is already compromised (e.g. those with MHSA disorders), work may serve as an alternative form of engagement. This paper sought to examine the relative impact of education, work, and MHSA symptoms on the rate of re-arrest for a population of early adolescents who were arrested in Charlotte-Mecklenburg County.

11:00 am - 11:30 am
30 Minute Paper ~ Palma Ceia 3

**Creating A Community of Practice For Supporting Transition Age Youth With Serious Mental Health Conditions**

Lisa M. Smith, BA; Marsha Ellison, PhD; Amanda Costa, AA, University of Massachusetts Medical School Transitions Research and Training Center, Worcester, MA

This presentation will describe the process of a Community of Practice (CoP) convened on transition age youth and young adults (TAYYA) with serious mental health conditions. We will present a case study of one CoP for TAYYA and describe its planning, implementation, activities, evaluation and resulting outputs — the creation of six highly regarded and widely distributed tip sheets (on jobs, communication, records, budgeting, and self-advocacy). Presenters will describe guidelines for implementing CoPs in other locales.

Session 9  ★
10:00 am - 11:30 am
90 Minute Paper ~ Garrison Suites

**Shaping Behavioral Health Policy by Measuring Evidence in a New Way: Community Defined Evidence**

Kenneth J. Martinez, PsyD, American Institute for Research (AIR), Washington DC

Behavioral health policy can be shaped by many sources, one of which we hope is the best research available. But what if the research we rely on is based on one epistemology that does consider the world view and unique cultural experience of its subjects? Community defined evidence is one paradigm that values this inherent knowledge. By expanding our methods of measuring evidence we enrich the universe of what “works” for increasingly diverse populations.
Afternoon Plenary

12:30 pm - 1:45 pm

**Children’s Mental Health in a Time of Dynamic Policy Change**

Dr. Thomas H. Bornemann, Director, The Carter Center

This presentation will focus on access to children’s mental health resources in the context of rapidly evolving public health policy. This presentation will highlight the Affordable Care Act and its implications for children’s mental health. Additionally, this presentation will note current successes and positive changes, as well as cover challenges to ensuring children’s access to quality mental health care. This presentation will also focus on Georgia as a case study, representative of many states balancing a high demand for services with continued strained resources to try and meet public mental health needs.

1:45 pm – 2:00 pm

**Networking Break**

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Session 10

2:00 pm - 3:00 pm

60 minute Symposium ~ Bayshore V

**An Overview and Analysis of the PRTF Waiver Demonstration: a National and Local Perspective**

**Chair & Discussant:** Sherry Peters, MSW, Georgetown Center for Child and Human Development, Georgetown University, Washington, DC

Planning and delivering mental health and medical services in the community using the Wraparound process may present an effective alternative method to Psychiatric Residential Treatment Facilities (PRTFs) in supporting children and youth with serious mental health needs at reduced costs. In response to the need to appropriately serve youth with serious emotional disturbances (SED) while retaining costs, Congress authorized a five-year Demonstration project in 2005 to test whether children/youth who meet requirements to be served in a PRTF could successfully and cost effectively be served in the community. Nine states participated in the Demonstration, delivering coordinated, community-based care using the Wraparound team-based approach. A national evaluation conducted three years after implementation confirmed this method consistently enabled children/youth to maintain, and often improve their level of functioning, and resulted in significant cost-savings. This symposium will present in-depth findings from three studies assessing implementation and outcomes of the entire Demonstration period in all nine states and Maryland specifically.

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**Outcomes from the Alternatives to Psychiatric Residential Treatment Facilities Demonstration: a national perspective**

Sherry Peters, MSW; Lauren Rabinovitz, MPH, MSW, Georgetown Center for Child and Human Development, Georgetown University, Washington, DC; Anne Leopold, MS, Disability Services Center, JBS International, Inc., North Bethesda, MD

This presentation will focus on three objectives including: a) Providing an overview of the Alternatives to Psychiatric Residential Treatment Facilities Demonstration (PRTF) implemented in nine states, b) Assessing the effectiveness of services, functional outcomes, implementation strategies, challenges, and strengths of the wraparound model and services delivered in the Demonstration, and c) Discussing the benefits of the Demonstration, including the wraparound approach, and the need for making the waiver permanent.
Adherence to the Wraparound Model in Maryland’s PRTF Demonstration Waiver

Angela Blizzard, BA; Larraine Bernstein, MS, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, Baltimore, MD

Care Management Entities served 773 children across Maryland between 2009 and 2012 and were funded by various federal and state sources, including the Demonstration Waiver. University of Maryland conducted Wraparound Fidelity Assessment System interviews, in order to measure how well the CMEs adhered to the Wraparound model. This paper provides an overview of the implementation of the Waiver in Maryland and examines adherence to the Wraparound model and ten principles of Wraparound in the Waiver.

Characteristics of Youth and Caregivers and Service Utilization Trends in Maryland’s Waiver

Amanda Mosby, MA; Angela Blizzard, BA; Larraine Bernstein, MS, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, Baltimore, MD

A total of 273 youth were enrolled in Maryland’s Demonstration Waiver between 2009 and 2012. The Waiver allowed youth who met a Residential Treatment Center level of need to be served in the community through a Wraparound team-based approach. The purpose of this paper is to examine the characteristics of youth and their caregivers who utilized a broad range of Waiver services, and to highlight trends among those services most used by families in Maryland’s Demonstration Waiver.

Session 11
2:00 pm - 2:30 pm
30 Minute Paper ~ Bayshore VI
RENEW: An Application of Wraparound Planning to Support Transitions to Post-Secondary Education and Employment

JoAnne Malloy, PhD, University of New Hampshire, Concord, NH; Jesse Suter, PhD, University of Vermont, College of Education and Social Services, Burlington, VT; Mason Haber, PhD, University of North Carolina at Charlotte, Charlotte, NC

Few well developed practices exist for helping youth with mental health needs successfully navigate the transition from secondary to post-secondary education and employment. The RENEW model is a an intervention with a strong theory of change and growing evidence base. This presentation provides data on positive outcomes of the RENEW model in seven high schools, and the specific ways in which adaptations of wraparound processes may have contributed to these outcomes.

2:30 pm - 3:00 pm
30 Minute Paper ~ Bayshore VI
The Meaning of Home in the Context of Aging Out of Foster Care with a Serious Mental Health Condition

Vanessa Vorhies Klodnick, LCSW, PhD Candidate, University of Chicago, IL

Little is known about the experience of simultaneously “aging out” of both child welfare and mental health systems with a serious mental health condition (e.g., bipolar disorder, schizophrenia). Twenty young people were interviewed before and after their 21st birthday (i.e., emancipation). Emancipation experiences were anchored in the meaning made of “home,” which was influenced by relationships, services, and mental health. Findings have implications for child and adult mental health systems.

Session 12
2:00 pm - 3:00 pm
60 Minute Discussion ~ Bayshore VII
Community Based Services: What’s Working and What’s not?

Joan Hudson, MS, Easter Seals UCP of NC/VA, Inc., Mount Airy, NC

Community-based mental health services have begun to flourish within the past decade throughout this country. Historically, mental health service providers have been trained on an office-based model of therapy. Commonalities exist between the office-based modality and community-based modality, however, the focus of this discussion will be on the differences in delivery of the service and the supervision components which can vary.
Session 13
2:00 pm - 3:00 pm
60 Minute Discussion Hour ~ Esplanade 1
Universal Behavioral Health Screening in Massachusetts Children on Medicaid: Preliminary Assessment

Judith Savageau, MPH; Georgianna Willis, PhD, University of Massachusetts Medical School, Shrewsbury, MA; David Keller, MD, University of Denver/Children’s Hospital of Colorado, Aurora, CO; Jack Simons, PhD, Executive Office of Health and Human Services, Boston, MA

Mandated screening for behavioral health (BH) problems among Massachusetts Medicaid-insured children showed increases in screening from 4% (baseline, 2008) to 69% in 2010 and 72% in 2012. Use of validated tools replaced informal screening/surveillance. In 2010 and 2012, positive screens ranged from 0-15%; referrals to BH services measured 11%. BH service utilization was not always identified via screening. Screening is likely to increase use of BH services, improve care quality and outcomes, and reduce costs.

Session 14
2:00 pm - 3:00 pm
60 Minute Discussion ~ Esplanade 2
Measuring the Impact of the Collaboration LAB on Systems of Care in Tennessee

Elizabeth Waetzig, JD, Change Matrix, LLC, Granger, IN; Susan Steckel, LMSW, TN Department of Mental Health and Substance Abuse Services, Nashville, TN; Greg Abell, Sound Options Group, LLC, Bainbridge Option, WA; Rachele Espiritu, PhD, Change Matrix, LLC, Denver, CO

The Collaboration LAB has supported 4 out of 5 SOC demonstration grants across Tennessee to strengthen their collaboration. The LAB was created on the premise that collaboration is necessary to implement a system of care, is complex, and not intuitive. When it deteriorates, systems of care lose their momentum and progress stalls. This session will present evaluation data that supports the LAB as an intervention that improves the effectiveness of collaborative system and organizational structures.

Session 15
2:00 pm - 3:00 pm
60 Minute Discussion ~ Esplanade 3
Policy to Practice: Functional Behavior Assessment and Evidence Based Intervention Across Sectors

Michelle R. Davis, MEd, ABC’s for Life Success, Nokomis, FL

While more than ten million school-aged children are affected by mental health problems, only a small percentage are formally eligible to receive school-based services. Students who do not receive proper interventions are far more likely to be incarcerated, illiterate and unemployed. However, through functional behavior analysis by a multidisciplinary team which includes community and parents, students can succeed. This session explores how evidence based methods can be employed to transform students’ struggle into success.

Session 16
2:00 pm - 3:00 pm
60 Minute Discussion ~ Palma Ceia 2
Leveraging Federal Support to Expand Systems of Care in the Age of Health Care Reform

Carol Gyurina, MMHS, Center for Health Law and Economics, University of Massachusetts Medical School, Charlestown, MA; Dayana Simons, MEd, LMHC, Center for Health Care Strategies, Hamilton, NJ; Tom Merrick, Maryland Mental Hygiene Administration, Catonsville, MD; Zoe Barnard, Children’s Mental Health Bureau, Helena, MT; Lisa Brockman, RN, Wyoming Department of Health, Cheyenne, WY

This discussion includes policy experts and state leaders who have implemented system of care initiatives and are familiar with strategies to maximize Federal funding for systems of care. The discussion will focus on opportunities in the Affordable Care Act; particularly the new 1915(i) state plan option and will also cover other potential Medicaid funding vehicles. Three states that have or are pursuing a 1915 (i) State Plan Amendment for Wraparound will discuss their experience and lessons learned.
Session 17
2:00 pm - 3:00 pm
60 minute Symposium ~ Palma Ceia 3
Developing a Trauma-Informed Continuous Quality Improvement Process for Juvenile Justice: Lessons from Maine’s Youth Development Centers

Chair & Discussant: Kim Godfrey, MA, PbS Learning Institute, Inc., Braintree

In 2012, the State of Maine received a grant to expand Maine’s trauma-informed system of care approach to its Department of Corrections, Juvenile Services (DOC). One aspect of becoming a trauma informed system is assessing and changing practice, policies and organizational culture. Through its previous system of care grant, Maine developed a trauma-informed taxonomy for classifying best practices within a mental health agency setting and produced the Trauma Informed Agency Assessment (TIAA) to determine the level of trauma-informed practice within an agency and pinpoint areas for improvement.

The first session focuses on the journey Maine has taken to identify trauma-informed best practices and engage in continuous quality improvement efforts at its two Youth Development Centers, Long Creek and Mountain View. The second session will focus on the results from piloting two of the trauma-informed modules at Maine’s Youth Development Facilities during the fall of 2013. The presentation will close with lessons learned. A representative of the national Performance-based Standards (PbS) team who will talk about the national implications, opportunities to expand trauma-informed principles and data into PBS to sustain the work beyond the grant and provide a model other states can replicate. This presentation will focus on Maine's experience, specifically sharing examples from one of Maine’s Youth Development Centers.

Results from Piloting a Trauma-Informed Module in Juvenile Justice Facilities
Sarah Goan, MPP, Hornby Zeller Associates, Inc., South Portland, ME

The session will share the results of the pilot survey, which represent an estimated 60 youth and 60 staff across the two facilities. Each module (youth and staff) will first be presented in terms of the actual aggregate score for each of the following trauma-informed domains: safety, empowerment, trustworthiness, trauma competence, commitment to the trauma-informed approach, and cultural competence. The perceptions of youth in each domain will then be compared to those of agency staff to see if there are significant differences in perceptions. Finally, results on individual questions will be shared to identify particular items that are driving the overall domain scores. The session will also share the preliminary validation results for each of the modules in the Cronbach Alpha scores and the experimental factor analysis. The implications of the validation findings on the results as well as the next steps for modifying the tool to improve its measurement validity will be discussed.

Session 18
2:00 pm - 3:00 pm
60 Minute Session ~ Garrison Suites
Grant Writing for Translational Research
Junius Gonzales, MD, MBA, Provost & Vice President for Academic Affairs, University of Texas at El Paso, TX

This session will address the disconnect between research, policy and practice in adolescent behavioral health through a discussion of effective grant-writing. Effective grant-writing can move past the primary objective of acquiring funds for relevant programs and research, to reconnecting funders, researchers, and those who benefit from research. Dr. Gonzales will discuss the contextual and dynamic processes of matching project narratives, existing data, and proposed methods to appropriate funding mechanisms. Elements of research infrastructure and project sustainability will be highlighted.

3:00 pm – 3:15 pm
Networking Break
Session 19  
3:15 pm - 4:15 pm
60 Minute Symposium ~ Bayshore V
Sustaining Wraparound Orange: An Evaluation of Service Utilization, Costs, Outcomes, and Financing Strategies

Chair: Anne Marie Sheffield, LCSW, Orange County Mental Health and Homeless Issues Division, Orlando, FL
Discussant: Sheila Pires, MPA, Human Services Collaborative, Washington, DC

This symposium presents results of an evaluation of service utilization and costs for youth in Wraparound Orange, located in Orange County, Florida. The first paper describes financing streams for behavioral health services by presenting financing maps. The second paper compares services and costs for youth in wraparound and youth receiving traditional services. The third paper describes youth outcomes by comparing patterns of recidivism in juvenile justice settings, length of stay, and contact with multiple systems.

Setting the Stage: An Introduction to Wraparound Orange
Anne Marie Sheffield, LCSW, Orange County Mental Health and Homeless Issues Division, Orlando, FL

The Wraparound Orange project is located in Orange County, Florida. The project goal is long-term financial sustainability of the key required components under a System of Care. Discussion during this presentation will include long-term financial sustainability for Family and Youth Voice, Cultural and Linguistic Competency, Social Marketing and wraparound service delivery. Lessons learned throughout the project will also be discussed and include: a) Community Collaborations and Relationships, b) Wraparound Staffing and Coaching, and c) Enhancing/Sustaining Family and Youth Voice.

Financing Wraparound Orange Services
Mary Armstrong, PhD, USF Department of Child & Family Studies, Tampa, FL; Anne Marie Sheffield, LCSW, Orange County Mental Health and Homeless Issues Division, Orlando, FL

The purpose of this presentation is to promote better understanding of current financing structures, decisions and strategies for funding child and adolescent behavioral services in Orange County, Florida. The goal for this project is to produce a financing map that shows how behavioral health services and supports for children and youth are currently paid for across local, state and federal funding streams. Financial mapping contributes to the understanding of state and local policymakers about current spending and utilization patterns across agencies, whether an appropriate and comprehensive array of services and supports is being supported, and whether target populations are being served appropriately. This presentation will display the map, explain its content, and conclude with a series of policy issues and recommendations for decision-makers.

A Comparison of Service Utilization and Costs for Youth in Wraparound Orange vs. Traditional Behavioral Health Services
John Robst, PhD, USF Department of Mental Health Law & Policy; Lodi Rohrer, MSPH; Norín Dollard, USF Department of Child & Family Studies, Tampa, FL

Numerous studies have found that wraparound provides greater in-home services, case management, and treatment continuity. While there is little doubt that wraparound programs provide services, the overall impact on costs is less clear. While considerable research has examined wraparound, there remain questions on the cost effectiveness of such programs. This paper will provide additional evidence on whether investments in wraparound can be achieved by diverting resources from other, less effective, programs.

4:15 pm - 4:45 pm
30 Minute Paper ~ Bayshore V
Wraparound: An Accountability Model…A Study of Fidelity, Recidivism & Fiscal Impact

Bruce Kamradt, MSW; Pnina Goldfarb, PhD, Wraparound Milwaukee, Milwaukee, WI

Wraparound Milwaukee implements an effective fidelity/outcome accountability model that results in reduced recidivism for youth and an increase of permanency into the community. In turn, these outcomes have a profound effect on the utilization of residential treatment care, hospitalization and corrections. The savings from reduced commitment rate are returned to Milwaukee County for reinvestment into community care and services. An open discussion will allow other communities to explore approaches to evaluating the fiscal impact of their programs.

Session 20  
3:15 pm - 4:45 pm
90 Minute Symposium ~ Bayshore VI
Understanding the Impact of Culturally Responsive Interventions on Positive Cultural Identity and Resilience with Urban American Indian/Alaska Native Young People in Transition

Abby Bandurraga, MSW; Pauline Jivanjee, PhD, Portland State University, Portland, OR; Terry Cross, MSW, National Indian Child Welfare Association, Portland, OR

The purpose of this presentation is to provide further understanding of the impact of culturally responsive interventions provided to American Indian/Alaska Native (AI/AN) youth and young adults receiving services at a community- and culturally-based service agency. Through observing case management sessions and conducting individual interviews with agency staff and youth participants, a complex range of inter-related strategic interventions were identified that case managers individualized to address the needs of youth and to build resilience.
Session 21
3:15 pm - 3:45 pm
30 Minute Paper ~ Bayshore VII
The Family Journey Assessment: Tracking the Impact of Family Support
Nicole Kahn, MEd; Bruno Anthony, PhD, Georgetown University Center for Child and Human Development, Washington, DC; Jane Shank, Michigan Association for Children's Mental Health, Lansing, MI; Celia Serkin, Montgomery County Federation of Families for Children's Mental Health, Silver Spring, MD
Although the family-to-family movement is growing in strength, it lacks evidence-based strategies to inform quality improvement and ensure accountability. The Family Journey Assessment (FJA), completed collaboratively by Parent Support Providers (PSPs) and family members, fills this gap by tracking caregiver progress toward self-advocacy and self-efficacy and identifying targets and benchmarks for individualized support. This presentation describes psychometric analyses from 482 FJA administrations at baseline and follow up, and PSP feedback on relevance and usability.

3:45 pm - 4:15 pm
30 Minute Paper ~ Bayshore VII
Gender Differences in Parental Help Seeking Behaviors
Areana Cruz, BA, Coral Gables, FL; Tennisha Riley, MA, Richmond, VA; Megan Christmas, BA, Naples, FL
Numerous studies have shown that gender influences help-seeking behaviors for treatment of mental health disorders. The purpose of this study was to qualitatively examine gender differences between mothers and fathers who seek help for their children with mental health problems. Results indicated that, mothers believed their gender had a positive influencing factor regarding how they sought help for their children. Fathers reported they were reluctant to seek help and often relied on the child’s mother.

Session 22
3:15 pm - 4:15 pm
60 Minute Discussion ~ Esplanade 1
Integrating Children and Families into Health Homes in New York City: Coordination of Care with Essential Behavioral Health Providers
Jessica Fear, LMFT; Meeta Gandhi, LCSW; Neil Pessin, PhD; Devon Bandison, MPA, Visiting Nurse Service of New York, New York, NY
This paper will outline critical lessons learned in implementing Health Home services in New York State over the last two years, paying specific attention to the importance of establishing robust behavioral and physical health provider networks for children. We will examine traditional hurdles relating to interconnectivity and communication of client goals between providers, as well as opportunities to improve those challenges as children and their families are rolled into Health Home services in 2015.
3:15 pm - 4:15 pm
Session 23
60 Minute Discussion Hour ~ Esplanade 2
Different Stakeholders Different Data
Bill Monro, MSW; Ferol Mennen, LCSW, PhD, University of Southern California, Los Angeles, CA
This discussion group presents one SOC community’s experience with using evaluation data to create reports that are useful to different stakeholder groups. Clinicians, families, supervisors, agency managers and community partners all can benefit from seeing program data but have different needs. An interactive and inclusive process was used to create reports that meet the needs of the diverse stakeholder groups affiliated with an early childhood system of care.

4:15 pm - 4:45 pm
30 Minute Paper ~ Esplanade 2
Mental Health and Trauma in Young Children Receiving Wraparound: A Longitudinal Study
Kirstin Painter, PhD; Katrina Cabello, BS, MHMR of Tarrant County, Fort Worth, TX; Kathryn Brown, BS, Fort Worth, TX
This two-year longitudinal study evaluated mental health outcomes for 120 young children ages 2 through 6 who had experienced trauma and were experiencing mental or behavioral health problems. The findings of this study were overall favorable for using a wraparound service delivery model in systems of care for traumatized youth. Youths experienced significant improvement in behavioral and emotional strengths, mental health symptoms, and daily functioning that was sustained one year after ending formal wraparound.

Session 24
3:15 pm - 4:15 pm
60 Minute Discussion ~ Esplanade 3
The Neuroscience of Leadership in Systems of Care: Transforming the Way We Lead Systems Change with Insights From Brain Science
Laurie Ellington, MA, Zero Point Leadership, Silver Spring, MD
The complexities involved in the human resistance to change have created a significant leadership and change management challenge for systems of care. This presentation will provide neuroscientific findings that underlie effective leadership and change management practices as they relate to the implementation of the system of care approach. These insights help us understand why people find change uncomfortable and how child and family-serving systems can use knowledge from the field of NeuroLeadership to facilitate positive change.

4:15 pm - 4:45 pm
30 Minute Paper ~ Esplanade 3
Youth, Caregiver, and Family-Level Predictors of Attrition in a Longitudinal Outcomes Study of Youth with Behavioral Health Challenges and their Caregivers
Michael McCarthy, PhD, University of Cincinnati, Cincinnati, OH
Attrition is a major problem in longitudinal research studies. This study examined youth, caregiver, and family-level predictors of 6-month attrition in a longitudinal study of youth with behavioral health challenges and their caregivers. After controlling for caregiving strain, caregivers of male youth and youth living with a non-parent relative were 3.5 and 4.8 times more likely to drop out, respectively. Younger caregivers were 3.4 times more likely to drop out. Implications for research are discussed.

Session 25
3:15 pm - 4:15 pm
60 Minute Discussion Hour ~ Palma Ceia 2
Service Provider-University Center Research Partnerships: An Opportunity to Conduct High Quality Applied Research and Translate Findings To Practice
Ronald Thompson, PhD; Daniel Daly, PhD; Boys Town National Research Institute for Child and Family Studies, Boys Town, NE; Michael Epstein, EdD, University of Nebraska-Lincoln, Lincoln, NE
This discussion hour includes a description of a research partnership between a national service provider and a successful university research center. The critical dimensions of this partnership have included joint funding and decision making,
frequent communication, incremental growth, and a focus on long-term sustainability. The history and goals, lines of applied research, examples of translation of research to practice, and lessons learned will be discussed with participants with an emphasis on application to other settings.

4:15 pm - 4:45 pm
30 Minute Paper ~ Palma Ceia 2
**Addressing the Gap between Clinical and Business Practices through a Learning Collaborative Model**

Catherine Vu, PhD; Micaela Mercado, PhD; Ashley Fuss, LMSW; McSilver Institute for Poverty Policy and Research, New York, NY; Donna Peri, Coordinated Care Services Inc, Rochester, NY

This paper explores the learning collaborative model as an approach to implementing policy changes to improve business and clinical practices in children’s mental health clinics. The effectiveness of a learning collaborative model aimed to provide technical assistance to mental health service providers in New York State is examined. Results suggest that while overall improvements were made on performance indicators, the change implementation process was met with a number of challenges that hinder further progress.

Session 26
3:15 pm - 4:45 pm
90 Minute Symposium ~ Palma Ceia 3
**Collaborative Helping: A Framework for Integrated Health Homes**

Kevin Gillespie, RN, MSHA, Integrated Services of Appalachian Ohio, in collaboration with University Medical Associates at the Ohio University Heritage College of Osteopathic Medicine, Athens, OH

Increasing interest in a strong home & community dimension for person centered health homes demands a practical approach for behavioral health and primary care providers working toward integration. Our workshop describes a framework with tools and resources to be used for system redesign and provides a structure for every day helping work. We outline Collaborative Helping in detail, provide context and illustrate use with concrete examples from a range of home & community settings.

Session 27
3:15 pm - 4:00 pm
45 Minute Session ~ Garrison Suites
**Strengthening Adolescent Outcomes: Enhancing Adoption and Implementation of Too Good Prevention Programs using the Consolidated Framework for Implementation Research**

Vickie Lynn, MSW, MPH; Monica Solomon, BS, CHES; Kimberly Menendez, MS, University of South Florida, Institute for Translational Research in Adolescent Behavioral Health

Despite the effectiveness of evidence-based programs (EBPs), reported low levels of implementation in real-world settings are a growing concern. The Consolidate Framework for Implementation (CFIR) is a theoretical framework used to evaluate program adoption and implementation processes. The purpose of this study is to apply the CFIR to examine factors that affect adoption and implementation of Too Good prevention programs, enhance these processes for facilitators, and inform implementation science of more effective implementation strategies.

4:00 pm - 4:45 pm
45 Minute Session ~ Garrison Suites
**Facilitators and Barriers to Parental Engagement to Minimize Post-Treatment Relapse**

Shivani Gogna, Carolyn Taylor, MSW, Andrew McFarlane, MA, University of South Florida, The Institute for Translational Research in Adolescent Behavioral Health

Adolescents are an at-risk group for drug use and abuse. Evidence-Based Programs (EBPs) exist which focus on parental engagement and strong family partnerships to help ensure the success of drug prevention and rehabilitation programs for adolescents, including minimizing the risk for post-treatment relapse. This study explored perceptions of facilitators and barriers to parental engagement in programs within a local community agency, the Drug Abuse Comprehensive Coordinating Office.
4:45 pm – 5:00 pm
Networking Break

Session 28
5:00 pm - 5:30 pm
30 Minute Paper ~ Bayshore V

**Using Motivational Interviewing to Enhance Implementation of Wraparound**

James Winarski, MSW, University of South Florida, Tampa, FL;
John Mayo, MA, LMHC, Success 4 Kids & Families, Tampa, FL;
Jessica Chila, BSCJ, Wraparound Seminole, Sanford, FL; Norín Dollard, PhD, USF Department of Child & Family Studies, Tampa, FL

This paper describes the efforts of applying Motivational Interviewing (MI) to the process of Wraparound in a Children’s Mental Health Initiative grantee in Seminole County, Florida. This is a SAMHSA funded collaboration between Success 4 Kids and Families (S4KF), the Louis de la Parte Florida Mental Health Institute’s Departments of Child and Family Studies and Mental Health Law and Policy, and Families and Communities Together.

5:30 pm – 6:00 pm
30 Minute Paper ~ Bayshore V

**Shared Decision Making among Parents of Children with Mental Health Conditions**

Ashley Butler, PhD, Baylor College of Medicine, Houston, TX

The Substance Abuse and Mental Health Services Administration has advocated shared decision making (SDM) to improve the quality of mental health care. Yet, the extent to which parents of children with common mental health disorders experience shared decision making is not well known. This study examined how parent-reported SDM varies by child health (physical illness, mental health condition, and comorbid mental and physical conditions) and examined whether medical home care attenuates any differences.

6:00 pm - 6:30 pm
30 Minute Paper ~ Bayshore V

**Utilizing a Function Based Assessment and Intervention Model to Stabilize Placements and Decrease Runaway Behavior of Youth in Foster Care**

Kimberly Crosland, PhD; Ruby Joseph, MA; Sharon Hodges, PhD; USF Department of Child & Family Studies, Tampa, FL; Hewitt “Rusty” Clark, PhD, National Network on Youth Transition for Behavioral Health (NNYTF), Tampa, FL

Children in foster care are twice as likely to exhibit runaway behavior as children of the same age in the general population, are at greater risk for school failure and are vulnerable to innumerable influences and potential victimization. During this presentation, findings will be presented that focus on ways to assess and intervene with youth in foster care who run from placements. These findings should assist child welfare personnel in implementing best practice strategies.

Session 29
5:00 pm - 5:30 pm
30 Minute Paper ~ Bayshore VI

**Expert Practitioners’ Descriptions of Strategies to Translate Principles into Practice with Emerging Adults**

Janet Walker, PhD, Portland State University, Regional Research Institute, Portland, OR

This session reports on qualitative analysis of data gathered during interviews with expert practitioners from empirically-supported programs serving emerging adults with serious mental health conditions. The goal of this work was to gain a deeper understanding of specific, concrete strategies and “micro-strategies” that providers employ to translate the somewhat abstract description of practice model and practice mode (or practice principles) into specific communications, procedures, interactions and activities.

5:30 pm – 6:00 pm
30 Minute Paper ~ Bayshore VI

**Young Adults’ Perspectives on Access and Involvement with a Mental Health System of Care**

Thomas Delaney, PhD; Jody Kamon, PhD; Jesse Suter, PhD; Nancy Pandina, PhD, University of Vermont, Burlington, VT

Mental health services for young people are likely to be more effective if the perspectives of clients are included in determining the services, as well as in the design of the service delivery system. In a series of focus groups, we assessed current and former young adult clients’ perspectives on what works well and what needs to change in order for young people to better benefit and be active participants in the services they receive.
6:00 pm - 6:30 pm
30 Minute Paper ~ Bayshore VI
**Evaluating Critical Intervention Parameters of eSMART-MH From the Young Adults Perspective: Initial Findings of a Behavioral Health Avatar-Based Intervention for Depressive Symptoms**

Melissa Pinto, PhD, Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta, GA; Amy Greenblatt, BA, Rollins School of Public Health, Atlanta, GA; Tami Thomas, PhD, RN, Emory University, Atlanta, GA; John Clochesy, PhD, RN, FAAN, University of South Florida, Tampa, FL.

Electronic self-management resource training for mental health (eSMART-MH) is an avatar-based depression self-management intervention for young adults (18-25 years of age). Specific aims are to examine the critical parameters (necessity, acceptability, feasibility, fidelity, safety, and effectiveness) from the intervention recipients’ perspectives. This RCT involved young adults (n=60) with depressive symptoms to examine the critical intervention parameters of eSMART-MH. Data were collected at baseline, 4, 8, and 12 weeks. We report the young adults’ perspectives of the critical parameters of eSMART-MH.

Session 30
5:00 pm - 5:45 pm
45 Minute Paper ~ Bayshore VII
**Disentangling the Association between Foster Care and Children’s Use of Psychotropic Medications**

Heather Ringeisen, PhD; Leyla Stambaugh, PhD, RTI International, Research Triangle Park, NC; Laurel Leslie, MD, Tufts University School of Medicine, Boston, MA; Mary Bruce Webb, PhD, Administration of Children and Families, Washington, DC.

This study used data from the National Survey of Child and Adolescent Well-Being to examine psychotropic medication use and polypharmacy among 2,468 children 4-17 years involved with child welfare services (CWS). Medication use varied by placement setting, even controlling for need. Having public insurance and seeing a non-specialist provider were also influential. Approaches for care coordination are needed to ensure that children in foster care with complex mental health needs have access to optimal treatment.

5:45 pm - 6:15 pm
30 Minute Paper ~ Bayshore VII
**Young Adults’ Perspectives on Access and Involvement with a Mental Health System of Care**

Thomas Delaney, PhD; Jody Kamon, PhD; Jesse Suter, PhD; Nancy Pandina, PhD, University of Vermont, Burlington, VT.

Mental health services for young people are likely to be more effective if the perspectives of clients are included in determining the services, as well as in the design of the service delivery system. In a series of focus groups, we assessed current and former young adult clients’ perspectives on what works well and what needs to change in order for young people to better benefit and be active participants in the services they receive.

Session 31
5:00 pm - 6:30 pm
90 Minute Symposium ~ Esplanade 1
**Using Data and Clinical Expertise to Improve the Monitoring and Use of Psychotropic Medications for Children in Foster Care**

Chair & Discussant: Sheila Pires, MPA, Human Services Collaborative, Washington, DC.

This symposium includes three related presentations focused on the topic of using Medicaid claims and child welfare data, along with specialized clinical expertise, to improve the monitoring and use of psychotropic medications among children in foster care. The first presentation in the symposium describes the methods and results of a national analysis of Medicaid claims data for 29 million children in Medicaid, including: the extent to which these children used psychotropic medications; types of medications used and associated expense; diagnoses associated with use of particular psychotropic medications; the extent to which children using psychotropic medications also received behavioral health services; and comparisons in patterns of use between children in foster care and children enrolled in Medicaid through TANF or disability criteria. The second presentation in the symposium describes the work and results of the Data Workgroup, a subset of representatives from the six states involved in the Center for Health Care Strategies’ Psychotropic Medications Quality Improvement Collaborative (PMQIC) — work that can help other states in their own efforts to determine key measures to track and how to define them, as well as help to foster national dialogue on the importance of common definitions and measures related to the use of psychotropic medications in children. The third presentation addresses the topic of informed consent for psychotropic medications for children in foster care.
What Do Medicaid Data Suggest About Improving Psychotropic Medication Use in the Foster Care Population?

Sheila Pires, MPA, Human Services Collaborative, Washington, DC; Kamala D. Allen, MHS, Center for Health Care Strategies, Inc., Hamilton, NJ

This presentation first describes the methods and results of a national analysis of Medicaid claims data for 29 million children in Medicaid. Presenters will describe the study methods employed, which states can replicate to analyze their own Medicaid data, including the child behavioral health service typology used and cross-walk of services to Medicaid billing codes and the psychotropic medications algorithm developed for the study. Presenters will describe in detail findings related to the use of psychotropic medications, including: types of psychotropic medications used and associated expense; diagnoses associated with the use of particular medications; patterns associated with the commonly accepted outlier indicators of “too much, too many and too young;” whether children also received behavioral health services; and comparisons in patterns of use and expense between children in foster care and children enrolled in Medicaid through TANF or disability criteria. The presentation then explores the implications of these data for State oversight of psychotropic medications. Policy and implementation issues, challenges and strategies will be explored.

What to Measure and Monitor: Identifying and Defining Indicators for the Monitoring and Improvement of Psychotropic Medication Use

Christopher Bellonci, MD, Tufts University School of Medicine Psychiatry Dept., Boston, MA

The process of developing oversight and monitoring mechanisms for psychotropic medication use among children in foster care begins with stakeholders having to establish state-level consensus on what to monitor and how to define what is being monitored. A subset of representatives from the six states involved in the Center for Health Care Strategies’ Psychotropic Medications Quality Improvement Collaborative, known as the Data Workgroup, engaged in such a process over a period of nine months, taking into account related national efforts and ultimately reaching a consensus on what indicators to track and their definitions. This presentation describes the work and results of this process, which may help other states in their own efforts to determine key measures to track and how to define them.

Models of Informed Consent for Psychotropic Medications for Children in Child Welfare

Debra Lancaster, MLLR, Office of Child and Family Health, New Jersey Department of Children and Families, Trenton, NJ; Michael Naylor, MD, Clinical Services in Psychopharmacology, University of Illinois at Chicago, Chicago, IL

This presentation addresses the topic of informed consent for psychotropic medications for children in foster care. For children involved with child welfare, multiple individuals may be involved in decisions related to consent for treatment, including the child’s birth parent, guardians and caregivers, the child welfare system itself (e.g., workers and supervisors), the courts, and youth themselves after a certain age. The concept of “informed consent” for the use of psychotropic medication implies that those involved in making these decisions have access to information about what these medications are, why they are being recommended, what benefits are anticipated, what are the potential side effects, and how their use relates to the provision of other behavioral health services and the goals of the larger treatment/services plan.

Session 32

5:00 pm - 5:45 pm

45 Minute Paper ~ Esplanade 2

WFI-4 to WFI-EZ Transition: Lessons Learned from Implementation

Jonathan Sutter, MSW; Michael McCarthy, PhD, MSW, University of Cincinnati, Cincinnati, OH

This mixed-methods study reports findings from our ongoing process evaluation of collecting, implementing, and reporting Wraparound Fidelity data using the WFI-EZ and tablet technology. Evaluation staff solicited regular, systematic feedback from Wraparound constituents on the implementation process. Response rates between the WFI-4 and WFI-EZ instruments were compared. Findings suggest that using tablet computers to collect Wraparound Fidelity data with the WFI-EZ is both feasible and effective.

5:45 pm - 6:30 pm

45 Minute Paper ~ Esplanade 2

Implementation of the WFI-EZ in a Multi-Site Wraparound Agency

Vicki Sprague Effland, PhD, Choices, Inc., Indianapolis, IN

The Wraparound Fidelity Index, Short Form (WFI-EZ) makes regular collection of fidelity and satisfaction data more feasible for wraparound agencies. Asking caregivers and youth to complete a self-report form on their experiences with wraparound is not without challenges, however. This paper explores one agency’s experience administering the WFI-EZ by highlighting successes and challenges. Additionally, ways in which results from the WFI-EZ can be used in quality improvement initiatives are explored.
Session 33
5:45 pm - 6:30 pm
45 Minute Paper ~ Esplanade 3
Perceptions of School-Based Mental Health Supports in Rural Communities with and without Systems of Care

Allison Howland, PhD, Indiana University Purdue University-Columbus, Columbus, IN; Heidi Cornell, MSED; Jeffrey Anderson, PhD, University of Indiana - Bloomington, Bloomington, IN; Deborah Cohen, MSW, University of Texas at Austin, Austin, TX
School-based mental health (SBMH) services are becoming a prominent aspect of the public education system; however, little is known about how such services are provided, the extent to which they are effective, and how they interface with other aspects of children's mental health, such as systems of care (SOCs). This study examines how school practitioners in communities with and without SOCs conceive SBMH services and how linkages between schools and SOCs can be developed.

Session 34
5:00 pm - 5:30 pm
30 Minute Paper ~ Palma Ceia 2
Outcome Trajectories for Youth Served in Residential Treatment Settings Compared to Youth Served In Medicaid Home and Community Based Services Waiver

Rui Wang, MS; Marleen Radigan, DrPH; Fang Song, MS, Office of Performance Measurement & Evaluation, Albany, NY
This retrospective study included children (N=2,417) served in Residential Treatment Facilities (RTF) and Home & Community-Based Services Waiver (HCBS-Waiver) (N=7,821) between 1/1/2008 and 12/31/2012. The trajectories of change in psychiatric symptoms and functioning over care episodes by program type were examined and compared. Children served in RTF showed greater severity when admitted compared with children served in HCBS-Waiver. This analysis showed significant improvements in all indicators for youth served in both RTF and HCBS-Waiver.

5:30 pm - 6:00 pm
30 Minute Paper ~ Palma Ceia 2
Caregiver and Youth Expectations in Partial Hospitalization Program: Associations with Treatment Outcomes

Kathy Dowell, PhD, University of Minnesota Duluth, Duluth, MN
Caregiver and youth expectations for treatment were measured in a partial hospitalization program (PHP). Greater caregiver expectations for therapy were positively associated with both program attendance and staff ratings of treatment engagement. Results indicate greater pretreatment caregiver expectations for therapy were associated with greater symptom improvements in domains of community and behavior on the CAFAS. Results from factor analysis will also be presented on the Adolescent self-report version of the Expectancies for Therapy scale.

6:00 pm - 6:30 pm
30 Minute Paper ~ Palma Ceia 2
Circumpolar Indigenous Pathways to Adulthood (CIPA) Study — Multi-Site, International Community-Based Participatory Research

Lisa Wexler, PhD, University of Massachusetts, Amherst, MA
This presentation will describe the process of doing multi-site, international community-based participatory research, and share preliminary outcomes from one community. The Circumpolar Indigenous Pathways to Adulthood (CIPA) study considered the effects of diverse social policies on the lives youth in Siberia, Alaska, Nunavut Canada, and northern Norway, and utilized youth-produced, digital artifacts as platforms for cross-site discussions. The presentation will identify lessons learned, and the benefits and drawbacks of the approach through one site's experiences.

Session 35
5:00 pm - 5:30 pm
30 Minute Paper ~ Palma Ceia 3
The Promise Zone: How to Implement Cross-System Behavioral Support Services in High Need Schools

Devon Bandison, MPA; Meeta Gandhi, LCSW; Jessica Fear, LMFT; Neil Pessin, PhD; Visiting Nurse Service of New York, New York, NY
This paper will outline the process of implementing this cross-system; interagency school and student support program in five high needs elementary and middle schools in the South Bronx, New York. Program measures include: identification of required data collection points; policy and procedure development, role and responsibility definition; and establishment of communication protocols. We will also present the 3 year outcome data for: Office Discipline Referrals, school attendance, and overall functional assessment as measured by the CANS.
Integrating Managed Care and the CANs with Wraparound

Jim Rast, PhD, Vroon VanDenBerg, Aurora, CO; Jack Simons, PhD, Health and Human Services, Boston, MA

The development of an evidenced practice is often done in an organization culture focused on providing high fidelity services with flexibility in funding and process rules. The conditions often include additional supports that are made available to ensure that the process is provided with fidelity. Under these conditions, efficacy research has shown that high fidelity wraparound produces improved outcomes when compared to lower fidelity wraparound. One of the challenges for implementing high fidelity wraparound has been moving from pilot projects to larger implementation across community-based programs with varying organizational culture and outside pressures. Fidelity assessments have consistently documented that the wraparound being offered through community or statewide programs does not reach or sustain the fidelity levels associated with controlled pilot studies - and does not achieve the best outcomes for children and families. This presentation addresses specific issues related to statewide implementation.

How to Continuously Evaluate State-Wide Systems of Care Utilizing 100% Sample Data From All Schools, Mental Health and Other Services

Mansoor Kazi, PhD, University at Albany, Albany, NY; Jon Anderson, Chautauqua County Department of Mental Hygiene, Mayville, NY; Patricia Brinkman, Chautauqua County, Mayville, NY

This paper will review using real data from New York State to learn how to effectively expand the system of care statewide. Data from schools, mental health and other services is analyzes quarterly in each county, and data analysis methods drawn from a combination of epidemiology and effectiveness research are used to investigate if the comprehensive array of services and supports are working to provide better outcomes for youth and families.

Understanding “Failed Reunification” to Facilitate Improved Outcomes for Children and Families

Chanelle Henderson, Kristina Soderstrom, University of South Florida, The Institute for Translational Research in Adolescent Behavioral Health

Semi-structured interviews capture parental perspectives following a “failed reunification” with their child in the child welfare system. A “failed reunification” describes any event where a child has been removed from a parent, has been reunified with their parent, and has been removed again. Investigators identify factors inhibiting reunification with the following intentions: a) foster dialogue between families and system providers; b) identify barriers to permanency; and c) disseminate targeted evidence-based interventions to eradicate barriers.
Tuesday, March 4 Events

7:00 am  Registration opens & Continental Breakfast
8:00 am  Tuesday Morning Plenary Session
9:45 am  Networking Break
10:00 am  Concurrent Sessions 37 – 45
11:30 pm  Research Luncheon
1:00 pm  Concurrent Sessions 46 – 54
2:00 pm  Networking Break
2:15 pm  Tuesday Afternoon Plenary Session
3:45 pm  Networking Break
4:00 pm  Concurrent Sessions 55 – 63
6:00 pm  Poster Session

Research Luncheon
Bayshore Ballroom
11:30 am - 12:45 pm
Conference attendees are welcome to enjoy lunch on us! A buffet-style meal will be provided, allowing opportunities for networking with fellow attendees and presenters.

Tuesday Morning Plenary
8:00 am - 9:45 am – Bayshore Ballroom

Special Introduction
Gary M. Blau, PhD, Branch Chief, Child, Adolescent and Family Branch, SAMHSA, Rockville, MD
Gary M. Blau, Ph.D. is a Licensed Clinical Psychologist and is currently the Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services. In this role he provides national leadership for children’s mental health and for creating “systems of care” across the country. Prior to this, Dr. Blau was the Bureau Chief of Quality Management and Director of Mental Health at the Connecticut Department of Children and Families (DCF), and the Director of Clinical Services at the Child and Family Agency of Southeastern, Connecticut.

Wraparound for a New Era Plenary
Eric J. Bruns, PhD, Associate Professor, University of Washington School of Medicine; Janet S. Walker, PhD, Associate Professor, Portland State University; Michelle Zabel, MSS, Director and Clinical Instructor, The Institute for Innovation and Implementation, University of Maryland, School of Social Work; Elizabeth Manley, Director, New Jersey Children’s System of Care; Madeline Lozowski, Executive Director, Family Support Organization of Hunterdon, Somerset and Warren Counties, New Jersey; Jody Levison-Johnson, Deputy Assistant Secretary, Louisiana Office of Behavioral Health

In this plenary session, Eric Bruns and Janet Walker, Co-Directors of the National Wraparound Initiative, and Michelle Zabel, Director of the new Technical Assistance Network for Children’s Mental Health will describe new research and implementation efforts that are helping Wraparound “go to scale” nationally. Drs. Bruns and Walker will be joined by a panel of visionary state leaders and family advocates who will describe strategies they have used to take wraparound and family and youth peer support to new levels of prominence in the current era of health reform and service integration.

About the presenters
Eric J. Bruns, Ph.D. is a clinical psychologist and Associate Professor in the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Bruns’s research and other professional activities focus on public child-serving systems, and how to maximize their positive effects on youth with behavioral health needs and their families. Much of his research has focused on developing the wraparound process, a widely-implemented care coordination model for children and youth with complex mental health needs. He is also recognized for his research on school mental health services, services for youth in foster care, and family peer-to-peer support services. Dr. Bruns directs the National Wraparound Initiative, a national organization that conducts research and disseminates information to promote high quality and consistent wraparound implementation, and the Wraparound Evaluation and Research Team, which develops and supports use of fidelity measures for the wraparound process. He served as Editor of the journal Report on Emotional and Behavioral Disorders in Youth and is Associate Editor of the Journal of Child and Family Studies.

Janet Walker, Ph.D. is Research Associate Professor in the School of Social Work and the Regional Research Institute at Portland State University. She is the Co-Director of the National Wraparound Initiative and Director of the Research and Training Center on Pathways to Positive Futures. Her research focuses on exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and developing and evaluating interventions, including peer-delivered interventions, to increase the extent to which young people are empowered as decision makers at all levels of systems of care.

Michelle Zabel is the Director of the Institute for Innovation and Implementation at the University of Maryland School of Social Work. She has over 20 years of experience working in child- and family-serving systems, in both the public and private sectors, at organizational, county, and state levels across the nation in the provision of training and technical assistance on Wraparound, systems of care, service system design, and financing across systems, including juvenile justice and child welfare. Ms. Zabel is the Principal Investigator and Project Director for the newly funded Technical Assistance Network for Children’s Behavioral Health, the new national technical assistance center for states and communities funded by the Comprehensive Community Mental Health Services for Children and Their Families Program. She also serves in several leadership and advisory roles.

Elizabeth Manley is the Division Director for the Children’s System of Care. In this capacity Ms. Manley has direct oversight of the statewide child behavioral health, substance abuse and development/intellectual disabilities systems. This includes a wide range of community-based services, inpatient units and residential treatment centers.
Prior to joining DCF, Ms. Manley was the CEO of Caring Partners of Morris/Sussex, Inc., a Care Management Organization (CMO) specializing in working with youth with complex behavioral health challenges. Prior to this position, Ms. Manley worked for Capitol County Children’s Collaboration, the Mercer County CMO, as the Director of Operations, since 2002. She also spent 15 years at SERV Behavioral Health, with her final position at SERV as the Director of Children’s Services.

Madeline Lozowski is the Executive Director of the Family Support Organization of Hunterdon, Somerset, and Warren Counties. She is the immediate Past President of the New Jersey Alliance of Family Support Organizations and currently serves as the Treasurer. She served on the Executive Management Team for the NJ Division of Child Behavioral Health Services. She has presented at the SAMSHA National Policy Academy and at the Tennes-see Voices for Families Annual Conference. Madeline has over 25 years experience leading non-profit agencies and has a lifetime of experience raising a child with serious emotional and mental health challenges. She is the mother of four children, grandmother of three and lives on a small farm in New Jersey.

Jody Levison-Johnson is a licensed social worker who currently serves as a Deputy Assistant Secretary at the Louisiana Office of Behavioral Health. She is responsible for leadership and oversight of all clinical operations for the Office of Behavioral Health, which includes the entire mental health and substance use prevention and treatment system for children, youth and adults. Prior to moving to Louisiana, Jody was the Vice President of a non-profit management and consulting firm based in Rochester, NY where she supported system of care efforts across the country and facilitated several special initiatives related to innovation, transformation, practice change and child and family services.

Tuesday Afternoon Plenary

2:15 pm – 3:45 pm ~ Bayshore Ballroom

Promoting Learning and Working during Young Adulthood: Adult System Perspectives

Maryann Davis, PhD, Director, Marsha Ellison, PhD, Associate Director of Knowledge Translation, Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (RTC), University of Massachusetts Medical School, Worcester, MA; Nancy Koroloff, PhD, Director of Research, Rehabilitation Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, OR; Amanda Costa, Research Technician at the University of Massachusetts Medical School, Worcester, MA; Steven A. Reeder, MEd, CPRP, CRC, Director, Office of Adult Services, Maryland Department of Health and Mental Hygiene

Young adulthood is a critically important time for completing education and training and establishing career foundations that will support independent adult lives. This plenary will present the current research regarding the unique needs of young adults with serious mental health conditions. This plenary will present the current research regarding the unique needs of young adults with serious mental health conditions as they set out on this path to more mature adulthood. Knowledge from research and lived experience about interventions that support education, training, and work goals of young adults, and the system context of those interventions will be described. This plenary will also summarize the perspectives of adult service system stakeholders on this topic and their thoughts on how research can help inform adult system change.

About the presenters

Maryann Davis, PhD, is an internationally recognized expert on services for transition age youth and young adults with serious mental health conditions. Her focus is on improving treatments and services for this population that help support the development of adult role functioning during the transition from adolescence to mature adulthood. She has examined the ways in which policies and practices support or impeded the healthy development of this unique age group. Dr. Davis’ work also emphasizes the development of evidence-based interventions that improve this population’s transition into adulthood, including facilitation of mental health and related treatment, and interventions that reduce criminal behavior and substance abuse while supporting the successful completion of education and training, and movement into mature work lives.

Nancy Koroloff, PhD, is a researcher with the Rehabilitation Research and Training Center for Pathways to Positive Futures at Portland State University. She is a Research Professor within the Regional Research Institute for Human Services, a part of the School of Social Work. Throughout her career at PSU, Dr. Koroloff has maintained an active research program supported by external funding. Her research focuses on policy issues and service delivery barriers for young people with serious mental health issues.

Marsha Langer Ellison, PhD, is a mental health services, psychiatric rehabilitation and disability policy researcher. In her current position at the University of Massachusetts Medical School, she is the Associate Director for Knowledge Translation for the federally funded Transitions Research and Training Center in the Department of Psychiatry. There she directs and participates in research and dissemination activities that support the learning and working goals of youth and young adults (ages 14 -30) with serious mental health conditions.

Amanda Costa works as a Research Technician at the University of Massachusetts Medical School on various research and knowledge translation activities which support the transition of youth and young adults with mental health conditions on the path to employment and education. Amanda is passionate about youth mental health and advocacy, and hopes to use her education and lived experience to help other young adults like herself.

Steven A. Reeder, MEd, CPRP, CRC has been employed by the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration for approximately 13 years, currently as Director, Office of Adult Services. Under his leadership and direction, Maryland has been recognized nationally for its ground-breaking efforts in the dissemination and implementation of supported employment, resilience and recovery-oriented services to youth and young adults in transition, and evidence-based and empirically-supported services. These efforts have resulted in increased service penetration and availability, alignment services across multiple state agencies, programmatic efficiencies in service delivery, braiding of multiple funding streams, reduction in administrative process burden for providers, and streamlined access to services for consumers. In recognition of these efforts, Maryland received the 2007 Science to Service Award from the Substance Abuse and Mental Health Services Administration (SAMHSA) and has been acclaimed by the Centers for Medicare and Medicaid Services (CMS) and the Rehabilitation Services Administration (RSA).
Session 37  
10:00 am - 10:30 am
30 Minute Paper ~ Bayshore V

**From the Balcony and on the Ground:**
**Perspectives on Implementing Wraparound**

Jody Levison-Johnson, LMSW, Office of Behavioral Health, Baton Rouge, LA; Shannon Van Deman, MBA, Choices, Inc., Indianapolis, IN

Louisiana’s Coordinated System of Care (CSoC) is an initiative that brings together the Governor’s office, the state child welfare, juvenile justice, behavioral health, education and Medicaid departments as well as family, youth and advocate representatives to create and oversee a system that is better integrated, has enhanced service offerings and achieves improved outcomes. This presentation will discuss the status of Louisiana’s CSoC implementation across the six domains that are essential to effective wraparound implementation including: community partnership, collaborative action, fiscal policies and sustainability, access to needed supports and services, human resource development and support and accountability.

10:30 am - 11:00 am
30 Minute Paper ~ Bayshore V

**Measuring and Improving Wraparound Practice: A Success Story from Connecticut**

Jeffrey Vanderploeg, PhD; Yecenia Casiano, MA, Child Health and Development Institute, Farmington, CT; Mark Horwitz, PhD, MSW, JD, Westfield State University, Westfield, MA; Tim Marshall, LCSW, Connecticut Department of Children and Families, Hartford, CT

This paper describes the development and application of performance measurement and improvement technologies to Care Coordination in the state of Connecticut. We will describe the Care Coordination program in Connecticut and the unique workforce development challenges overcome. We will describe how coaching, supervision, performance measurement have helped transform the statewide system. Results will be shared from a new Child and Family Team survey to highlight important practice changes over time.

11:00 am - 11:30 am
30 Minute Paper ~ Bayshore V

**System Transformation in Child Welfare:**
**Integrating System of Care Principles and Wraparound to Improve Safety, Permanency, and Well-Being**

Lisa Conlan Lewis, LCL, Social Enterprise, Foster, RI; Janice DeFrances, EdD, Director of Department of Children, Youth, and Families, Providence, RI

This paper will present Rhode Island’s system transformation process in building an effective system of care and wraparound practice within child welfare. Presenters will introduce their ecological and logic models and system of care blueprint for system change. Presenters will describe practical applications for integrating system of care principles, community based networks and partnership, integrated wraparound training and certification process, the role of the Family Support Partner, evaluative measures, and outcomes to date.

Session 38  
10:00 am - 10:30 am
30 Minute Paper ~ Bayshore VI

**Predictors of Mental Health Service Use in Young Adulthood: Results from the National Survey on Drug Use and Health**

Heather Ringeisen, PhD; Shari Miller, PhD, RTI International, Research Triangle Park, NC; Sarra Hedden, PhD, Substance Abuse and Mental Health Administration, Rockville, MD; Lisa Colpe, PhD, National Institute of Mental Health, Rockville, MD

This study examined predictors of outpatient, inpatient, and psychotropic medication use among 118,300 young adults (18 to 26) from the 2008–2012 National Surveys on Drug Use and Health (NSDUH). Being female, non-Hispanic White, having health insurance, past criminal justice involvement, poor health and more impairing mental illness increased the likelihood of service use. Full time employment, residential stability and living with a partner reduced use. Tailored efforts are needed to increase young adult access.

10:30 am - 11:00 am
30 Minute Paper ~ Bayshore VI

**Practical Difficulties in Implementing Supported Employment with Young Adults**

Charles Lidz, PhD; Lisa M. Smith, BA, University of Massachusetts Medical School Transitions Research and Training Center, Worcester, MA

Young adults with mental illness have problems getting and holding full-time employment. This paper presents the results of interviews with employment specialists concerning implementing Supported Employment. They report significant implementation obstacles including difficulties in job development due to online employment applications, greater than entry-level jobs requiring more training than most young adults have, and resistance from family and clinicians to full-time employment because it risks benefits. This paper highlights some innovative approaches to these problems.
30 Minute Paper ~ Bayshore VI

**Perspectives of Early Emerging Adults with Serious Mental Health Conditions on Vocational Peer Mentors**

Vanessa Vorhies Klodnick, LCSW; Marc Fagan, PsyD, Thresholds Psychiatric Rehabilitation Centers, Chicago, IL; Kathryn Sabella, MA; Marsha Ellison, PhD, University of Massachusetts Medical School, Worcester, MA

Peer mentoring is a promising approach to supporting young people with serious mental health conditions transition to adulthood successfully. Using mixed-methods, valued aspects of peer mentoring were explored among twenty-two 16-21 year olds in a supported employment/education model. Most perceived peer mentoring as beneficial, citing the value of feeling understood and forming a bond with a trustworthy individual with similar life experiences. Understanding peer mentor relational processes is important for effective service adaptation and delivery.

Session 39
10:00 am - 11:00 am

60 Minute Discussion Hour ~ Bayshore VII

**Engaging Youth as Partners in Child and Youth Mental Health Promotion**

Julia Gandy, Jesse Auguste, Natasha McBrearty, Ontario Centre of Excellence for Child and Youth Mental Health, Ottawa, Canada

Research indicates that youth are more likely to approach peers about mental health concerns than adults. Recognizing a need to equip youth to support other youth, the Ontario Centre of Excellence for Child and Youth Mental Health created the Dare to Dream Program: a for-youth, by-youth mental health promotion grant. This presentation will showcase the impact of the program on youth, adults and mental health agencies, and share experiences and strategies for engaging youth.

Session 40
10:00 am - 11:30 am

90 Minute Symposium ~ Esplanade 1

**The Collaborative Problem Solving Approach: Implementation and Evidence Across Settings and Systems**

Chair: Alisha Pollastri, PhD, Think:Kids, Massachusetts General Hospital / Harvard Medical School, Boston, MA; Discussant: J. Stuart Ablon, PhD, Think:Kids, Massachusetts General Hospital / Harvard Medical School, Boston, MA

Collaborative Problem Solving (CPS) was introduced in 1998 as an approach for understanding and managing explosive, chronically inflexible children. Fifteen years later, it is being applied much more broadly with families and systems to address externalizing and internalizing symptoms in children and adolescents, and as a unifying approach across mental health agencies and in systems of care. In this symposium, we will describe how an approach like CPS can be used at the individual, organization, and system level to impact change in individuals/families, agencies, and systems.

**Collaborative Problem Solving as an Intervention for the Reduction of Challenging Behavior: Introduction and Evidence**

Alisha Pollastri, PhD; Lawrence Epstein, PhD; J. Stuart Ablon, PhD, Think:Kids, Massachusetts General Hospital / Harvard Medical School, Boston, MA

This presentation will briefly describe the Collaborative Problem Solving (CPS) approach; summarize the current evidence base for the use of Collaborative Problem Solving to reduce challenging behaviors in outpatient, inpatient, residential, juvenile justice, and educational settings; and provide specific research recommendations for those interested in further studying the CPS approach, and more general recommendations for anyone interested in clinical research.

**Collaborative Problem Solving as a Unifying Approach: Program and Organizational Implementation from a Multi-Service Children’s Mental Health Agency**

Michael Hone, MEd, Crossroads Children’s Centre, Ottawa, Canada

Crossroads Children’s Centre (CCC) is a multi-service children’s mental health centre located in Ottawa, Ontario Canada. This organization provides intensive home based treatment, outpatient therapy, day treatment, mental health walk-in clinic services, and wraparound services. This presentation will describe best practices in implementing Collaborative Problem Solving as a unifying therapeutic approach across an organization, provide participants with comparative data that demonstrates the efficacy of Collaborative Problem Solving as an approach to meet the needs of children served in a mental health setting, demonstrate that children at CCC report statistically significant improvement on multiple domains when compared...
to the children from other comparable mental health settings in Ontario, through review of common data sets in the province, and explore the mechanisms for change due to CPS, by analyzing mediating variables in data available from the CCC.

**Collaborative Problem Solving in Systems of Care**
Natasha Tatartcheff-Quesnel, MSW, Ottawa Children’s Coordinated Access and Referral to Services, Ottawa, Canada
This presentation will share the results of the second system evaluation using the SOCPR that demonstrates family satisfaction with CPS and progress towards its identified goals. In addition, practical recommendations based on the lessons learned in Ottawa about how to implement a common treatment approach across multiple providers and across child serving sectors will be offered. The importance of engagement throughout the process will also be highlighted and discussed as a key component of change. Finally, Ottawa’s use of a community of practice will demonstrate how to create an environment focused on ongoing learning and skill development, which in turn helps communities move toward sustainable change.

**Session 41**
10:00 am - 11:00 am
60 Minute Discussion Hour ~ Esplanade 2
**The Aftermath of Newtown: Connecticut’s Policy and Systems Changes in Children’s Mental Health**
Robert Franks, PhD, Child Health and Development Institute, Farmington, CT
Dr. Robert Franks, Director of the Center for Effective Practice at the Child Health and Development Institute of Connecticut, will describe legislative, policy, and systems level response to the Newtown tragedy in Connecticut. This presentation will explore efforts to pass innovative legislation to curb school violence and strengthen the children’s mental health system. Dr. Franks will provide a progress report on these efforts which may have lasting impact on Connecticut’s system of care.

11:00 am - 11:30 am
30 Minute Paper ~ Esplanade 2
**The Chardon High School Shooting, Evaluating Trauma Care and Outcomes**
James Adams, Geauga Board of Mental Health and Recovery Services, Chardon, OH; Vicki Clark, MEd, Ravenwood Mental Health Center, Chardon, OH
This session will focus on the tragedy of a mass high school shooting and its effects on the students, staff, first responders, and the extended community. Current research is exploring the relationship between selected interventions and the long term affects those interventions may have on the victims. A study of the immediate mental health response and six month post-shooting intervention strategies will be reviewed through the first year findings of a five-year longitudinal study of these populations.

**Session 42**
10:00 am - 11:00 am
60 Minute Discussion Hour ~ Esplanade 3
**Cultural Adaptation of Parent Training for Minority Families**
Ashley Butler, PhD; Stephanie Chapman, PhD, Baylor College of Medicine, Houston, TX
Workshop presenters will present research on culturally adapted parent training interventions to address prosocial behavior and behavior problems among racial/ethnic minority families. The benefits of intervention cultural adaptation will be discussed. Workshop participants will be able to describe existing culturally adapted parent training interventions, list methods to culturally adapt interventions, and outline steps to culturally adapt a parent training intervention for a racial/ethnic minority group. Practitioners/Service Providers are the target audience for this introductory workshop.

**Session 43**
10:00 am - 10:30 am
30 Minute Paper ~ Palma Ceia 2
**Building Community Capacity to Enhance and Sustain Hawaii’s System of Care**
Erica Yamauchi, MA; Kathleen McGeehan, MS, MA, Project Kealahou - Navigating Pathways to Healing, Honolulu, HI
Project Kealahou (PK) is a gender-responsive, trauma-informed Children’s Mental Health Initiative (CMHI) program designed to enhance Hawaii’s System of Care for young women who have experienced trauma. To enhance sustainability, PK is successfully leveraging diverse workforce development and program advocacy strategies in order to sustain the System of Care by expanding best practices and seeking various state and federal funding opportunities.

10:30 am - 11:00 am
30 Minute Paper ~ Palma Ceia 2
**Promoting a Multilevel Approach to Inter-Agency Partnerships: One State’s Experience of Implementing a PRTF Outcome-Based Information System**
Steve Kapp, PhD; Jeri Damman, MSc; Jordan Ryan, University of Kansas, Lawrence, KS
The implementation of a statewide, outcome-based information system requires effective stakeholder partnerships. PRTFs are diverse with different information needs and drivers making it important to understand individual requirements. This paper presents one state’s partnership approach to developing and implementing a statewide database and findings from a small study examining the individual barriers experienced by specific facilities. Findings highlight the importance of partnership work with facilities at multiple levels to ensure sufficient responsiveness to individual needs.
11:00 am - 11:30 am

**30 Minute Paper ~ Palma Ceia 2**

**Interagency Partnerships in your Backyard: One State’s Approach**

Erin Stevenson, PhD, MSW, University of Kentucky, Lexington, KY; Vestena Robbins, PhD, Kentucky Dept. for Behavioral Health, Developmental and Intellectual Disabilities & Eastern Kentucky University, Frankfort, KY; Becky Unites, MS, University of Kentucky, College of Education, Lexington, KY; Michelle Kilgore, MSW, Frankfort, KY

Interagency collaboration is the foundation of the system of care framework. This paper describes how one state used an implementation-informed RFP process to select provider agencies as demonstration sites for the delivery of services and supports to adolescents with substance use disorders and co-occurring mental health disorders. By ensuring readiness from the start, agencies were rapidly engaged in serving adolescents. In addition, existing rather than new agency groups were engaged to expand collaboration resources. The process of connecting with service agencies is described including lessons learned regarding successes and challenges encountered.

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10:30 am - 11:00 am

**30 Minute Paper ~ Palma Ceia 3**

**Emotional Dysregulation’s Role in Crisis Intervention For Children Treated for Mental Illness in a Comprehensive Youth-Serving Agency**

Katharan Cordell, MHI, University of California, Berkeley & Seneca Family of Agencies, Plumas Lake, CA; Shannon Dickerson, BS, Seneca Family of Agencies, Oakland, CA

Mental health disorders put youth at risk of extreme and unregulated emotional states in which crisis services are indicated. This study evaluates the association of presenting emotional regulation issues with the number mental health crisis events (MHCE) in the first six months of service. Regardless of program type, frustration, anger and anxiety, but not irritability were found to be associated with MHCE. Programs should include direct evaluation of frustration, anger and anxiety for crisis prevention.

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11:00 am - 11:30 am

**30 Minute Paper ~ Palma Ceia 3**

**Children, Youth, and Families’ Crisis Response and Stabilization**

Ryan Shannahan, MSW; John Cosgrove, MSW, University of Maryland School of Social Work, Baltimore, MD

Crisis response and stabilization services are emerging as viable strategies for improving behavioral health outcomes among children and youth by reducing psychiatric hospitalizations and facilitating access to community-based services. These systems can encompass various services, like mobile crisis response, respite and others. We reviewed the empirical and conceptual literature supporting these system components. A gap analysis demonstrates the availability of crisis services in counties of a single state and the corresponding psychiatric hospitalization trends.

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Session 44

10:00 am - 10:30 am

30 Minute Paper ~ Palma Ceia 3

**Early Detection and Intervention for the Prevention of Psychosis in Youth**

William McFarlane, MD, Tufts University School of Medicine, Maine Medical Center, Portland, ME; Donna Downing, MS, OTRL, Peer Training Institute, Portland, ME

Early detection and intervention for the prevention of psychosis was tested in 6 cities. Educational medical and mental health professionals across all 6 cities were trained in recognition of pre-psychotic signs and symptoms and provided access to prompt assessment and treatment. The treatment included psychoeducational multifamily groups, supported education and employment and psychotropic medication. Outcomes included significant reductions in psychotic symptoms, very low rates of onset of psychoses and high rates of continued engagement in school and/or work.

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Session 44

10:00 am - 11:30 am

**90 Minute Session ~ Garrison Suites**

**Implementation of Three Evidence-Based Practices Across Two Levels of Care**

Alexandra Albizu-Rivera, BS, Mathew Lynch, MS, Nichole Snyder, BS, Sara Beth Wolicki, BBA University of South Florida, The Institute for Translational Research in Adolescent Behavioral Health

This symposium will discuss three components of a study conducted to examine the implementation of three evidence-based practices targeting adolescent substance abuse across two levels of care within a local behavioral health care agency. Both qualitative and quantitative methods were employed to examine the implementation drivers and fidelity across programs. Components presented will: 1) provide an overview of the programs; 2) discuss methodologies employed and data findings; and 3) deliver recommendations and lessons learned.
Research Luncheon
Bayshore Ballroom
11:30 am - 12:45 pm
Conference attendees are welcome to enjoy lunch on us! A buffet-style meal will be provided, allowing opportunities for networking with fellow attendees and presenters.

Session 46
1:00 pm - 2:00 pm
60 Minute Discussion Hour ~ Bayshore V
Family Support Partner Role within an Integrated Wraparound Approach
Lisa Conlan Lewis, LCL Social Enterprise; Cathy Ciano, CEO Parent Support Network of Rhode Island; Janice DeFrances, EdD, Director of the Department of Children, Youth and Families
This Discussion hour will introduce the role of the Family Support Partner and discuss with participants how states are recognizing and funding this role within an integrated wraparound approach. Presenter will explore with participants how their states are approaching training and certification. Presenter will share the different coaching and supervision approaches taking place and lead a discussion with the group of benefits of having Family Support Partners hired in agencies and family support organizations.

Session 47
1:00 pm - 1:30 pm
30 Minute Paper ~ Bayshore VI
A New Manualized Training Approach for Engaging Young Adults in Community Mental Health Programs
Colleen McKay, MA, CAGS, University of Massachusetts Medical School, Worcester, MA
This presentation will describe a new manualized training approach for engaging young adults in community mental health programs. This approach provides a model for engaging young adults that addresses a variety of needs and supports including employment, education, and housing. The presentation will include findings from pre/post evaluation data of the new training and will highlight successful strategies used to engage and support young adults as they transition to the adult mental health system.

Session 48
1:00 pm - 2:00 pm
60 Minute Discussion Hour ~ Bayshore VII
Using the CANS to Ensure Fidelity and Monitor Outcomes in Wraparound
Norin Dollard, PhD, USF Department of Child & Family Studies, Tampa, FL; Nathaniel Israel, PhD, San Francisco Department of Public Health, San Francisco, CA; Mark Lardner, LCSW, University of Maryland School of Social Work, Baltimore, MD
The Child and Adolescent Needs and Strengths (CANS) is a widely used tool that can frame the assessment process, guide treatment and support planning, and monitor changes in child and family needs and strengths. This presentation will describe the use of the CANS, a related measure, the Service Process Adherence to Needs and Strengths and the Wraparound Fidelity Index across three sites for quality monitoring and improvement in Wraparound.

Session 49
1:00 pm - 1:30 pm
30 Minute Paper ~ Esplanade 1
From Placement to Prison Revisited: Do Child Welfare Services Disrupt the Delinquency Pipeline among Latino, African American and Caucasian Emerging Adults Transitioning Out of Care?
Antonio Garcia, PhD; Johanna Greeson, PhD, University of Pennsylvania, Philadelphia, PA
This presentation will discuss predictors of delinquent behavior among a nationally representative sample of racially diverse older adolescents referred to the child welfare system. Caucasians were less likely to engage in delinquent acts. While substance abuse and behavioral problems increased delinquent
behavior, irrespective of race/ethnicity, findings detected disparities in mental health service use. The mediating influence of service use was not tenable. Future directions to decrease the pipeline from placement to prison will be discussed.

Session 50
1:00 pm - 1:30 pm
30 Minute Paper ~ Esplanade 2
**Developmental Trajectories of Therapeutic Alliance for Youth in Residential Group Care**
Matthew Lambert, PhD; Kristin Hurley, PhD, University of Nebraska–Lincoln, Lincoln, NE; Ronald Thompson, PhD, Boys Town, Omaha, NE
There is a large and continuously growing body of evidence in the field of mental health which suggests therapeutic alliance (TA) — the working relationship between the therapist and the client — is a significant predictor of treatment outcomes. However, there is relatively little known about the TA of youth in residential care settings. The purpose of this session is to describe the developmental trajectories of TA for youth in residential group care.

1:30 pm - 2:00 pm
30 Minute Paper ~ Esplanade 2
**Personality Traits and the Therapeutic Alliance: What Skills Pay the Bills?**
Michael Valenti, PhD; Annette Trunzo, PhD; Luke McDonough, Presley Ridge, Pittsburgh, PA
This presentation explores the associations between the personality profiles of adult staff members and both youth and staff members’ impressions of the therapeutic alliance. Results from an alternative day school and a treatment foster care setting suggest that adults who possess particular personality traits are more proficient at establishing a healthy alliance. These results are reviewed alongside practical implications for organizations providing behavioral health services to youth and families.

Session 51
1:00 pm - 2:00 pm
60 Minute Discussion Hour ~ Esplanade 3
**Making Medicaid Work for Children in Child Welfare**
Beth Stroul, MEd, Management & Training Innovations, McLean, VA; Sheila A. Pires, MPA, Human Service Collaborative, Washington, DC
Children in child welfare have significant needs for both physical and behavioral health care services. Most of these services are financed through Medicaid. Some states have undertaken collaborative efforts across child welfare, Medicaid, and behavioral health systems to “make Medicaid work” more effectively for children involved with child welfare and their families and caregivers. This presentation will highlight findings from a study commissioned by The Annie E. Casey Foundation to explore strategies used in selected states to improve Medicaid for children in child welfare.

Session 52
1:00 pm - 2:00 pm
60 Minute Discussion Hour ~ Palma Ceia 2
**Gathering Family Input to Improve Integrated Care**
Lisa Lambert, BA, Parent/Professional Advocacy League, Boston, MA; Beth Pond, BA, Parent/Professional Advocacy League, Worcester, MA
Health care reform provides opportunities for different approaches to care, including integrating medical and behavioral health care. Parent/Professional Advocacy League (PPAL) has surveyed families nationally to determine their experiences, concerns and recommendations around care coordination, communication and referrals. More than half reported their child received medical and behavioral health care and families felt overwhelmed coordinating care. However, increased skills and knowledge led to better reported outcomes in accessing care and making decisions.
Session 53
1:00 pm - 2:00 pm
60 Minute Discussion Hour ~ Palma Ceia 3
Challenges and Innovations in Maintaining Retention in Longitudinal Research

Alicia Muzzi, BA, University of Delaware, Newark, DE; Juliette Graziano, PhD, Spectrum Programs, Inc., Miami, FL; Kimberly Downing, Ph.D; Robin Lindquist-Grantz, MSW, LISW, University of Cincinnati, Cincinnati, OH; Rene Castillo, Miami F.A.C.E.S., Miami, FL

In any longitudinal study, maintaining a large number of participants is a high priority, but it is not uncommon for retention to present a challenge in many communities. In this Discussion hour, three Evaluation teams from across the country involved in the same longitudinal outcome study will engage participants with activities and discussion on how to overcome, or counter, particular retention challenges (i.e. establishing trust, transient populations, training interviewers) through innovative techniques and concepts.

Session 54
1:00 pm - 2:00 pm
60 Minute Session ~ Garrison Suites
Workforce Development: Applying Implementation Frameworks to Transform Academic and Behavioral Health Programs

Bertram, PhD, University of Missouri, Kansas City, MO

Focusing through implementation frameworks can transform workforce development in both academic and behavioral health programs. This discussion hour presents examples through evaluations of 40 Kansas City MSW field practicum sites and from participatory evaluation that transformed wraparound training, technical assistance, coaching, data systems, policies, and procedures to quickly improve fidelity and outcomes above the national mean. Integration of workforce development in academic curriculum and behavioral health programs is highlighted for participant discussion.

Tuesday Afternoon Plenary
2:15 pm – 3:45 pm ~ Bayshore Ballroom
Promoting Learning and Working during Young Adulthood: Adult System Perspectives

Maryann Davis, PhD, Director; Marsha Ellison, PhD, Associate Director of Knowledge Translation, Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (RTC), University of Massachusetts Medical School, Worcester, MA; Nancy Koroloff, PhD, Director of Research, Rehabilitation Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, OR; Steven A. Reeder, M.Ed., CPRP, CRC, Director, Office of Adult Services, Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, Baltimore, MD

Young adulthood is a critically important time for completing education and training and establishing career foundations that will support independent adult lives. This plenary will present the current research regarding the unique needs of young adults with serious mental health conditions as they set out on this path to more mature adulthood. Knowledge from research and lived experience about interventions that support education, training, and work goals of young adults, and the system context of those interventions will be described. This plenary will also summarize the perspectives of adult service system stakeholders on this topic and their thoughts on how research can help inform adult system change.

3:45 pm – 4:00 pm
Networking Break

Session 55
4:00 pm - 4:45 pm
45 Minute Paper ~ Bayshore V
WFI-EZ Fidelity and Wraparound Outcomes: Is Measured Fidelity to the Wraparound Model Predictive of Treatment Success?

Geneva Strech, MEd, MHR; John Vetter, MA, University of Oklahoma, Norman, OK

Fidelity monitoring is driven by the assumption that faithfulness to the wraparound model will result in better outcomes for families. During summer of 2013 the Oklahoma SOC evaluation team piloted the WFI-EZ fidelity tool and compared the resulting fidelity scores with measures – Ohio Scales, school attendance, out-of-home placement – used statewide to measure wraparound success. Early analyses indicate the outcomes/fidelity relationship differs by youth characteristics and is affected by the identity of the WFI interviewer.
Influences on Caregiver Assessment of Wraparound Fidelity: Does the Program Status of the Assessor Affect Fidelity Scores on the WFI-EZ?

John Vetter, MA; Geneva Streci, MED, MHR, University of Oklahoma, Norman, OK

Insuring wraparound fidelity is vital to projects committed to positive outcomes for families. Oklahoma Systems of Care recently piloted the WFI-EZ in 25 counties across the state. Evaluators randomly assigned participating families to be interviewed either by wraparound staff or by independent evaluation staff. WFI-EZ scores that resulted were strongly affected by the identity of the interviewer – scores produced by evaluation staff were consistently lower, at statistically significant levels, than those obtained by wrap staff.

Policy Challenges and Successes at the State and Local Level

Ming Wang, MSW, Division of Substance Abuse and Mental Health, Utah Department of Human Services, Salt Lake City, UT; Marqus Butler, Children, Youth and Family Services, Oklahoma Department of Mental Health and Substance Abuse Services, OK; John Coppola, University of Maryland School of Medicine Evidence Based Practice Center, MD

This session will address several key policy achievements and challenges at the state and local levels in the following areas, corresponding to themes from the Community Supports for Transition Inventory (CSTI) and the State Supports for Transition Inventory (SSTI). The session will draw attention to the interrelationships between state and local scores on the different themes of the CSTI and SSTI, as well as to the assessment data that examines the collaboration between child and adult mental health systems at the state and local levels.

Supporting Implementation with Data-Driven Technical Assistance

Gwen White, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Murraysville, PA; Marqus Butler, Children, Youth and Family Services, Oklahoma Department of Mental Health and Substance Abuse Services, OK

The session will share information on how to use the data-based “portrait” from the CSTI/SSTI when developing a community-led strategic plan. The session turns to a consideration of how the data from these assessments can be used. The customized reports with item, theme and total scores when returned to each community and state provide critical information. Jurisdictions can actively use the data they received to plan state and local based actions associated with technical assistance. Their experience using data as a part of ongoing change initiatives will be shared.
Session 57
4:00 pm - 5:30 pm
90 Minute Symposium ~ Bayshore VII
Weaving Baskets for the Community: The Fresno American Indian Community Path Toward a System of Care

Jami Bartgis, PhD, National Council of Urban Indian Health, Washington, DC; Paula Davila; Ruby Mateos; Jennifer Ruiz, MBA, Fresno American Indian Health Project, Fresno, CA

This symposium will present the work of the Fresno American Indian Health Project (FAIHP) in the development of a children’s mental health System of Care (SOC) for the Fresno American Indian community. Three presentations will review the development and implementation of a community-driven needs and service system assessment; the use of a culturally-based prevention program as a community planning tool; and the piloting of an indigenous-based wraparound model to support the development of SOC.

Session 58
4:00 pm - 4:30 pm
30 Minute Paper ~ Esplanade 1
Creating a Multi-Level Decision Support Data System to Support Wraparound Implementation in Kentucky

Vestena Robbins, PhD; Janice Johnston, LCSW, Kentucky Dept. for Behavioral Health, Developmental and Intellectual Disabilities & Eastern Kentucky University, Frankfort, KY; Harry Hughes, BA, University of Kentucky, Lexington, KY; April Sather, MPH, University of Washington, Seattle, WA

Kentucky has adopted a multi-level framework to guide the development of a decision-support data system: system/infrastructure outcomes, service outcomes, and child and family outcomes. This paper will present findings of an analysis of system, service, and child and family outcome data and provide specific examples to demonstrate how system, service, and child and family outcome data inform continuous quality improvement efforts to support wraparound implementation efforts. Implications for policy, program, and practice will be discussed.

Session 59
4:00 pm - 4:30 pm
30 Minute Paper ~ Esplanade 2
Outcomes of an Intensive School-Based Arrest Reduction Initiative and Development of a Free School Toolkit

Jeffrey Vanderploeg, PhD; Jeana Bracey, PhD; Robert Franks, PhD, Child Health and Development Institute, Farmington, CT; Jaquita Monroe, MS, Connecticut Judicial Branch, Wethersfield, CT

This presentation highlights comprehensive efforts in Connecticut to reduce in-school arrests. Significant progress towards arrest reduction has been achieved through policy, systems, and practice changes. The School Based Diversion Initiative has worked intensively with high-arresting schools to great effect. In addition, a school arrest reduction toolkit was developed in 2013 as a free resource for schools to guide them through implementation of a number of activities that have been found to reduce arrests.
5:00 pm - 5:30 pm
30 Minute Paper ~ Esplanade 2

Effective Strategies for Preventing Youth from Entering the Juvenile Justice System: The System of Care Response

Tesfayi Gebreselassie, PhD; Robert Stephens, PhD; Mary Spooner, PhD; Russell Carleton, PhD, ICF International, Atlanta, GA

Data from the National Evaluation of the Children's Mental Health Initiative has shown that youth with no history of involvement in the juvenile justice system at entry into services were less likely to be arrested after enrollment if their caregivers reported reduced levels of strain in their role as caregivers. Systems of care are well-positioned to play an important role in working with youth at risk of entering the juvenile justice system through their emphasis on strengths-based approaches to treating emotional and behavioral problems.

Case Study exploring the Impact of Wraparound Santa Cruz on a Probation Youth with Immigrant Background

Barbara Lutz, PhD, The Chicago School of Professional Psychology, Santa Cruz, CA

This case study highlights the impact of wraparound on a probation youth of immigrant background. A holistic lens emphasizes interactive spheres in a multi-layered assessment. Theoretical considerations from individual and systems orientations highlight complex, interrelated factors: wraparound; social ecology; community psychology; attachment; complex trauma; emotion regulation; interconnectedness; family therapy; and coherence. The emerging themes (defenses, support, connectedness, participation, exploration, and emotion regulation) allow detailed insight into the youth's experiences and increased awareness regarding wraparound's impact.

Stakeholder Views Regarding the Evolving Challenges of Developing a System of Care in Children's Mental Health

Susan Frauenholtz, MSW; Amy Mendenhall, PhD, University of Kansas, Lawrence, KS

Creating a system of care in children's mental health remains an elusive task. The Children's Enhancement Project (CEP) is a collaborative effort to provide flexible, family-driven, community-based services. Utilizing interviews with CEP stakeholders, evaluators sought to discover the obstacles, and solutions, faced by CEP during its first two years. Results revealed that forming effective collaborations, fiscal sustainability, and creating a unified vision were the primary challenges. Implications for other developing systems of care are discussed.

Achieving the Aims of Community-Based Participatory Research through Intergenerational Dialogue Exchange and Action (IDEA)

Lisa Wexler, PhD, University of Massachusetts, Amherst, MA

The broad goals of the community-based participatory research (CBPR) include community engagement, capacity building, knowledge building and producing practical solutions to pressing health and social issues. The presentation will describe an innovative approach, Intergenerational Dialogue Exchange and Action (IDEA) that offers a practical way to realize these aims. IDEA will be illustrated through an example from a rural Alaska Native community.
4:45 pm - 5:30 pm

**Progress Tracking System for Transition to Adulthood Programs: Research-Informed Implementation Strategies**

Michael Harnar, PhD; Mosaic Network, Inc., Santa Barbara, CA; Hewitt “Rusty” Clark, PhD, National Network on Youth Transition for Behavioral Health (NNYT), Tampa, FL; Prashant Rajvaidya, PhD, Mosaic Network, Inc., Santa Barbara, CA

The Transition to Adulthood Program Information System (TAPIS) Progress Tracker is an online instrument designed for the evidence-based Transition to Independence Process (TIP) model facilitating young persons with emotional/behavioral difficulties as they transition into adulthood roles. Using a participatory systems development perspective, and grounded in implementation and evaluation theories attuned to the relevance and usefulness of the data to site users, researchers and developers are validating TAPIS and ensuring its meaningfulness for transition site personnel.

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5:00 pm - 5:30 pm

**Using the Quality Implementation Tool (QIT) to Evaluate Implementation of Evidence-Based Mental Health Interventions in a Community-Based Setting**

Kate LaVelle, PhD; Janine Quintero, PsyD; Emily McGrath, PhD; Alyssa Ward, PhD, Hathaway-Sycamores Child and Family Services, Pasadena, CA

This presentation will draw upon the literature of Implementation Science to: 1) consider the benefits of using the Quality Implementation Tool (QIT) to strengthen program evaluation efforts, 2) discuss the challenges in applying the QIT to mental health Evidence-Based Practices in a diverse, community-based setting and 3) present data on implementation (e.g., utilization, length of service, staff training, contextual adaptations) and how implementation relates to child mental health outcomes.

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Session 62

4:00 pm - 4:30 pm

**A Strategy for Coding Intervention Exposure, Adherence and Quality Using Non-Experts**

Thomas Gross, PhD; Kristin Duppong Hurley, PhD; Matthew Lambert, PhD, University of Nebraska-Lincoln, Lincoln, NE; Ronald Thompson, PhD, Boys Town, Omaha, NE

Home-based interventions are frequently used to create and sustain pro-social behavior changes in youths and ameliorate family difficulties. One such intervention is the Boys Town In-Home Family Services (BT IHFS) program. This presentation will focus on the development and practical use of a video coding system for the BT IHFS program. The presentation will provide practical strategies to use coded observational data, train non-expert coders, and use data gathering to assure implementation quality.

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4:30 pm - 5:00 pm

**Improving Implementation of Evidence-Based Treatment Foster Care through Coaching and Consultation**

Maureen Murray, MSW, Duke University Medical Center, Durham, NC

This presentation provides an overview on research conducted in North Carolina on Therapeutic Foster Care. Lessons learned from this work resulted in a new study with a more structured coaching and consultation approach to improve skills of treatment parents and their agency supervisors. The Together Facing the Challenge model focuses specifically on the in-home intervention elements and creating adequate skill levels for both staff and treatment parent to implement effectively.

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Session 63

4:00 pm - 5:30 pm

**Placing Evidence-Informed Interventions at the Fingertips of School Social Workers**

Tommi L. Rivers, BA, Humberto López Castillo, MD, MEd, MSc, Catherine E Randall, MSW, University of South Florida, The Institute for Translational Research in Adolescent Behavioral Health

This session shares the experiences of a collaborative partnership between the Hillsborough County School District and the Translational Research Institute of the University of South Florida. Institute scholars worked in close partnership with the HSC school social worker supervisor and advisors to create a searchable online database known as eBIT (Evidence-based Intervention Toolkit). Actively translating research to practice, eBIT enables school social workers to search for an intervention with a problem- or student-specific evidence base.
Poster Presentations & Networking Reception
6:00 pm - 7:30 pm ~ Bayshore Ballroom

1. **Reducing Risks for Emotional and Behavioral Problems During the High School Transition: Proximal Outcomes in the Common Sense Parenting Trial**
   Alex Mason, PhD; Jay Ringle, MA; Ronald Thompson, PhD, Boys Town National Research Institute for Child and Family Studies, Boys Town, NE; Charles Fleming, MA, University of Washington, Seattle, WA

   The degree to which parent-training can be tailored for the transition to high school to prevent emotional and behavioral problems of vulnerable youth remains uncertain. This randomized trial tests Common Sense Parenting (CSP)® in its standard form and in a modified form (CSP Plus) with low-income 8th graders and their families. Results showed that both programs improved child emotion regulation skills. Intervention effects on this outcome may translate into reduced problems during high school.

2. **B:HIPPS Salisbury: Rural Partnerships Between Pediatric Primary Care Offices and a University Social Work Department to Increase Access to Children’s Mental Health Screenings and Treatment**
   Amy Habeger, MSW, Salisbury University, Salisbury, MD

   B-CHIPPS Salisbury is a grant-funded program placing Salisbury University’s MSW interns in rural pediatric primary care offices on Maryland’s Eastern Shore. This presentation will explore the complexities of rural partnerships, and the role of the co-located social work intern in four unique co-located settings. Attendees will be encouraged to consider establishing local partnerships between medical providers, mental health clinics, and University Social Work or Counseling Departments to expand the community network of care.

3. **Implementation Matters: Sustaining through Learning Organizational Strategies**
   Ann Barber, MA, Ontario Centre of Excellence for Child and Youth Mental Health, Ottawa, Canada

   The Ontario Centre of Excellence for Child and Youth Mental Health works with agencies to achieve sustained success in the implementation of evidence-informed practices using learning organization strategies. The People Advancing Change through Evidence (PACE) program targets the organizational conditions necessary for ongoing learning and outcome management. Based on mixed methods from implementation teams of 15 agencies including a return on investment framework, this presentation will report on how the development of learning organizations contributes to sustainable implementation.

4. **Changing the Face of Children’s Community Mental Health**
   Anne Fridh, PsyD; Stephen Smith, MA, Rosecrance Health Network, Inc., Rockford, IL

   Children’s Community Mental Health has always tended to present as the “Mini-Me” of adult community mental health. This has meant long lengths of stay with little direction from evidence-based treatments. Clinicians have done the best they can with little proof of ensuring they are making a difference in the lives of the families they serve. Implementation of EBPs goes a long way in a large community mental health center. This presentation will reveal a large overhaul of our services through implementation of best practices.

5. **National Trends in Implementing Wraparound, 2013: A Profile of the States**
   April Sather, MPH; Eric Bruns, PhD, University of Washington, School of Medicine, Seattle, WA

   Among its many activities, the NWI has periodically conducted a “state wraparound survey” that aims to estimate the number of wraparound initiatives and participating youth nationally. These surveys also aim to illuminate how wraparound implementation is being supported in different places across the country, and collect qualitative information about implementation and lessons learned. In an update to two previous surveys which were conducted in 1999 and 2007, this poster will present findings from the survey conducted in August of 2013.

6. **Home Instruction for Parents of Preschool Youngsters (HIPPY) Leads to Positive Parent and Child Outcomes**
   Dianna Boone, BS, USF Rehabilitation & Mental Health Counseling, Tampa, FL; Kirsten Ellingsen, PhD, USF Department of Child & Family Studies, Tampa, FL

   Supporting early childhood behavioral health requires successful engagement of primary caregivers. Parent education programs that provide resources about positive parenting practices can facilitate children’s development. Also, efforts to enhance early learning of children through parent engagement support the successful transition of children into school. This poster describes one national evidence based home visiting program that aims to support parent involvement and school readiness and summarizes key documented parent and child outcomes from program participation.
7. **A Data-Based CQI Approach to System of Care Enhancement and Sustainability**  
Edward Suarez, PhD; Kathleen McGeehan, MS, MA, Project Kealahou – Navigating Pathways to Healing, Hawaii Department of Health Child/Adolescent Mental Health Division, Honolulu, HI  
As a Children’s Mental Health Initiative (CMHI) participant from 2009 to 2015, Project Kealahou (PK) coordinates with multiple System of Care (SOC) partners to provide gender-responsive, trauma-informed services and supports to female youth and their families. This poster highlights the use of data-based continuous quality improvement (CQI) processes to inform diverse stakeholder groups from direct-care clinicians and their supervisors to government officials and other high-level decision makers in order to enhance and sustain SOC improvements.

8. **Wraparound Literature Review**  
Hattie Quick, MSW; Eric Bruns, PhD, University of Washington Department of Psychiatry & Behavioral Sciences, Division of Public Behavioral Health & Justice Policy, Seattle, WA  
Wraparound research is needed to determine how it can be most effective for youth and families connected to this implementation work. This literature search aims to examine the different publications on Wraparound and their impact on the field. A summary of literature found (empirical vs. non-empirical) from 1988-2012 will be presented. This presentation is an extension of past reviews.

9. **Mental Health Diagnosis Disparities across Age and Gender**  
Heather Wallace, PhD, Centerstone Research Institute, Knoxville, TN  
The mental health field is striving to dispel stigma and increase equitable care. However, few studies examine the intersection between gender and age in relation to reported diagnosis. This study addresses those gaps by examining disparities in diagnostic trends for Bipolar, Conduct Disorder (CD), Oppositional Defiant Disorder (ODD) and Major Depressive Disorder (MDD) with a sample of transition-age youth (14-21). This study is unique because interpretations of the data were provided by the participants.

Jane Timmons-Mitchell, PhD; Christopher Stormann, PhD, Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, OH  
Wraparound is part of a system of care project (Cuyahoga County, OH: Tapestry). The evaluators added Wraparound fidelity monitoring, in conjunction with the Wraparound Evaluation and Research Team (WERT) at the University of Washington. The Team Observation Measure (TOM) was completed by observing teams, and entering data on the WrapTrack server. Favorable results for overall fidelity and for individual principles were obtained.

11. **Tough Teens and their Families — Simultaneous Implementation of Wraparound and Multidimensional Family Therapy (MDFT)**  
Jennifer Vasquez, MS; Novanh Xayarath, MS, Riverside County, Mental Health—Western Wraparound Program, Riverside, CA  
Addressing the complex needs of adolescents with substance use and delinquent behavior issues must incorporate strength-based, comprehensive family intervention. Wraparound and the evidence-based model of MDFT both target youth and family dynamics in intensive yet distinct ways. This presentation will summarize the initial findings of a pilot program integrating both models. In so doing, it will address both the extensive case management and intensive family relational needs of families with the greatest challenges.

12. **Bridging the Gap: Ohio’s Local Conversations on Ending Health Disparities**  
Joann Mawasha, PsyD, Wright State University School of Professional Psychology, Dayton, OH; Angela Dawson, MS, MRC, LPC, Ohio Commission on Minority Health, Columbus, OH  
In response to the National Partnership for Action to End Health Disparities (NPA), the Ohio Commission on Minority Health (OCMH), sponsored a statewide initiative to help guide health equity efforts at the local and state levels. To address the issue of health equity, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. Based on evaluation results, OCMH’s willingness to engage residents in the process of identifying their perceived health issues through dialogue is a model that can be replicated because it has proven to be a positive and productive approach to engage communities in culturally specific conversations and actions.

13. **Relations between Mental Health, Substance Use, Health and Health Care Utilization Among Young Adults**  
Jody Kamon, PhD; Jesse Suter, PhD; Thomas Delaney, PhD, University of Vermont, Burlington, VT  
Existent literature on relations between young adults’ behavioral and physical health has neglected to consider the impact of concurrent substance use on young adults’ health. Utilizing Vermont’s SAMHSA-funded system of care evaluation data, the current study examined relations between young adults’ mental health, substance use, and health. Results indicate mental health symptoms and substance use uniquely and together negatively impact young adults’ health and their experience of the quality of health care they receive.

John Balles; Sylvia Cohen, Scottsdale Unified School District, Scottsdale, AZ

The current presentation looks at a suburban school district’s attempt to enhance school wraparound services through the creation of formal community partnerships and public policy change. School districts are involved with many aspects of identification and treatments yet often do not participate in wraparound services, jeopardizing success of treatment and treatment fidelity. This presentation outlines an attempt to increase wraparound services, strengthen school mental health services, and effect public policy change through community relationship development.

15. Tailoring Wraparound Trainings to Targeted Audiences for Systemic Change

Jon Anderson, Chautauqua County Department of Mental Health, Mayville, NY

Every individual views the world from their perspective and seek “what’s in it for me?” Chautauqua County High Fidelity Wraparound Trainers will share the exploration of experiences, mitigation of motivation and prediction of patterns which have been consequences within our three-legged foundation of wraparound in our community. This presentation will review steps taken to tailor high fidelity wraparound training to a variety of audiences, acknowledging the “triangles” that embed wraparound in a system of care.

16. Using a Motivational Interviewing Simulator and EBook to Strengthen Provider Skills: Findings from a Pilot Study and Implications for Use with Emerging Adults

Kathleen Ferreira, PhD, Center for Social Innovation, Needham, MA

In response to the need for wider dissemination of evidence-based practices in homeless service settings and the challenges of knowledge retention after face-to-face training, the Center for Social Innovation conducted a pilot research study focusing on development of online Motivational Interviewing “booster training” tools for clinicians serving homeless individuals. This presentation will describe developed tools, study findings, the study’s next phase, and implications for emerging adults struggling with mental health, substance abuse, and/or homelessness challenges.

17. The Neuroscience of Collaboration and Collective Intelligence in Wraparound: Seeing Team-Based Practice Through the Lens of Brain Science

Laurie Ellington, MA, Zero Point Leadership, Silver Spring, MD

In a wraparound process people work in partnership with other people, making the capacity to collaborate with others fundamental to creating high performing teams. Findings in social cognitive neuroscience inform us that we are interconnected at a biological level, highlighting our dependence on the ability to successfully navigate the social landscape of team settings in order to leverage collective intelligence. This presentation will reveal recent neuroscientific findings that underline and support effective wraparound practice at the individual and systems level.

18. Early Childhood Well-Being Program

Lisa Witkowski, MA, Family Service Association/St. Mary’s University, San Antonio, TX

The Early Childhood Well-Being Program aims to identify gaps in services for children ages 0-5 years old and build strategies to effectively meet the mental health and medical needs of young children and their families. The desired outcome from this program is to increase the availability of appropriate and effective early childhood mental health and medical health services; promote appropriate assessment of young children; support health and wellness for young children; and advocate for policies that facilitate these outcomes.

19. Setting and Child Characteristics Effect on Attrition

Lynn Squicciarini, MSW, University of Kentucky. College of Social Work , Lexington, KY

Children are an underserved population in the mental health field. Many children do not receive the support and treatment they need, and studies have shown that even when children do enter treatment their retention rates are low. The current study explores the possible role of treatment location and child characteristics as possible contributing factors to attrition among children receiving trauma-related mental health services in a community-based setting and a clinic based setting.

20. Factors Considered in Determining Educational Setting for Students with Emotional Disturbance

Matthew Hoge, PhD, Western Michigan University. Special Education and Literacy Studies, MI

Determination of most appropriate educational setting continues to be one the most contentious issues in special education. The present study, through qualitative analysis of focus group interviews, identified factors contributing to placement decisions for students with emotional disturbance (ED) by IEP teams. Factors influencing educational placement included, (1) IEP team members’ beliefs, knowledge, and attitudes of ED, (2) teacher and resource-based factors played, and (3) the needs of school-based stakeholders (i.e. teachers, principals, district officials).
21. Extracurricular Activity Involvement and Youth Functioning in a System of Care
Michelle Abraczinskas, MA; Mason Haber, PhD; Ryan Kilmer, PhD; James Cook, PhD, University of North Carolina at Charlotte, Charlotte, NC
This study examines patterns of extracurricular participation and their relationships with strengths and functioning of youth with mental health challenges enrolled in a System of Care. Multi-level models of change found that time in activities related to youth strengths and functioning at enrollment but not post-enrollment changes in strengths and functioning. Implications of findings for positive youth development promotion in systems of care and areas for future research will be reviewed.

22. Key Informant Interview Study of Mental Health and Substance Use Provider Experiences on Treating Youth Co-Occurring Disorders
Rajni Sharma, BS; Lorraine Bernstein, MS; Amanda Mosby, MA; Sharon Stephan, PhD, University of Maryland School of Medicine Division of Child and Adolescent Psychiatry, Baltimore, MD
Maryland is in the process of integrating mental health and substance use services into one behavioral health organization, prompting a need for providing workforce development in the area of youth with COD. This presentation reviews qualitative data collected from mental health and substance use providers identifying needs and recommendations to inform the development of a training curriculum preparing clinicians in the treatment of youth with COD.

23. The Association of Having a Medical Home with Indicators of Health and Functioning among US Children with Anxiety or Depression
Rebecca Bitsko, PhD; Joseph Holbrook, PhD; Susanna Visser, MS; Ruth Perou, PhD, Centers for Disease Control and Prevention, Division of Human Development and Disability, Atlanta, GA; Reem Ghandour, DrPH, Health Resources and Services Administration, Maternal and Child Health Bureau, Rockville, MD
National-level surveillance data provide an opportunity to examine the impact of policies on children's mental health over time. This study uses recent nationally representative data from the 2011-2012 National Survey of Children's Health to document the percent of children with anxiety or depression who have a medical home and effective care coordination, and the association of these with indicators of health and functioning.

24. Disrupted Attachment among Children and Youth Who Have Experienced Trauma: Impacts of Treatment Milieu Facility Dogs on Antisocial Behavior in Children and Youth
Sara Nickerson-White, PhD(c), Humber College, Child and Youth Care & Child and Youth Worker Programs, Toronto, Canada
Recently, the National Service Dogs (NSD) partnered with a large child and youth mental health (CMH) agency to provide prolonged exposure with Facility Dogs (FD) in treatment milieus. While both providers and service recipients have experienced positive impacts associated with the presence of canine therapy dogs for individual children with autism, evidence denoting the impact of FDs remains largely anecdotal. In this presentation, results surrounding the primary hypothesis of predicted improvement in antisocial behaviour FD exposure will be reviewed. Ultimately, this analysis will assist CMH stakeholders in evidencing the level of impact the FD model has on reducing antisocial behaviour in children and youth suffering from disruptive attachment.

25. Unconditional Education: “Doing Whatever It Takes” A Multi-Service Non-Profit Agency Partners with Education Providers in Alameda County, CA to Implement a Wraparound Informed Model with the Goal of Increasing Academic Success for Students
Shannon Dickerson, BS; Jenny Ventura, MSW, Seneca Family of Agencies, Department of Strategic Initiatives and Performance Improvement, Oakland, CA
Systematic supports and early interventions are required to meet the needs of at-risk students before they are referred to more restrictive, costly and exclusionary settings. All-In!, a collaborative partnership between a broad based mental health and special education non-profit provider and a charter school management organization utilizes a wraparound planning process and Response to Intervention (RTI) methodology that aligns academic, behavioral, and social-emotional approaches designed to both prevent student struggles and remedy gaps in achievement.

Sharrica Miller, MS, University of California, Los Angeles (UCLA), Artesia, CA
African-American male former foster youth often display difficulty acquiring and utilizing social capital, a resource embedded in social networks. Despite widespread knowledge of the importance maintaining permanent connections in this population, few evidenced based guidelines exist on how to facilitate this process. This qualitative study provides foundational knowledge on social capital use within this population that can be later used to develop evidence based training for these transitioning youth.
27. The Clinical Landscape of a Partial Hospitalization School Age Program: A Secondary Analysis of Diagnostic Assessments
Stephanie Willets, MSW, LSW, St. Vincent Family Center, Therapeutic School Age Partial Hospitalization Program, Columbus, OH
Children displaying severe emotional and behavioral disturbances are often demonstrating significant disruptions in one or more environments. When available, these children may be referred to partial hospitalization (PH) programming for stabilization and treatment. Using the diagnostic assessments of school-age children deemed appropriate for a PH program from years 2009-2013, a secondary analysis was completed to explore the characteristics, commonalities, and past trauma histories of clients referred to a partial hospitalization program in Columbus, OH.

28. Social Action through Photovoice with Transition-Age Youth in North Carolina
Thomas LaPorte, BA; Nelson Knight, BA, University of North Carolina at Charlotte, Charlotte, NC; Damie Jackson-Diop, MA, North Carolina Families United, Burlington, NC; Brittany Holt, North Carolina Families United, Youth M.O.V.E. North Carolina, NC
Participatory strategies such as photovoice are increasingly being implemented in social action with transition-age youth. This poster shares one of the early products of an ongoing initiative by a university-community partnership in North Carolina using photovoice to enhance interests and influence of youth with emotional and behavioral challenges and their families across the state.

Trish Knight, MPP; Tammy Richards, MEd; David Lambert, PhD, University of Southern Maine, Muskie School of Public Service, Portland, ME
Identifying clear outcomes is critical in designing and assessing the impact of child welfare improvement initiatives. Yet the identification of outcomes can be challenging given the complexity of the work and the public nature of the organization. This study explores how child welfare agencies engaged in systems change initiatives describe and assess desired outcomes, what impact the data culture of the agency may have on their descriptions, and suggests strategies to improve agency data capacity.

30. Fundamental Cause Theory and Medicating Disadvantaged Children
Andrea Larson, MSW, University of Wisconsin-Madison, Madison, WI
Responsible children’s health service provision requires critical examination of how mental illness is conceptualized. Trends indicating (1) higher rates of illness in socioeconomically disadvantaged children and (2) increasing rates of psychotropic medication use signal the potential for disproportionate exposure to treatments with safety and efficacy concerns. The theory of fundamental cause states socioeconomic disadvantage is a cause of illness; thus, disparities associated with mental illness and disadvantage must be carefully evaluated.
Federal Update Plenary

8:00 – 9:15 am ~ Bayshore Ballroom

**Federal Updates: What’s Happening in Children’s Behavioral Health?**

**Larke Huang, PhD, Director, Office of Behavioral Health Equity, SAMHSA, Rockville, MD**

This plenary session will focus on federal strategies to advance the behavioral health of children, adolescents and families and to link policy research and practice. Included in the discussion will be a focus on new Administration initiatives, federal interagency work to generate a “collective impact”, specific SAMHSA programmatic and funding strategies and ongoing health reform activities.

**About the presenter**

Larke Nahme Huang, PhD, a licensed clinical-community psychologist, is a Senior Advisor in the Administrator’s Office of Policy Planning and Innovation at the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services. In this position she provides leadership on national policy for mental health and substance use issues for children, adolescents and families and leads the Administrator’s strategic initiative on Trauma and Justice. She is also the Director of SAMHSA’s Office of Behavioral Health Equity which was legislated by the 2010 health reform legislation. In 2009, she did a six months leadership exchange at the Centers for Disease Control and Prevention (CDC) where she was the Senior Advisor on Mental Health.

For the past 30 years, Dr. Huang has worked at the interface of practice, research and policy. She has assumed multiple leadership roles dedicated to improving the lives of children, families and communities. She has been a community mental health practitioner, a faculty member at the University of California, Berkeley and Georgetown University, and a research director at the American Institutes for Research. She has worked with states and communities to build systems of care for children with serious emotional and behavioral disorders. She has developed programs for underserved, culturally and linguistically diverse populations, evaluated community-based programs, and authored books and articles. In 2003, Huang served as an appointed Commissioner on the President’s New Freedom Commission on Mental Health. In 2013, she was the recipient of the APA Nicholas Hobbs Award for Policy and Advocacy in Children’s Mental Health.

Recent publications include: Children of Color: Psychological Interventions with Culturally Diverse Youth; Transforming Mental Health Care for Children and Their Families; The Influence of Race and Ethnicity on Psychiatric Diagnoses and Clinical Characteristics of Children and Adolescents in Children’s Service; and Co-Occurring Disorders of Adolescents in Primary Care: Closing the Gaps.

**Co-Occurring Disorders among Adolescents and Emerging Adults: National Trends in Research, Policy, and Opportunities for Program Funding**

**Michael L. Dennis, PhD, Director, Global Appraisal of Individual Needs (GAIN) Coordinating Center, Chestnut Health Systems, Bloomington, IL**

Adolescents and emerging adults with co-occurring disorders have long been identified as a special needs population, yet a noted treatment gap exists. Hot topics in research, effective programming, and policy-setting, along with opportunities for funding for
adolescents and emerging adult have grown dynamically with the expanding body of literature addressing treatment successes and research outcomes. We will explore the current trends pertaining to the most effective treatment delivery and development for this specialty group. Michael L. Dennis, Ph.D., is a Senior Research Psychologist and Director of the Global Appraisal of Individual Needs (GAIN) Coordinating Center at Chestnut Health Systems in Bloomington, IL. He was the coordinating center principal investigator of the largest adolescent treatment experiment to date, the Cannabis Youth Treatment (CYT) study. Over the past decade he has been coordinating center director or Co-PI of over a dozen adolescent treatment research projects and grant programs funded by the Center for Substance Abuse Treatment (CSAT), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA). Dr. Dennis is the primary developer of the GAIN: a standardized biopsychosocial to help make clinical decisions about diagnosis, placement, and treatment planning; it is a key piece of infrastructure to bridge the gap between clinical research and moving practice towards evidence based practice. Under his direction, the GAIN Coordinating Center has provided training and support to use GAIN for over 500 adolescent and adult research studies, demonstration grants, states, and agencies throughout the U.S., Canada and Mexico. He earned his Ph.D. in Psychology, Methodology and Evaluation Research from Northwestern University.
Session 64  
9:30 am - 10:30 am  
60 Minute Discussion Hour ~ Bayshore V  
**Making Connections: Creating a Collaborative Learning Community for WFAS Users**

April Sather, MPH; Hattie Quick, MSW, University of Washington, Seattle, WA; Vestena Robbins, PhD, Outcomes Transformation and Education Branch, Frankfort, KY; Tara Fischer, LICSW, ValueOptions, Boston, MA; Sharon Gentry, MEd, 3 Rivers Wraparound, Kennewick, WA

The Wraparound Evaluation and Research Team (WERT) seeks to improve the lives of children and their families through research on the implementation and outcomes of the wraparound process. In doing so, WERT has recognized the need for collaborators to be able to share thoughts, experiences, processes and questions with other sites using the measures and the data entry and reporting system through the University of Washington. This Collaborative Learning Community will provide a forum for these conversations to occur.

10:30 am - 11:00 am  
30 Minute Paper ~ Bayshore V  
**Innovations in Wraparound Practice**

Jim Rast, PhD, Vroon VanDenBerg, Aurora, CO; Susan Boehrer, BA, Oklahoma Federation for Families, Washington, OK

From its roots in Kaleidoscope and Alaska wraparound has been continually innovated to improve quality and outcomes of the process. This paper will describe two innovations and related tools and coaching structure to focus wraparound on purposeful transition. The first is defining and using transition assets to support implementation, coaching and supervision for staff. The second relates to defining and utilizing the family's culture of support to define the wraparound process.

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Session 65  
9:30 am - 11:00 am  
90 Minute Symposium ~ Bayshore VI  
**Building the Bridge to Adulthood: Vermont’s Youth in Transition Grant**

Chair: Brenda Bean, Youth in Transition (YIT) Grant, Montpelier, VT; Discussant: Janet Walker, PhD, Research and Training Center on Pathways to Positive Futures, Portland State University, Regional Research Institute, Portland, OR

In 2008, the Vermont statewide Youth in Transition (YIT) grant set out to improve Vermont’s system of care for young adults (16 to 22 years). The three presentations in this symposium will examine (a) YIT strategies including access to services and young adult leadership, (b) improvements in cultural and linguistic competency, and (c) evaluation outcomes for young adults at one year follow-up emphasizing mental health symptoms, housing, and involvement with the criminal justice system.

**Innovations and Young Adult Leadership for Vermont’s System of Care**

Brenda Bean, Youth in Transition (YIT) Grant, Montpelier, VT

This presentation shares regional innovations and young adult leadership strategies that have been attributed with positive changes for young adults, their families, and communities. Vermont is divided into 12 human services regions, each with a Local Interagency Team (LIT) that meets regularly to review the regional systems of care and problem-solve for local youth and families that are referred to them. As part of the YIT strategic planning, each LIT submitted a regional system of care plan including at a minimum: (a) individualized case management and coordination, (b) use of evidence-informed and developmentally appropriate practices, (c) culturally and linguistically competent providers and supports, and (d) young adult leadership.

**Building Cultural and Linguistic Competence in a System of Care**

Maria Mercedes Avila, PhD, Vermont Child Mental Health Initiative, Burlington, VT; Jody Kamon, PhD, Vermont Child Health Improvement Program, University of Vermont, College of Medicine, Burlington, VT

This paper will describe the findings from pre- and post-training evaluations completed by 639 participants before and after a 3.5-hour session entitled “Cultural and Linguistic Competence Training,” specifically designed to address racism and mental health disparities while integrating content from the National CLAS Standards. The paper presentation will include the core components of the CLC training, participants, literature review, review of data attesting to its effectiveness in increasing providers’ knowledge, discussion, and limitations of the study.

**Longitudinal Outcomes for Young Adults in Vermont’s System of Care at One Year Follow-Up**

Jody Kamon, PhD; Thomas Delaney, PhD, Vermont Child Health Improvement Program, University of Vermont College of Medicine, Burlington, VT; Jesse Suter, PhD, Center on Disability & Community Inclusion, University of Vermont, College of Education and Social Services, Burlington, VT

As described in the previous papers in this symposium, Vermont’s Youth in Transition (YIT) is a 6-year statewide initiative designed to strengthen the system of care for emerging adults by (a) increasing young adult leadership, (b) improving access and effectiveness of services, and (c) increasing cultural and linguistic competency of providers. The purpose of the YIT evaluation is to examine outcomes for young adults who receive YIT supports and services. The present study shares preliminary findings from the statewide evaluation, examining young adult outcomes 12 months after starting to receive YIT services and supports.
Session 66
9:30 am - 10:30 am
60 Minute Discussion Hour ~ Bayshore VII

**Behavioral Health-Primary Care Integration to Improve Child Wellness: A Clinical and Business Perspective**

Sherry Shamblin, PhD, Hopewell Health Centers, Inc., Pomeroy, OH; Dawn Graham, PhD, Ohio University Heritage College of Osteopathic Medicine, Athens, OH

Multiple agencies in Appalachian Ohio have formed a cross-agency inter-systems healthcare network of care addressing the needs of children aged 0-8. Co-Presenters will describe impacts of integration efforts to children and families not only in terms of the increased access, care coordination, and quality, but also decreased redundancies and costs. Policy implications and advocacy opportunities will be identified. Participants will be encouraged to explore strategies for expanding integrated care efforts in their home communities.

10:30 am - 11:00 am
30 Minute Paper ~ Bayshore VII

**An Exploration of Children’s Perspectives of Their School Experiences: A Mixed Methods Research Study**

Denise Peterson, Center for Research and Counselor Education, Huntsville, TX

School has significant impact on children's social-emotional growth and future success. Understanding children's views of their school experiences can help counselors increase treatment efficacy and promote the successful growth and development. Finding from a study using sandtray to explore children's perception of their school experiences will be presented.

Session 67
9:30 am - 10:00 am
30 Minute Paper ~ Esplanade 1

**Mental Health Service Utilization Among Children Placed in Kinship and Non-Kinship Foster Care**

Jayme Swanke, PhD, Southern Illinois University, Edwardsville, IL; Mary Armstrong, PhD; Svetlana Yampolskaya, PhD, USF Department of Child & Family Studies, Tampa, FL; Anne Strozier, PhD, USF School of Social Work, Tampa, FL

Although children placed in kinship foster homes have greater mental health needs than children placed in non-kinship foster homes, their receipt of mental health services is significantly lower. Our presentation will discuss findings of a recent study of this phenomenon, accompanied by an exploration of reasons why this may be happening, implications for practice and recommendations for future research.

Session 68
9:30 am - 10:00 am
30 Minute Paper ~ Esplanade 2

**Reducing Run Behaviors with Youth in Foster Care: Evaluating an Assessment Tool for Use with Child Welfare Personnel**

Jessica Moore, Kimberly Crosland, PhD University of South Florida, Tampa, FL; Hewitt “Rusty” Clark, PhD, National Network on Youth Transition for Behavioral Health (NNYT), Tampa, FL

The Functional Assessment Interview for Runaways (FAIR) tool is being evaluated for determining functions of runaway behavior of youth in foster care. Behavior analysts and child welfare personnel viewed videos in which a youth and an interviewer role-played a scripted scenario that included details regarding factors contributing to youth running away. Findings are being used to guide child welfare personnel in identifying functions that will lead to effective interventions for runaway behaviors and stabilizing placement.
Session 69
9:30 am - 10:30 am
60 Minute Discussion Hour ~ Esplanade 3
Promoting Positive Outcomes for Children and Youth Involved in Bullying

Mary Spooner, PhD; Russell Carleton, PhD; Tesfayi Gebreselassie, PhD; Robert Stephens, PhD, ICF International, Atlanta, GA

Research has shown that youth who are involved with bullying have poorer outcomes than those who are not involved. However, data from the Children's Mental Health Initiative show that children and youth involved with bullying improve across a range of outcomes when receiving system of care services.

Session 70
9:30 am - 10:30 am
60 Minute Discussion Hour ~ Palma Ceia 2
Implementing a Random Trial of Homelessness Prevention for Families within the Community

Kimberlee Taylor, MS, Utah State University, Logan, UT; Jayme Day, MS, State of Utah, UT; Jessie Winitsky, PhD, Salt Lake Community College, Salt Lake City, UT

The Urban Institute and the State of Utah Housing and Community Development Division conducted a randomized controlled trial of the Homelessness Prevention and Rapid Rehousing program. The study enrolled 443 families with dependent children seeking rental assistance at two service locations in Utah, Salt Lake City and Ogden. Fifty percent received rental assistance through HPRP, and the other fifty percent received other housing stability services. Twelve months later, a marginal number reported homelessness.

Session 71
9:30 am - 10:30 am
60 Minute Discussion Hour ~ Palma Ceia 3
Data Mining for Cross System Collaboration

Claudia Zundel, MSW, Colorado Department of Human Services, Denver, CO; Diane Fox, PhD, Center for Research Strategies, Denver, CO

This presentation will discuss the importance of cross system data in increasing the awareness of the need for a system of care. The authors will describe the methods used to gather and present this data. The data was collected across four agencies in Colorado: Medicaid, Child Welfare (CW), Juvenile Justice (JJ) and Mental Health (MH).

11:00 am – 11:15 am
Networking Break

Session 72
11:15 am - 12:15 pm
60 Minute Discussion Hour ~ Bayshore V
From Wraparound to OYEAH (Healthy Transition): Building Block by Block

Pnina Goldfarb, PhD; Brian McBride, BA, Wraparound Milwaukee, Milwaukee, WI; Rebecca Sommerfield, St. Charles Youth & Family Services, Milwaukee, WI

Through a panel of OYEAH employees that represent program developers, young adults, transition specialists and researchers, participants in this symposium will understand the components of the program, how they were built based on values and principles, its relationship with Wraparound Milwaukee as an unbroken continuum of service, the essential fidelity and outcome data that is being collected and the model that has built this into a sustainable and effective model.
Session 73

11:15 am - 12:15 pm
60 Minute Discussion Hour ~ Bayshore VI

Evaluation & Social Action with Transition-Age Youth with Emotional & Behavioral Challenges: A North Carolina Case Study and Discussion

Thomas LaPorte, BA; Mason Haber, PhD; University of North Carolina at Charlotte, Charlotte, NC; Damie Jackson-Diop, MA, North Carolina Families United, Burlington, NC; Brittany Holt, Youth M.O.V.E. North Carolina

This discussion hour will focus on use of participatory approaches for evaluation, capacity-building, and systems change efforts by organizations serving transition-age youth with emotional and behavioral challenges. To set the stage, a case study will be presented of a project using Appreciative Inquiry and Photovoice techniques involving two consumer operated advocacy groups for youth and a university evaluation team. Data on the impact of these strategies and examples of products will be shared.

Session 74

11:15 am - 12:15 pm
60 Minute Discussion Hour ~ Bayshore VII

Permanency Roundtables as a Strategy to Help Older Youth in Care Achieve Legal Permanency

Linda Jewell Morgan, MSW; Jennifer Behnam, MSW; Peter Pecora, PhD, Casey Family Programs, Seattle, WA

This discussion hour begins with an overview of two permanency roundtable (PRT) evaluations: the Georgia Accelerated Permanency Project (GAPP) and the Multi-Site Accelerated Permanency Project (MSAPP). GAPP included youth who were part of a consent decree (N=496); MSAPP focused on older youth (N=726). Both evaluations track outcomes 12 months after PRTs. Participants will learn about the PRT process and outcomes and will participate in an in-depth discussion about practice implications, including an alumnus of care.
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