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. We will test your files, and pre-load them in your presentation room before your session begins.

Hilton Tampa Downtown .......... 813-204-3000

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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

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Thank You Partners

- CMHN - Institute for Translational Research in Adolescent Behavioral Health
- Ortho - The American Orthopsychiatry Association
- STA - National Wraparound Initiative
- Transitions RTC
Welcome

Welcome to Tampa and our 28th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health!

We are very excited not only by the quality of the presentations for our concurrent sessions, but also our amazing lineup of plenary sessions and impressive pre-conference intensive workshops. Collaboration with our partners this year has helped to bring our conference to a new level. This year's tracks were coordinated and peer-reviewed by the conference partners, with each being responsible for their particular content. Thanks to the Children's Mental Health Network, National Wraparound Initiative, Institute for Translational Research in Adolescent Behavioral Health, University of Maryland School of Social Work and the American Orthopsychiatric Association for helping to create such an excellent conference program that nurtures diverse points of view for improving the lives of children, youth and their families.

This year, we have more concurrent sessions and posters with broader focus that includes education, juvenile justice, substance abuse, transition-aged youth, child welfare and prevention. Please take a moment to review this agenda and map out the sessions you want to attend.

You will not want to miss any of the plenary sessions. The Honorable Patrick Kennedy, our opening Keynote speaker Monday morning, will inspire us all to be even more committed to changing our country's understanding of mental illness and substance abuse. He will discuss the importance of bringing leaders in the areas of policy, finance, and practice together to identify workable strategies for ensuring a strong behavioral health system for all Americans.

On Monday afternoon, Dr. Dennis Embry will discuss scientific strategies that can prevent or protect against lifetime mental emotional and behavioral problems. This talk details how these strategies can be practically implemented from prenatally through late adolescence/young adulthood.

Maryann Davis, Ph.D., John Schulenberg, Ph.D., Mark Courtney, Ph.D. and Jennifer Collins will lead an interactive session Tuesday morning that will focus on the October 2014 Institute of Medicine and National Research Council report on the health and well-being of young adults.

On Tuesday afternoon, Dr. Lucille Eber, Pam Horn and Jessica Aquilina, will discuss the integration of mental health through school-wide systems of Positive Behavior Support.

Dr. Larke Huang opens our final morning on Wednesday to discuss the impact of a changing health care environment on behavioral health evaluators, researchers, policymakers, and practitioners.

Poster sessions on Sunday and Tuesday evenings and our networking luncheon on Tuesday will provide important opportunities to connect with familiar colleagues and develop new relationships with those who have mutual interests.

We welcome you to sunny Florida and hope your days in Tampa will invigorate your minds and bring warmth from the harsh winter many of you have endured!

Mario Hernandez, PhD
Professor and Chair
Department of Child & Family Studies
College of Behavioral & Community Sciences
University of South Florida
**The 28th Annual**

**Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health**

**OVERVIEW**

<table>
<thead>
<tr>
<th>Sunday, March 22, 2015</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 (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 (Part 1)</td>
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<tr>
<td>12:00 pm – 1:30 pm</td>
<td>Lunch on Your Own</td>
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<tr>
<td>1:30 pm – 4:00 pm</td>
<td>Intensive Workshop 1 (Part 2) &amp; Workshop 2 (Part 2)</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 23, 2015</th>
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**Special Session Tracks**

Look for the following icons to identify sessions that focus on the following themes:

- **EBP** Evidence-Based Practice in Systems of Care
  
  This track of presentations provides excellent examples of current research and technical assistance integrating and supporting EBP in systems of care in both Canada and the United States. Sessions will focus on research and technical assistance efforts in workforce development, fiscal sustainability, and implementation science in behavioral health care and child welfare programs.

- **EA** Emerging Adults
  
  The goal of this track is to share research findings to improve the lives of and services, treatments, and supports for youth and young adults living with mental health conditions (ages 16-30). This track includes research on issues relating to the transition to adulthood for adolescents, and appropriate services for young adults, including developmentally-tailored and culturally appealing services and supports and related policy issues.

- **W** Innovations in Wraparound
  
  In this track, leaders in wraparound management, supervision, evaluation, QA, and research will present an array of cutting edge developments in care coordination for youth with complex needs. Sessions will focus on predictors of child and family outcomes, new measures of wraparound implementation and quality, and training and workforce development approaches. Topical discussions on youth-driven care and serving culturally diverse youth round out the track.

- **TR** Institute for Translational Research in Adolescent Behavioral Health
  
  The Institute is a National Institute on Drug Abuse funded (5R25DA031103-01A1) research education program with a mission to develop, cultivate, and disseminate an innovative model of research education that addresses best practices for translational research in the field of adolescent behavioral health, as it relates to substance abuse and co-occurring disorders. The Institute offers a graduate certificate program in which Institute Scholars work alongside academic mentors, community agency partners, and national mentors to complete service learning research projects. The Institute for Translational Research track will include presentations of results from four translational research projects along with a panel discussion by leaders in the field regarding current trends in the field of implementation science.
**Continental Breakfast (For registered intensive workshop participants only)**

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<thead>
<tr>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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<tbody>
<tr>
<td>Workshop 1 (Part 1) — Health Beliefs, Culture and Language</td>
<td>Maritza Concha; Maria Elena Villar; Catalina Booth; Moderator: Kathy J. Lazear</td>
<td>Bayshore V</td>
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<tr>
<td>Workshop 2 (Part 1) — Ready for Change? Fostering systems and communities responsive to the behavioral health needs of the next America</td>
<td>Paul Taylor; Gary B. Melton; Mary I. Armstrong</td>
<td>Bayshore VII</td>
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**Lunch on your own 12:00 PM - 1:30 PM**

Take a break to explore local restaurants, network, or just relax.

**Intensive Workshops — 1:30 PM – 4:00 PM**

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<th>Title</th>
<th>Presenters</th>
<th>Room</th>
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<tbody>
<tr>
<td>Workshop 1 (Part 2) — Language Assistance Toolkit</td>
<td>Maritza Concha; Lauren Azevedo; Maria Elena Villar</td>
<td>Bayshore V</td>
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<tr>
<td>Workshop 2 (Part 2) — Ready for Change? Fostering systems and communities responsive to the behavioral health needs of the next America</td>
<td>Paul Taylor; Gary B. Melton; Mary I. Armstrong</td>
<td>Bayshore VII</td>
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**Special Session — 4:00 PM – 5:00 PM — Esplanade (open to all conference participants)**

SS  
**Special Session: Development of an Evidence-based Practice for the NREPP Registry** Mendez

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

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<thead>
<tr>
<th>Poster #</th>
<th>Title</th>
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<tbody>
<tr>
<td>101</td>
<td>A closer look at the misuse of benzodiazepines among adolescents</td>
<td>Rigg; Blaney; Ford</td>
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<tr>
<td>102</td>
<td>Improving health outcomes of transition age foster youth: The COACHES program</td>
<td>Bolt; Chambers-Ashford; Body</td>
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<tr>
<td>103</td>
<td>Use of the System of Care Practice Review (SOCPR) for state-wide outcomes measurement: A three-year trend analysis</td>
<td>Mowery; Flynn; Mayo</td>
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<tr>
<td>104</td>
<td>Perceptions and experiences of intimate partner violence among Hispanic college students</td>
<td>Vera</td>
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<tr>
<td>105</td>
<td>Exploring differences in perception of adolescent mental health issues between parents &amp; adolescents</td>
<td>Clack</td>
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<tr>
<td>106</td>
<td>Strengthening the family unit in our changing world</td>
<td>Prince</td>
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<td>107</td>
<td>The Children’s MOSAIC Project: How a community collaborative effort transformed children’s mental health care</td>
<td>Stalets; Sweet</td>
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<tr>
<td>108</td>
<td>The direct link between unresolved trauma and youth delinquency</td>
<td>Bursek; Souder</td>
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<tr>
<td>109</td>
<td>Transition to life: Preparation of teachers and other secondary education personnel for working with students with EBD</td>
<td>Huckabee; Clark; Greeson</td>
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<tr>
<td>110</td>
<td>Participants’ experiences in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program: Social support needs</td>
<td>Olson; Birriel</td>
</tr>
<tr>
<td>111</td>
<td>Opportunities and challenges of multi-agency, multi-provider collaborations</td>
<td>McLaren; Henderson-Smith; Doyle; Stanley; Jones</td>
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<tr>
<td>112</td>
<td>A pilot and feasibility study of a child and adolescent psychiatry consultation clinic for primary care providers</td>
<td>Fallucco; Bejarano</td>
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<td>113</td>
<td>Father attachment in the family context: The association between childhood trauma and attachment style on intimate partner violence</td>
<td>Whittington; Stover</td>
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<tr>
<td>114</td>
<td>Measuring Wraparound fidelity in a System of Care project</td>
<td>Stormann; Timmons-Mitchell; Overman; Caporale; Lovell</td>
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<tr>
<td>115</td>
<td>The Health Information Project: A local programmatic solution to inadequate health education within the Florida public school system</td>
<td>Hartman; Berrin; Berrin; Ilanez</td>
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<tr>
<td>116</td>
<td>Start on Success: An innovative employment model for youth with serious mental health disabilities</td>
<td>Wittig</td>
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<td>117</td>
<td>The utility and reliability of an innovative group therapy assessment tool for children with complex behavioral disorders</td>
<td>Hussey</td>
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<td>118</td>
<td>Cultivating healthy schools: The feasibility of an outdoor classroom in a public elementary school</td>
<td>Largo-Wight; Guardino; Hall; Thomas; Ottenstein</td>
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<td>119</td>
<td>Service gap analysis</td>
<td>Greeson</td>
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<td>120</td>
<td>Are you using carrots and sticks to try to achieve change? Shifting from a behaviorist model to a brain-based approach to mobilizing change at the individual, organizational, and systemic level</td>
<td>Ellington; Robbins</td>
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<tr>
<td>121</td>
<td>Youth advocates role in policy and practice</td>
<td>Reed; Dollard; Armstrong</td>
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<td>122</td>
<td>Parent engagement and family peer support services in Wraparound</td>
<td>Gopalan; Horen</td>
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<td>PL</td>
<td>Welcome and overview</td>
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<td>Zumba — 6:00 AM – 6:45 AM</td>
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<td>Monday Morning Concurrent Sessions — 10:00 AM – 11:30 AM</td>
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<td>Session</td>
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<tr>
<td>1</td>
<td>90-Minute Symposium: Outcomes of Wraparound in sites across the USA</td>
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<td>Element of Symposium: Factors predicting long-term outcomes following Wraparound services</td>
<td>Hurley; Russell</td>
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<td>Element of Symposium: Assessing out-of-home placements for youth participating in high fidelity Wraparound in Georgia</td>
<td>Redd; DiGirolamo; McLaren; Henderson-Smith</td>
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<td>Element of Symposium: Cost savings continue to accrue for youth enrolled in high fidelity Wraparound services up to one year after discharge</td>
<td>Snyder</td>
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<td>Element of Symposium: Effects of Wraparound on caregiver strain and perceived needs</td>
<td>Lindroth; Maccarthy; Smith; Behimer</td>
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<td>2</td>
<td>30-Minute Paper: Perception of need and receipt of treatment: A three-group comparison of young adults with mental health need</td>
<td>Narendorf; Palmer</td>
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<td>90-Minute Symposium: Workforce development: Integrating academic and behavioral health care program responsibilities</td>
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<td>Element of Symposium: Academic preparation of an EBP workforce: Supports and barriers</td>
<td>Bertram; Kerns</td>
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<td>Element of Symposium: Solutions: Integrated transformation of National Child Welfare Workforce Initiative (NCWWI) MSW field learning and Missouri child welfare practice</td>
<td>Bertram</td>
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<td>Element of Symposium: Behavioral health and academic program collaboration: Promoting workforce EBP readiness</td>
<td>Cannata; Marlowe; Perumbilly</td>
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<td>3</td>
<td>90-Minute Symposium: Innovative community-based research and evaluation partnerships to support rapid uptake of findings into practice</td>
<td>Chair: Altschul; Discussant: Hernandez; Salvador; Rood-Hopkins; Tenorio; Gachupin</td>
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<td>Element of Symposium: Partnerships in evaluation research and policy development: Statewide, tribal and academic partnerships</td>
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<td>Element of Symposium: Improving system capacity to implement EBPs through a blended community-based partnership approach</td>
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<td>30-Minute Paper: A summative evaluation of an early childhood mental health consultation program using the CIPP Model</td>
<td>Shamblin</td>
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<td>30-Minute Paper: Kindergarteners' behavior, attention, and wellbeing in an outdoor classroom versus the indoor classroom</td>
<td>Largo-Wight; Guardino; Whadyka; Hall; Ortenstein; Thomas</td>
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<td>30-Minute Paper: Psychotropic medication use and clinical outcomes among children, ages 2–5 years</td>
<td>Drilea; Madden; Jowers; Carleton; Moore; Duckworth</td>
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<td>5</td>
<td>90-Minute Symposium: The GONA Project: Strength-based evaluation with American Indian communities</td>
<td>Chair: Bartgis; Discussant: Lazear; Salas; Ruiz</td>
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<td>Element of Symposium: The GONA Project: Year one</td>
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<td>Element of Symposium: The GONA Project: Year two</td>
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<td>Element of Symposium: The GONA Project: Year three</td>
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<td>6</td>
<td>30-Minute Paper: The therapeutic group home performance improvement center: An innovative approach to improving congregate care in Connecticut</td>
<td>Bourdon; Plant</td>
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<td>30-Minute Paper: Children's residential mental health treatment and its effects on their family relationships</td>
<td>Preston-Josey</td>
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<td>30-Minute Paper: What strengths do youth bring to psychiatric residential treatment? Converging and diverging perspectives among youth, parents, and workers</td>
<td>Kapp; Damman</td>
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### Monday, March 23, 2015

#### Plenary Session – 12:30 PM – 1:45 PM

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<th>Speaker(s)</th>
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<tr>
<td>PL</td>
<td><strong>Stop the Epidemic! Powerful Universal Protective Prevention AND Potent Yet Simple Treatments for Mental, Emotional, Behavioral &amp; Related Physical Disorders for America’s Future</strong></td>
<td>Dennis Embry</td>
<td>Bayshore Ballroom</td>
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<td><strong>Networking Break</strong> — 1:45 PM – 2:00 PM</td>
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<td><strong>Monday Afternoon Concurrent Sessions — 2:00 PM – 3:00 PM</strong></td>
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#### 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.

#### Plenary Session – 12:30 PM – 1:45 PM

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#### Lunch on Your Own

11:30 am – 12:15 pm

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#### Monday Afternoon Concurrent Sessions — 2:00 PM – 3:00 PM

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<tr>
<td>W</td>
<td><strong>Discussion Hour: Do for, do with, cheer on!</strong></td>
<td>Thomas; Johnson</td>
<td>Bayshore V</td>
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<tr>
<td></td>
<td><strong>30-Minute Paper: Impact of the Healthy Transition Initiative: A compilation of findings</strong></td>
<td>Koroloff; White; Masselli</td>
<td>Bayshore VI</td>
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<td></td>
<td><strong>30-Minute Paper: Measuring collaboration between child and adult-serving programs</strong></td>
<td>Davis; Koroloff; Sabella; Sarkis</td>
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<tr>
<td>EBP</td>
<td><strong>30-Minute Paper: Statewide quality improvement: Enhancing fiscal viability of child and adult mental health clinics</strong></td>
<td>Cleek; Mercado; Arora; Gensemer</td>
<td>Bayshore VII</td>
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<tr>
<td></td>
<td><strong>30-Minute Paper: Data and research use by State Behavioral Health Systems, 2001-2012</strong></td>
<td>Bruns; Kerns; Hensley; Pullmann</td>
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<td></td>
<td><strong>Discussion Hour: Balancing cultural competence with scientific rigor in American Indian/Alaska Native (AI/AN) communities</strong></td>
<td>Gil-Kashiwabara; Bartgis</td>
<td>Esplanade I</td>
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<tr>
<td></td>
<td><strong>Discussion Hour: The Integrated Co-occurring Treatment (ICT) model: An innovative approach to treating youth with co-occurring disorders</strong></td>
<td>Kretschar; Shepler</td>
<td>Esplanade II</td>
</tr>
<tr>
<td></td>
<td><strong>Discussion Hour: The Mirror project: Evaluating cultural and linguistic competence in child-serving organizations</strong></td>
<td>Webster-Bass; Freer</td>
<td>Esplanade III</td>
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<tr>
<td></td>
<td><strong>Discussion Hour: Collaborative data partnerships: The promise and pitfalls of big data in the human services</strong></td>
<td>Shaw; Farrell; Smith</td>
<td>Palma Ceia 1</td>
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<td><strong>Discussion Hour: Data and strategies for persuasive storytelling</strong></td>
<td>Tobler; Holmes-Bonilla</td>
<td>Palma Ceia 2</td>
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<tr>
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<td><strong>Discussion Hour: Using the wise mind: Developing relational competency in transition age foster youth through Mindfulness and Dialectical Behavior Therapy</strong></td>
<td>Lee; Esquivel; Halmi; DeVico</td>
<td>Palma Ceia 3</td>
</tr>
<tr>
<td></td>
<td><strong>Discussion Hour: The Children's Collaborative PROMISE (providing Mississippi integrated services expertise)</strong></td>
<td>Pleshner; Damon; Hight; Buttross; Elkin</td>
<td>Palma Ceia 4</td>
</tr>
<tr>
<td></td>
<td><strong>60-Minute Paper: Youth services integration: Evaluation of a children’s behavioral health and primary care integration program</strong></td>
<td>Koelsch; Thompson; Vasquez; Monti; Kaly; Moore</td>
<td>Garrison</td>
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#### Networking Break — 1:45 PM – 2:00 PM

#### Monday Afternoon Concurrent Sessions — 2:00 PM – 3:00 PM

<table>
<thead>
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<th>Session</th>
<th>Title</th>
<th>Speaker(s)</th>
<th>Location</th>
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<tr>
<td>W</td>
<td><strong>Discussion Hour: Do for, do with, cheer on!</strong></td>
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<tr>
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<td>Garrison</td>
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#### Networking Break — 1:45 PM – 2:00 PM
## Monday Afternoon Concurrent Sessions — 3:15 PM – 4:45 PM

<table>
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<tr>
<th>Session</th>
<th>Title</th>
<th>Chair</th>
<th>Discussant</th>
<th>Location</th>
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<tbody>
<tr>
<td>23</td>
<td><strong>90-Minute Symposium:</strong> Who you gonna call? And who calls a lot? Child and adolescent use of emergency department and mobile crisis services</td>
<td>Vanderploeg; Marshall; Plant; Rotto; Lu</td>
<td>Bayshore V</td>
<td></td>
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<tr>
<td>24</td>
<td><strong>90-Minute Symposium:</strong> Youth MOVE Maine’s Youth Support Partnership Program: Peer support for young adults</td>
<td>Leavitt; Masselli; Manzer</td>
<td>Bayshore VI</td>
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</tr>
<tr>
<td>25</td>
<td><strong>90-Minute Symposium:</strong> A decade in review and seasons of collaboration to improve quality of care for behavioral health services and child welfare</td>
<td>Morilus-Black; Thompson; Williams-James</td>
<td>Bayshore VII</td>
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<tr>
<td>26</td>
<td><strong>30-Minute Paper:</strong> Massachusetts state-wide System of Care: Learning about case practice in Wraparound and In-Home Therapy using the SOCPR</td>
<td>Simons; Sherwood</td>
<td>Esplanade I</td>
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<tr>
<td>27</td>
<td><strong>30-Minute Paper:</strong> Analyzing return on investment in Systems of Care</td>
<td>Stroul; Boyce</td>
<td>Esplanade II</td>
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<tr>
<td>28</td>
<td><strong>30-Minute Paper:</strong> Supporting high quality care coordination for youth with severe emotional disturbances and their families: A look at the CHCS CHIPRA Care Management Entity Quality Collaborative</td>
<td>Simon; Pires; Allen; Zabel; Lucas; Brockman</td>
<td>Esplanade III</td>
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<td>29</td>
<td><strong>30-Minute Paper:</strong> Parents’ difficulties with childrearing and race and ethnicity</td>
<td>Pajo</td>
<td>Palma Ceia 1</td>
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<tr>
<td>30</td>
<td><strong>30-Minute Paper:</strong> Embedding a protective factors framework across multiple community-based organizations</td>
<td>Phillips</td>
<td>Palma Ceia 2</td>
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<td></td>
<td><strong>30-Minute Paper:</strong> CBPR approach to parent engagement in research: Description of a Latino parent mentor group involved in a PCORI-funded research study</td>
<td>Jolles; Thomas</td>
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<td>31</td>
<td><strong>30-Minute Paper:</strong> Intensive alternative family treatment</td>
<td>Boyd; McWhorter; Stephenson</td>
<td>Palma Ceia 3</td>
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<td>32</td>
<td><strong>30-Minute Paper:</strong> ACCESS MH-CT, A statewide collaboration between DCF, managed care ASO, academic psychiatry and community-based mental health agency</td>
<td>Sharp; Alston; Garrigan; Stevens</td>
<td>Palma Ceia 4</td>
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<tr>
<td>33</td>
<td><strong>30-Minute Paper:</strong> Factors influencing academic gains in children with severe emotional disturbances served by a rural system of care</td>
<td>Moon; Gee; Anderson</td>
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<td></td>
<td><strong>30-Minute Paper:</strong> Behavioral health service needs and availability for young children involved in the Child Welfare System</td>
<td>Hoffman; Bunger; Robertson; Cash</td>
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<td>34</td>
<td><strong>30-Minute Paper:</strong> Taking family-driven care to scale</td>
<td>Spencer</td>
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<td>35</td>
<td><strong>30-Minute Paper:</strong> National parent support provider certification initiative</td>
<td>Spencer</td>
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<tr>
<td>36</td>
<td><strong>30-Minute Paper:</strong> The impact of state-level policies on parent peer support services in Texas</td>
<td>Lopez; Cohen</td>
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<tr>
<td>37</td>
<td><strong>30-Minute Paper:</strong> Evaluating the adaptation of Evidence-Based Prevention Interventions in real-world settings</td>
<td>Green; Nieder; Souza; Menendez</td>
<td>Garrison</td>
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<tr>
<td>38</td>
<td><strong>30-Minute Paper:</strong> Prevention of opioid addiction: Using perspective to shape the future</td>
<td>Shepherd; Von Zuben; Walders; McFarlane; Vampolikaya</td>
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**Networking Break 4:45 – 5:00 PM**
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>34</td>
<td>90-Minute Symposium: Innovations in Wraparound practice</td>
<td>Schurer-Coldiron; Quick; Bruns</td>
<td>Bayshore V</td>
</tr>
<tr>
<td></td>
<td>Element of symposium: Wrap+MAP Pilot in Washington State: Preliminary results of an evidence-based practice decision-making system</td>
<td>Matthews; Enyart</td>
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<tr>
<td></td>
<td>Element of symposium: Wraparound meets Positive Behavior Support: Enhancing Wraparound through integration of PBS in Kansas</td>
<td>Effland; Kyle; Dent; Goldberg</td>
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<td></td>
<td>Element of symposium: Centralizing organizational supports for Wraparound</td>
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<tr>
<td>35</td>
<td>90-Minute Symposium: The youth villages transitional living evaluation: Policy, results, and the program perspective</td>
<td>Chair: Martinez; Discussant: Clark; Courtney; Valentine; Skemer; Hurley</td>
<td>Bayshore VI</td>
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<tr>
<td></td>
<td>Element of symposium: The policy context of independent and transitional living services and steps needed to improve services</td>
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<td></td>
<td>Element of symposium: The impacts of intensive services for young adults with histories of state custody: One-year findings from the youth villages transitional living evaluation</td>
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<td>Element of symposium: Where do we go from here? The program perspective</td>
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<tr>
<td>36</td>
<td>Discussion Hour: MST Building Stronger Families (MST-BSF): The power of partnership with child welfare</td>
<td>Schaeffer; Cannata; Lau</td>
<td>Bayshore VII</td>
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<tr>
<td></td>
<td>30-Minute Paper: Embedding trauma systems therapy into the District of Columbia Children's System of Care</td>
<td>Rosenberg; Dunbar; Affronti</td>
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<tr>
<td>37</td>
<td>30-Minute Paper: Outcomes of a treatment foster care pilot for youth with complex multi-system needs</td>
<td>Armstrong; McGrath; Dollard; Robst</td>
<td>Esplanade I</td>
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<tr>
<td></td>
<td>30-Minute Paper: Socio-contextual determinants of research evidence use in public-youth Systems of Care</td>
<td>Garcia; Kim; Palinkas; Snowden</td>
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<tr>
<td></td>
<td>30-Minute Paper: Co-occurring depression with post-traumatic stress: The implications of end of treatment symptom differences in trauma-exposed youth</td>
<td>Eslinger</td>
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<tr>
<td>38</td>
<td>90-Minute Symposium: Integrated behavioral health in pediatrics: From practicalities of practice to policy change</td>
<td>Bunik; Talmi; Stille; Belzley</td>
<td>Esplanade II</td>
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<td></td>
<td>Element of symposium: CLIMB: An innovative initiative to integrate behavioral health services into pediatric primary care</td>
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<td>Element of symposium: CLIMB every mountain: Disseminating integrated behavioral health services in Colorado</td>
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<td>Element of symposium: Integrating child mental health into a state innovation plan and national medical home model</td>
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<tr>
<td>39</td>
<td>90-Minute Symposium: Site-wide and system-wide implementation of collaborative problem solving</td>
<td>Chair: Polistari; Discussant: Ablon; Tatarchef-Quesnel; Hone</td>
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<td>Element of symposium: Site-wide implementation of collaborative problem solving: The role of implementation science</td>
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<td>Element of symposium: System-wide implementation of collaborative problem solving: Practical considerations</td>
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<td>40</td>
<td>Discussion Hour: Breaking bias in Systems of Care: Understanding the impact of in-group vs. out-group bias in systems change</td>
<td>Ellington</td>
<td>Palma Ceia 1</td>
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<tr>
<td>41</td>
<td>90-Minute Symposium: Breaking the barriers of research and evaluation: Community advisory boards within the Urban Native community</td>
<td>Monk; WhiteCrane; Carlos-Wallace</td>
<td>Palma Ceia 2</td>
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<td>42</td>
<td>90-Minute Symposium: Developing a trauma-informed continuous quality improvement process for juvenile justice: Lessons from Maine’s community corrections</td>
<td>Chair: Goan; Discussant: Masselli; Thorpe; Williamson</td>
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<td>Element of symposium: Creating a trauma-informed assessment for juvenile community corrections</td>
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<td>Element of symposium: Results from piloting a trauma-informed assessment with juvenile community corrections</td>
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<td>43</td>
<td>90-Minute Symposium: Mental Health First Aid evaluation</td>
<td>Chair &amp; Discussant: Anthony; Panelists: Wichansky; Yoon; Banh</td>
<td>Palma Ceia 4</td>
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<tr>
<td>44</td>
<td>Panel presentation: The current state of implementation science: The critical role of research education</td>
<td>Dennis; Fiszen; Gonzales; Martinez; Wisdom</td>
<td>Bayshore Ballroom</td>
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**Tuesday, March 24, 2015**

### 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 EA</td>
<td>Investing in the Health and Well-Being of Young Adults: Highlights from an Institute of Medicine/National Research Council Report</td>
<td>Maryann Davis; John Schulenberg; Mark Courtney; Jennifer Collins</td>
<td>Bayshore Ballroom</td>
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### 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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</thead>
<tbody>
<tr>
<td>45 W</td>
<td>30-Minute Paper: New findings from the Community Supports for Wraparound Inventory</td>
<td>Walker</td>
<td>Bayshore V</td>
</tr>
<tr>
<td>46 EA</td>
<td>60-Minute Symposium: Innovations in Wraparound implementation and fidelity measurement</td>
<td>Schurer; Coldiron; Sather; Bruns; Hook</td>
<td>Bayshore V</td>
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<tr>
<td>45 W</td>
<td>Element of symposium: Refining the Team Observation Measure (TOM)</td>
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<tr>
<td>46 EA</td>
<td>Element of Symposium: Reviving the Wraparound Document Review Measure (DRM): A promising tool for fidelity monitoring</td>
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<tr>
<td>46 EA</td>
<td>Element of Symposium: WrapSTAR: A comprehensive fidelity and implementation assessment for Wraparound quality improvement</td>
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<tr>
<td>46 EA</td>
<td>60-Minute Symposium: Improving supported employment and education: I-SEE Initiative at multiple transition age youth programs</td>
<td>Chair: Dresser; Discussant: Munchel; Beck</td>
<td>Bayshore VI</td>
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<tr>
<td>46 EA</td>
<td>Element of symposium: Promoting career connections for youth with serious mental health conditions</td>
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<tr>
<td>46 EA</td>
<td>Element of symposium: Members’ education and employment activities in Stars TAY programs before and after I-SEE implementation</td>
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<tr>
<td>46 EA</td>
<td>Element of symposium: Broadening measurements and results</td>
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<tr>
<td>47 EBP</td>
<td>90-Minute Symposium: Using implementation science to improve child welfare trauma and behavioral health needs screening in four states</td>
<td>Conradi; Jankowski; Kerns; Tullberg</td>
<td>Bayshore VII</td>
</tr>
<tr>
<td>48 EBP</td>
<td>90-Minute Symposium: Recovery high schools as continuing care resources for adolescents: Description, preliminary outcomes, and costs</td>
<td>Chair: Finch; Discussant: Moberg; Hennessy; Tanner-Smith; Weimer</td>
<td>Esplanade I</td>
</tr>
<tr>
<td>49 EBP</td>
<td>90-Minute Symposium: Building the strengths of young children: The System of Care response</td>
<td>Chair: Spooner; Carleton; Monro; Mennen; Pfefferle</td>
<td>Esplanade II</td>
</tr>
<tr>
<td>50 EBP</td>
<td>90-Minute Symposium: NH Children’s Behavioral Health Workforce Development Network</td>
<td>Chair: Malloy; Discussant: Kerns; Raiche; Waltman; Weber; Cioffi</td>
<td>Esplanade III</td>
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<tr>
<td>50 EBP</td>
<td>Element of symposium: Crosswalk of core competencies with higher education programs of study</td>
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<td>50 EBP</td>
<td>Element of symposium: Assessing the workforce using core competencies</td>
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<tr>
<td>51 EBP</td>
<td>30-Minute Paper: Utilization of mental health services and trajectories of mental health status among children placed in out-of-home care</td>
<td>Yampolskaya; Sharrock; Clark</td>
<td>Palma Cea 1</td>
</tr>
<tr>
<td>52 EBP</td>
<td>30-Minute Paper: Strategies for making significant system reforms: The Connecticut Children’s Behavioral Health Plan</td>
<td>Vanderploeg; Meyers; Marshall</td>
<td>Palma Cea 2</td>
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<tr>
<td>53 EA</td>
<td>30-Minute Paper: Opiate use and dependence among Ohio Medicaid beneficiaries</td>
<td>Crane; Weston</td>
<td>Palma Cea 3</td>
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<tr>
<td>53 EA</td>
<td>30-Minute Paper: Relationship between schizophrenia and other psychotic disorders among youth: What are the implications for screening for first episode psychosis?</td>
<td>Crisanti; Altshul</td>
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<tr>
<td>53 EA</td>
<td>30-Minute Paper: Identification of factors leading at-risk students to graduate from high school</td>
<td>Aiello</td>
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<tr>
<td>54 EBP</td>
<td>30-Minute Paper: Meaningful use of System of Care Readiness Survey results to develop implementation plans</td>
<td>Walton; Evans</td>
<td>Garrison</td>
</tr>
<tr>
<td>54 EBP</td>
<td>30-Minute Paper: Understanding the demographic trends among children and families served by Systems of Care</td>
<td>Stephens; Spooner; Carleton</td>
<td></td>
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<tr>
<td>54 EBP</td>
<td>30-Minute Paper: Developing and incorporating an innovative and strategically-focused research function in a non-profit human service organization</td>
<td>Maggiali; Cristalli; Dulmus</td>
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</table>
**Research Luncheon — 11:30 AM – 12:45 PM – Bayshore Ballroom**

**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.

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<thead>
<tr>
<th>Tuesday Afternoon Concurrent Sessions — 1:00 PM – 2:00 PM</th>
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**Networking Break 2:00 PM – 2:15 PM**

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<tr>
<th>Tuesday Afternoon Plenary Session — 2:15 PM – 3:45 PM</th>
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**Networking Break — 3:45 PM – 4:00 PM**
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<tr>
<th>Session</th>
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<th>Presenters</th>
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<tr>
<td>65</td>
<td>90-Minute Symposium: Youth-guided program planning and evaluation in Systems of Care</td>
<td>Chair: Stack; Discussant: Crusto; Theriault; Cruz; Purvin</td>
<td>Bayshore V</td>
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<td></td>
<td>Element of Symposium: Incorporating youth voice into program planning</td>
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<td>Element of Symposium: Building capacity for youth involvement and engagement in Systems of Care program planning and evaluation</td>
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<td>Element of Symposium: Youth as partners and collaborators in program evaluation</td>
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<td>66</td>
<td>Discussion Hour: From youth tokenism to youth transformation: How to support young people to use their stories to promote healing &amp; systems change</td>
<td>Cady; Murray</td>
<td>Bayshore VI</td>
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<tr>
<td></td>
<td>30-Minute Paper: Developing a behavioral health system for transition-age youth: Utilizing longitudinal data in formative evaluation</td>
<td>Lindquist-Grantz; Jones; Downing; Rademacher</td>
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<tr>
<td>67</td>
<td>90-Minute Symposium: Building the evidence base for the RENEW Transition Model: Theoretical &amp; methodological developments</td>
<td>Chair: Malloy; Discussant: Walker; Haber; Burgess</td>
<td>Bayshore VII</td>
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<td>Element of Symposium: The RENEW Theory of Action</td>
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<td>Element of Symposium: Testing the RENEW Theory of Action</td>
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<td>Element of Symposium: Mental health and education: Blending the RENEW Transition Intervention into the high school setting</td>
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<td>68</td>
<td>30-Minute Paper: Trauma, attachment &amp; the brain</td>
<td>Codington</td>
<td>Esplanade I</td>
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<td></td>
<td>Discussion Hour: The Texas Traumatic Brain Injury Juvenile Justice Screening Pilot Project</td>
<td>Katana</td>
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<tr>
<td>69</td>
<td>30-Minute Paper: Enhancing supports to reduce school-based arrests: Intensive school intervention and arrest reduction toolkit</td>
<td>Bracey; Casiano; Vanderploeg; Valerio</td>
<td>Esplanade II</td>
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<tr>
<td></td>
<td>60-Minute Symposium: Reducing recidivism and improving behavioral health outcomes for youth in the juvenile justice system</td>
<td>Wurzburg; Seigle</td>
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<td></td>
<td>Element of Symposium: Core principles for reducing recidivism and improving other outcomes for youth in the juvenile justice system</td>
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<td>Element of Symposium: Reducing recidivism and improving behavioral health outcomes for youth in the juvenile justice system</td>
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<td>70</td>
<td>90-Minute Symposium: A System of Care approach to improve identification and access to behavioral health services for families in the District of Columbia: Collaborating to achieve timely access to high quality services</td>
<td>Chair: Morilus-Black; Discussant: Pagkos; Dunbar; Mills; Porchia-Usher; Hoffman; Affronti; Parks; Sullivan</td>
<td>Esplanade III</td>
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<tr>
<td></td>
<td>Element of Symposium: Using a co-located staff model to increase identification and access to mental health services for youth in child welfare and community mental health agencies</td>
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<td>Element of Symposium: Integration of mental health screening in primary health care settings</td>
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<td>Element of Symposium: Primary Project: An evidence-based early intervention program</td>
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<td>71</td>
<td>30-Minute Paper: Fathers for Change: An integrated intervention for fathers with co-occurring domestic violence and substance abuse</td>
<td>Stover</td>
<td>Palma Ceia 1</td>
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<td>30-Minute Paper: The Miami Model: A model for healthcare integration within federally qualified health centers</td>
<td>Mooss; Hartman</td>
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<td>72</td>
<td>Discussion Hour: Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation</td>
<td>McGrath; Armstrong; Johnson; Dollard</td>
<td>Palma Ceia 2</td>
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<tr>
<td>73</td>
<td>30-Minute Paper: Examining mental and physical health service needs of children in informal kinship care: Practice and policy implications</td>
<td>Choi; Pestine; Lee; Kaye; Wallace</td>
<td>Palma Ceia 3</td>
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<td></td>
<td>30-Minute Paper: The influence of caregiver depression on children in non-relative foster care versus kinship care placements</td>
<td>Garcia; Matone; Kim; Rubin</td>
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<td>30-Minute Paper: Improving children’s mental health care through a multidimensional approach to integrating behavioral health and primary care</td>
<td>Shamblin; Graham; Gibson</td>
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<td>74</td>
<td>30-Minute Paper: Young adults in dual diagnosis treatment: Comparison to older adults at intake and post-treatment</td>
<td>Morse</td>
<td>Garrison</td>
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<td></td>
<td>Discussion Hour: Trauma and delinquency: Making the connection</td>
<td>Burek; Souder</td>
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<tr>
<td>201 Building workforce education through an integrative and collaborative approach to meet the behavioral health needs of transitional-age youth</td>
<td>Alamo; Newmyer</td>
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<td>202 Efficacy of NAMI Parents and Teachers as Allies Training for Increasing Mental Health Literacy and Perceived Self Efficacy and Decreasing Stigmatizing Attitudes in preservice teachers</td>
<td>Huckabee</td>
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<td>203 2014 National Parent Support Job Survey</td>
<td>Purdy</td>
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<td>204 Systems of Care: A comprehensive review of the literature since 1985</td>
<td>Pullmann; Mudd; Bruns;</td>
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<td>205 The ongoing journey of embedding trauma systems therapy into the District of Columbia Children’s System of Care</td>
<td>Rosenberg; Dunbar; Affronti; Pagkos</td>
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<td>206 Testing the “Teaching Kids to Cope” Youth Anger Intervention in a rural school-based sample</td>
<td>Puskar</td>
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<td>207 Setting the (medical) record straight</td>
<td>Lambert</td>
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<td>208 Building stress resilience in Systems of Care: Achieve better child and family outcomes with intelligent energy management</td>
<td>Ellington; McFadden</td>
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<td>209 Measurement quality of the Caregiver Strain Questionnaire-Short Form 13 Items</td>
<td>Brannan; Pullmann</td>
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<td>210 Challenges in program implementation for parents with mental illnesses and their families</td>
<td>Wolf</td>
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<td>211 A targeted recruitment initiative for developing resource homes in children’s mental health</td>
<td>Levy; Palmer</td>
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<td>212 Improving outcomes for older youth in Russia</td>
<td>Sahnchik; Earner</td>
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<tr>
<td>213 Fidelity to Wraparound in Georgia: Demographic differences and relationships with child functioning</td>
<td>DiGirolamo; Bussey; Culbreth; Reddi; Romanson; Sherwood; Henderson-Smith</td>
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<td>214 Child and Adolescent Needs and Strengths as an outcome measure in community mental health setting: Factor analysis and validation of the short form</td>
<td>Alamdari; Kelber</td>
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<td>215 Families want data, too!</td>
<td>Monro; Mennen</td>
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<td>216 Screening for social &amp; emotional well-being of young children in subsidized child care centers: Implications for system-level change</td>
<td>Bilello</td>
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<td>217 CBPR lessons learned in a public elementary school: Academic-community partnership</td>
<td>Largo-Wight; Guardino; Hall; Howard; Thomas; Ottenstein</td>
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<tr>
<td>218 Promoting a strengths-based approach to caring for children with serious mental health conditions</td>
<td>Spooner; Carleton; Spencer</td>
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<tr>
<td>219 Care coordination and youth in foster care: The Georgia Families 360’ Model</td>
<td>Bolt; Rockette; Body</td>
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<td>220 Using a Wraparound practice-model aligned behavioral health record to drive decision making and change within a SOC behavioral health organization</td>
<td>Hyde</td>
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<td>221 Training clinicians to serve at-risk youth in vulnerable, underserved populations</td>
<td>Smith</td>
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Wednesday March 25, 2015

Zumba — 6:00 AM – 6:45 AM
Continental Breakfast / 7:00 AM

Plenary Session – 8:00 AM – 9:15 AM

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<th>Session</th>
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<th>Presenters</th>
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<tr>
<td>PL</td>
<td>Addressing the Impact of a Changing Health Care Environment through Behavioral Health Research and Policy</td>
<td>Larke Huang</td>
<td>Bayshore Ballroom</td>
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<td></td>
<td>Closing Comments</td>
<td>Mario Hernandez</td>
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Networking Break 9:15 AM – 9:30 AM

Wednesday Morning Concurrent Sessions — 9:30 AM – 11:00 AM

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<th>Session</th>
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<th>Presenters</th>
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<tbody>
<tr>
<td>75</td>
<td>90-Minute Symposium: Innovations in Wraparound workforce development and organizational support</td>
<td>Fagan; Payne</td>
<td>Bayshore V</td>
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<td></td>
<td>Element of Symposium: Youth and Family Training Institute: Training, coaching, credentialing, and monitoring Wraparound</td>
<td>Martone; Alexander</td>
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<td>Element of Symposium: Coaching our way to excellence in child and family teaming</td>
<td>Schurer-Coldiron; Hensley; Walker</td>
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<td>Element of Symposium: The revision and application of a training impact survey for wraparound</td>
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<td>76</td>
<td>30-Minute Paper: The Peer to Peer (P2P) pilot project</td>
<td>Heyman; Hardesty; Grimm; Bell</td>
<td>Bayshore VI</td>
</tr>
<tr>
<td>77</td>
<td>60-Minute Symposium: Implementation science applications to integrate evidence-based practices into complex systems</td>
<td>Brown; Short</td>
<td>Bayshore VII</td>
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<td></td>
<td>Element of Symposium: School Mental Health ASSIST: Supporting implementation of evidence-based practices to create mentally healthy schools</td>
<td>Danseco; Discussant: Jacquie Brown</td>
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<td>Element of Symposium: Ontario Centre of Excellence for Child and Youth Mental Health: Supporting system transformation for Canadian childrens mental health</td>
<td>Cheron; Bory; Franks</td>
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<td>78</td>
<td>Discussion Hour: Fostering the use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care to promote and advance cultural and linguistic competence</td>
<td>Jackson; Graves; Boston</td>
<td>Esplanade I</td>
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<tr>
<td>79</td>
<td>Discussion Hour: Evaluating early childhood mental health programs to build supportive systems of care for young children</td>
<td>Zimmerman; Craig; George; Jordan</td>
<td>Esplanade II</td>
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<tr>
<td>80</td>
<td>30-Minute Paper: Sustaining school-based mental health: A pivot to effective advocacy</td>
<td>Frankford; Bronstein</td>
<td>Esplanade III</td>
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<td>Discussion Hour: Institutional changes in crisis response: A look at a mass school shooting</td>
<td>Adams</td>
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<td>81</td>
<td>30-Minute Paper: An integrated mental health and legal services approach: Increasing access to quality care through purposeful program planning and evaluation</td>
<td>LaVelle; Quintero; Gonzalez; Schaffer</td>
<td>Palma Ceia 2</td>
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<td>Discussion Hour: Combining universal screening and data mining from schools, DSS, mental health, chemical dependency, and probation in a realist evaluation of what works and for whom</td>
<td>Kazi; Brinkman; Ludwig; Patti</td>
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<td>82</td>
<td>30-Minute Paper: Supporting mothers with postpartum depression: Social support and depression</td>
<td>O’Neill</td>
<td>Palma Ceia 3</td>
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<td>Discussion Hour: The National Data Collection Project: Defining and measuring the impact of family-run organizations</td>
<td>Walker; Sweeney; Nicholson; Bruns</td>
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<td>83</td>
<td>30-Minute Paper: Comparison of service effectiveness for youth with depressed versus non-depressed caregivers</td>
<td>McCarthy</td>
<td>Garrison</td>
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<td>30-Minute Paper: Evaluating key components of a comprehensive early childhood systems development program</td>
<td>Lorentson; Bracey; Mendez</td>
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Conference Adjourns 11:00 AM
Sunday Full-Day Intensive Workshops

Intensive Workshop 1
9:00 am – 12:00 pm ~ Bayshore V
**Health Beliefs, Culture and Language**

*Moderator: Kathy J. Lazear, Dept. of Child & Family Studies, University of South Florida, Tampa, FL; Maritza Concha, PhD, Maria Elena Villar, PhD, Covian Consulting, Inc., Miami, FL; Catalina Booth, JD, Center for Community Learning, Inc., Houston, TX*

This workshop presents an individualistic approach to working with individuals seeking behavioral health care. Specifically, the workshop provides attendees with knowledge and skills to understand the various personal, educational, societal, cultural, and other factors that play when an individual decides to seek help for behavioral health issues. It also explores tools to address health beliefs of practitioners and explore policies and procedures regarding health beliefs at the organization.

The objectives of the workshop are to:
• Present strategies to operationalize the CLAS Standards;
• Explore the health belief continuum;
• Identify different tools that address health beliefs at the individual, organizational and community levels;
• Self-reflect on tools utilized at different levels of analysis;
• Develop an action plan for behavioral health beliefs strategies; and
• Apply the health beliefs tools in family stories or vignettes.

12:00 pm - 1:30 pm - Lunch break (on your own)

1:30 pm – 4:00 pm ~ Bayshore V
**Language Assistance Toolkit**

*Maritza Concha, PhD, Lauren Azevedo, MPA, Maria Elena Villar, PhD, Covian Consulting, Inc., Orlando, FL*

Data from the 2010 US Census shows that around 60 million people speak a language other than English at home. Limited English Proficient (LEP) individuals are those who do not speak English as their first language, and have limited ability to read, speak, or understand the English language. As the number of LEP individuals continues to grow, and the demographics of the US continue to change, a renewed focus on appropriate services for individuals seeking behavioral health care is needed.

Intensive Workshop 2
9 am – 12 pm • Intensive Workshop 2 ~ Bayshore VII
**Ready for Change? Fostering systems and communities responsive to the behavioral health needs of the next America**

*Paul Taylor, Pew Research Center; Gary B. Melton, University of Colorado School of Medicine, Colorado School of Public Health; Mary I. Armstrong, Dept. of Child & Family Studies, University of South Florida, Tampa, FL*

The workshop will detail the evidence for dramatic generational change in our society and the ways in which those changes manifest themselves in the mental health needs of the younger generation. Developing programs and policies likely to respond to their needs implies cultural change and devising responses to cultural change, but it also requires a more affirmative approach. It requires making settings and communities psychologically healthier and more responsive to the needs of people in their current contexts. Through a combination of presentations and small group discussion, this workshop seeks to address some of the most vexing questions facing behavioral health in the Next America.

12:00 pm - 1:30 pm - Lunch break (on your own)

1:30 pm – 4:00 pm ~ Bayshore VII
**Ready for Change? Fostering systems and communities responsive to the behavioral health needs of the next America (continued)**

Special Session – open to all
4:00 pm – 5:00 pm ~ Esplanade
**Development of an evidence-based practice for the NREPP Registry**

*Charles Mendez III, Mendez Foundation, Atlanta, GA*

What makes a practice or program evidence-based? What are the planning and action steps involved in the transformation of a promising practice to one that is formally identified as “evidence-based.” This presentation will identify and discuss the process by which a new or promising practice becomes listed with the National Registry of Evidence-based Programs and Practices (NREPP). Program development and research planning will be discussed along with the registry's independent review process, critique of the quality of the research, and determination of readiness for dissemination will be highlighted.
101. A closer look at the misuse of benzodiazepines among adolescents
Khary Rigg, PhD, Elizabeth Blaney, University of South Florida, Tampa, FL; Jason Ford, PhD, University of Central Florida, Orlando, FL
The misuse of benzodiazepines (BZs) among adolescents is an important issue within the field of behavioral health. Though a considerable amount of research attention is paid to prescription medication misuse, a relatively small number of studies focus on adolescent BZ misuse. As a result, little is known about the epidemiology of adolescent BZ misuse and the demographic and psychosocial factors that place young people at-risk. This poster presentation will describe the extent, drivers, and consequences of BZ misuse among teenagers and young adults. Additionally, the authors estimated logistic regression models using data from the National Survey of Drug Use and Health to determine which factors were associated with an increased risk of BZ misuse. These findings help to describe the psychosocial profile of adolescent BZ misusers which should increase the ability of clinicians to identify patients who may be at greater risk for misuse. This study is particularly important within the context of psychiatry, where a clearer understanding of adolescent BZ misuse is critical for informing prevention efforts and developing best practices for prescribing BZs.

102. Improving health outcomes of transition age foster youth: The COACHES program
David Bolt, MSW, Tanya Chambers-Ashford, MSOD, Candace Body, EdD, LPC, Georgia Families 360°, Amerigroup Community Care, Atlanta, GA
The purpose of this poster presentation is to describe the unique partnership and program between a managed care health company and a non-profit child welfare agency in developing an innovative service approach to working with transition age youth in foster care. It will show 1) the collaboration between public and private partners, 2) an overview of the program and care coordination model, and 3) the expected outcomes to be achieved through the program.

103. Use of the System of Care Practice Review (SOCPR) for state-wide outcomes measurement; A three-year trend analysis
Debra Mowery, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa, FL; Kevin Flynn, LCSW, AZDHS, Phoenix, AZ; John Mayo, MA, LMHC, Success 4 Kids & Families, Tampa, FL
This poster presentation will focus on the development of the 2012 annual report, including the three-year trend analysis. Presenters will review both qualitative and quantitative data, utilizing graphics to provide data summaries and comparisons both statewide and by service areas. Finally, presenters will offer their perspectives on the process of developing the report findings, and identify opportunities for practice improvement, program implementation, and policy development in the Arizona state System of Care.

104. Perceptions and experiences of intimate partner violence among Hispanic college students
Racquel Vera, PhD, College of Nursing and Public Health, South University, Royal Palm Beach, FL
Intimate partner violence (IPV) is recognized as a serious, growing problem on college campuses. IPV rates among college students exceed estimates reported for the general population. Few studies have examined the impact of IPV among the Hispanic college student (HCS) population or explored how HCSs perceive and experience IPV.

105. Exploring differences in perception of adolescent mental health issues between parents & adolescents
Lesley Clack, ScD, Health Sciences, Armstrong State University, Savannah, GA
Are parents aware of their adolescent’s mental health issues? Why do many adolescents not receive the treatment that they need? This poster presentation will detail the results of a study that explored the differences in perception between parents and adolescents and the effect it has on treatment using surveys to identify gaps in perception. The poster presentation will identify tools that professionals can use to improve engagement when working with adolescents and parents.
106. Strengthening the family unit in our changing world
Kathy Prince, MA, Fulton District, Lithonia, GA
Strand(s) Communication and Decision Making
Studies indicate that fifteen out of twenty-five percent of individuals have some social problems (Vaughn-Bos, 2009), and there are various factors that may contribute to these problems. Factors such as personal background experiences, culture differences, and language registers all appear to be contributing factors. Therefore, it is critical and necessary to strengthen communication skills among individuals to resolve social and emotional issues in our changing world.

107. The Children's MOSAIC Project: How a community collaborative effort transformed children’s mental health care
Melissa Stalets, MA, Heather Sweet, MPH, Mental Health Centers of Central Illinois, Springfield, IL
Long delays between the emergence of mental health disorders and initiation of treatment result in greater illness severity and comorbidity. Recognizing this problem, our community transformed children’s mental health care through early identification and increased access to treatment by integrating with schools and primary care practices. Over 12,000 screens have been completed and over 1,000 children have received services. This poster presentation describes factors critical to collaborative efforts and integration with schools and primary care.

108. The direct link between unresolved trauma and youth delinquency
John Burek, MS, Parenting with Love and Limits (PLL), Lakeland, FL; Ellen Souder, MA, LPCC-S Parenting with Love and Limits (PLL), Mansfield, OH
Research has recognized that there are direct links between juveniles with unresolved trauma issues and extreme behavior problems. Unfortunately, the majority of treatment for this population is directed toward the individual and/or focuses on behavioral issues while missing the root causes of the problem: unhealed wounds or traumas such as abandonment, unresolved grief, or abuse and neglect. Parenting with Love and Limits is an evidence-based, family-focused program that is committed to troubled youth in a variety of contexts. Working with youth in juvenile justice, child welfare, and foster care systems across the country, PLL implements a program that not only teaches youth behavioral skills, but also strategically addresses the core issues of trauma that are inhibiting the entire family.

109. Transition to life: Preparation of teachers and other secondary education personnel for working with students with EBD
Sloan Huckabee, PhD, Boston University, Boston, MA; Hewitt B. “Rusty” Clark, PhD, Professor Emeritus, Michael Greeson, BA, Dept. of Child & Family Studies, University of South Florida, Tampa, FL
The purpose of this Transition Module curriculum is to assist in better preparing future and current teachers, and other school personnel, to work with secondary students with EBD – improving their engagement and assisting them in planning and achieving their goals related to transition to adulthood roles. During this pilot study, graduate students were trained in selected methods from the Transition to Independence Process (TIP) Model.

110. Participants’ experiences in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program: Social support needs
Leandra Olson, BS, Pamela C. Birriel, MPH, College of Public Health, University of South Florida, Tampa, FL
The Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation explored families’ perceptions of services and supports accessed through their home visitors, which they found most helpful and most utilized. Forty-five participants were interviewed and asked a series of questions about their home visiting experience. Findings illustrate that families who participate in the MIECHV Program need and receive substantial emotional, instrumental, informational, and appraisal support from home visiting staff.

111. Opportunities and challenges of multi-agency, multi-provider collaborations
Susan McLaren, MPH, FACHE, Georgia Health Policy Center, Atlanta, GA; Linda Henderson-Smith, PhD, National Technical Assistance Center for Children's Mental Health, Washington, DC; Christine Doyle, Georgia Department of Juvenile Justice, Atlanta, GA; Heather Stanley, ATR-BC, LPAT Lookout Mountain Community Services, Lafayette, GA; Chad Jones, View Point Health, Lawrenceville, GA
This poster describes the opportunities and challenges of developing a multi-agency, multi-provider pilot to address the transition needs of youth with severe emotional disturbances returning to the community from secure juvenile justice facilities using a university partner to help facilitate program design, data collection and evaluation. The pilot is designed to demonstrate the effectiveness of High Fidelity Wraparound Services on youth access to community-based services/resources, juvenile justice recidivism, youth health status, and state cost-savings.
112. A pilot and feasibility study of a child and adolescent psychiatry consultation clinic for primary care providers
Elise Fallucco, MD, Carolina Bejarano, BS, Nemours, Jacksonville, FL
This study evaluates the feasibility of a model designed to enhance access to child and adolescent psychiatrist (CAP) consultation for primary care providers (PCP). From February 2013 to October 2014, 22 PCPs from four Jacksonville community practices paired with five CAPs. CAPs provided consultation for 57 patients with depression (53%), anxiety (37%), ADHD (22%), or more than one diagnosis. The majority (95%) of patients were discharged back to the care of their PCP.

113. Father attachment in the family context: The association between childhood trauma and attachment style on intimate partner violence
Alana Whittington, Carla Stover, PhD, University of South Florida, Tampa, FL
Intimate Partner Violence (IPV) and negative parenting are common, making them nationwide public health concerns. Results from the current study reveal that adult attachment style can play a significant role in whether childhood trauma can impact the two major roles a person can play in relationships. These results are important to intervention development efforts for men who have experienced childhood trauma and developed insecure attachment styles.

114. Measuring Wraparound fidelity in a System of Care project
Christopher Stormann, PhD, Jane Timmons-Mitchell, PhD, Laura Overman, MA, MEd, Lacey Caporale, BA, Rachel Lovell, PhD, Case Western Reserve, Cleveland, OH
Fidelity to Wraparound was measured using the Team Observation Measure (TOM) and Wraparound Fidelity Index, Short Form (WFI-EZ) in a System of Care project. Seventeen youth were assessed using TOMs, and 75 youth were assessed using the WFI-EZ; youth were predominantly male (53%) and African American (73%), averaging 15 years of age. Agencies are implementing Wraparound with fidelity. Caregivers and parent advocates are aligned; differences between parent advocates, care coordinators, and caregivers are reported.

115. The Health Information Project: A local programmatic solution to inadequate health education within the Florida public school system
Megan Hartman, BS, Behavioral Science Research Institute, Coral Gables, FL; Risa Berrin, JD, Valerie Berrin, BA, Health Information Project (HIP), Coral Gables, FL; Gladys Ibanez, PhD, Florida International University, Miami, FL
In 2008, Florida education standards eliminated the requirement of health education classes in public schools. Creators of the Health Information Project (HIP) addressed this issue by developing an innovative peer education program that seeks to combat the negative consequences of inadequate health education classes. Results have been mixed with increases in health-related knowledge and awareness about where to access healthcare, but little accompanying behavior change. Current efforts are directed towards bolstering evaluation with a randomized control trial.

116. Start on Success: An innovative employment model for youth with serious mental health disabilities
Katherine Wittig, MEd, Center on Transition Innovations, Richmond, VA
There is a strong focus in Virginia on improving transition outcomes for youth with chronic mental health disabilities. The Virginia Departments of Education, Rehabilitative Services, and Behavioral Health and Developmental Disabilities are collaborating to improve these outcomes. As a result of this collaboration, the Virginia Department of Education (VDOE) explored national programs to improve graduation rates of students with disabilities and found that Start on Success has been successful in many school divisions across the nation since its inception in 1995. This program focuses on youth with emotional or learning disabilities and/or with Other Health Impairment diagnoses.

117. The utility and reliability of an innovative group therapy assessment tool for children with complex behavioral disorders
David Hussey, Mandel School of Applied Social Sciences, Case Western Reserve, Cleveland, OH
Group therapy is an important and frequently used modality in the treatment of children with complex behavioral disturbances, yet there were very few instruments that could aid in the assessment of child group therapy behavior. Researchers developed and tested an innovative group therapy assessment tool. Average Interclass Correlation (ICC) rater agreement measures across nine instrument items were .994, indicating excellent reliability. Research and practice implications are discussed.
118. Cultivating healthy schools: The feasibility of an outdoor classroom in a public elementary school
Erin Largo-Wight, PhD, Department of Public Health, University of North Florida, Jacksonville, FL; Caroline Guardino, PhD, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL; Katrina Hall, PhD, Department of Childhood Education, Literacy, and TESOL, University of North Florida, Jacksonville, FL; Evita Thomas, MPH, Mayo Clinic in Florida, Jacksonville, FL; Cori Ottenstein, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL
An outdoor classroom may be a practical solution to the growing disconnect between kids and the outdoors that fits within public education realities. Teachers completed an online feasibility survey after using the outdoor classroom for six weeks and reported that using the outdoor classroom for the daily lesson was “usually easy” and “usually practical.” Contextual variables were ranked related to practicality. Outdoor classrooms are a promising school-based intervention to improve child health and learning.

119. Service gap analysis
Michael Greeson, BA, Dept. of Child & Family Studies, University of South Florida, Tampa, FL
This poster will report on a statewide child welfare service gap analysis. Data was collected at the county level and was summarized at the regional and state levels. Multiple respondent types representing service providers, regional leadership, attorneys, CPIs, and Guardian ad litems were surveyed via Qualtrics, an online survey tool. The responses were rich and varied and provided an insight into the Need, Availability, Accessibility, and Critical Unmet Needs for over 100 services.

120. Are you using carrots and sticks to try to achieve change? Shifting from a behaviorist model to a brain-based approach to mobilizing change at the individual, organizational, and systemic level
Laurie Ellington, MA, Tammy Robbins, MA, Zero Point Leadership, Silver Spring, MD
Most approaches to changing human behavior come from the field of behaviorism that began in the 1930s, where the focus is on using incentives and threats to facilitate change. Unfortunately, despite the evidence that this model is not very effective, it is still the most predominately utilized approach for helping others change behavior. This poster session will identify the most recent breakthroughs in social cognitive and affective neuroscience that underlie effective approaches to helping people create positive change.

121. Youth advocates role in policy and practice
Nakissia Reed, Norin Dollard, PhD, Mary Armstrong, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa, FL
Youth advocacy is an emerging approach to empowering youth at all levels of systems from policy to direct care and across all human service systems, including behavioral health, juvenile justice, child welfare, and education. The present study used a focus group methodology to investigate the role of youth advocates in order to provide clarity of the role and to identify ways in which organizations can support and guide youth advocates.

122. Parent engagement and family peer support services in Wraparound
Geetha Gopalan, PhD, School of Social Work, University of Maryland, Baltimore, MD; Maria Jose Horen, MS, MPH, The Institute for Innovation and Implementation, School of Social Work, Baltimore, MD
The current study explores caregiver perceptions of family peer support (FPS) offered as part of Wraparound services: (1) how caregivers were informed about FPS, (2) their expectations about FPS, (3) reasons for accepting or refusing FPS, (4) FPS services received, and (5) perceived impact of FPS on individual and family-level functioning. Results indicate the need to ensure effective referral and linkage to FPS, as well as understanding provider- and system-level barriers to maintaining FPS services.
Monday – March 23

Join us for Zumba
6:00 am - 6:45 am ~ Bayshore VII
Start the morning right with Zumba in Bayshore VII

Monday Morning Plenary
8:00 am – 9:45 am ~ Bayshore Ballroom

Welcome and Overview
Mario Hernandez, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa, FL

Vera Paster Award
Presented to Andrew D. Case, PhD, Duke Global Health Institute, Duke University, Durham, NC

The Vera Paster Award, named after the American Orthopsychiatric Association’s 64th president, recognizes an outstanding graduate student or a post-doctoral resident or fellow in a mental health discipline for exemplary work in research and/or public service that promises to generate or apply knowledge that may contribute to the advancement or empowerment of people of color.

Platinum Sustainer Award
Presented to 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.

Behavioral Health Leadership
Lecture Series
Sponsored by Research Triangle International (RTI)

Introduction
Jean Cocco, University of South Florida Student Body President

Making Behavioral Health the 21st Century Movement

The Honorable Patrick J. Kennedy, former US Representative, Rhode Island; Co-Founder, One Mind for Research & Founder, Kennedy Forum

In this era of health care reform, the behavioral health field is undergoing a significant transformation and Patrick Kennedy is advocating passionately to address the disconnect between mental wellness and physical wellness. In this presentation, Patrick Kennedy paints a compelling portrait of the importance of bringing leaders in the areas of policy, finance and practice together to identify solution-based strategies for ensuring a strong behavioral health system for all Americans.

About the presenter

Representative Patrick Kennedy served 16 years in the U.S. House of Representatives, and is predominantly known as author and lead sponsor of the Mental Health Parity and Addiction Equity Act of 2008. This dramatic piece of legislation provides tens of millions of Americans who were previously denied care with access to mental health treatment.

Now, Rep. Kennedy is the co-founder of One Mind for Research, a national coalition seeking new treatments and cures for neurologic and psychiatric diseases of the brain afflicting one in every three Americans. One Mind for Research is dedicated to dramatic enhancements in funding and collaboration in research across all brain disorders in the next decade. This historic grassroots endeavor unites efforts of scientists, research universities, government agencies and industry and advocacy organizations not only across the country, but throughout the world. Rep. Kennedy is bringing everyone together to design the first blueprint of basic neuroscience, to guide efforts in seeking cures for neurological disorders affecting Americans.

Rep. Kennedy is the founder of the Kennedy Forum on Community Mental Health which served as a vehicle to celebrate the 50th anniversary of President Kennedy’s signing of the Community Mental Health Act, the landmark bill that laid the
Stop the Epidemic! Powerful Universal Protective Prevention AND Potent Yet Simple Treatments for Mental, Emotional, Behavioral & Related Physical Disorders for America’s Future

Dennis Embry, PhD, President, Senior Scientist, PAXIS Institute, Tucson, AZ

The United States leads the way in scientific strategies that can prevent or protect against lifetime mental, emotional, and behavioral problems. This talk details how these strategies can be practically implemented from prenatally through late adolescence/young adulthood.

North America is in the midst of an epidemic of mental, emotional, behavioral and related physical disorders that makes the early 1900’s polio epidemic pale by comparison. As a society, we tend to ignore it until there is a violent crime committed by someone experiencing a mental health crisis or psychosis. Public discourse seems to go no further than the immediate media frenzy attempting to assign blame.

Every day hundreds of people die in America from the preventable mental, emotional, and behavioral disorders and tens of thousands become “infected” with those preventable disorders. This keynote address gives the hard facts about the scale of this epidemic, which directly or indirectly touches nearly every family in America.

About the presenter

Dennis Embry, President/Senior Scientist at PAXIS Institute – Dennis D. Embry is a prominent prevention scientist in the United States and Canada, trained as clinician and developmental and child psychologist. He is president/senior scientist at PAXIS Institute in Tucson and co-investigator at Johns Hopkins University and the Manitoba Centre for Health Policy. His work and that of colleagues is cited in the 2009 Institute of Medicine Report on The Prevention of Mental, Emotional, and Behavioral Disorders Among Young People. Clinically his work has focused on children and adults with serious mental illnesses. He was responsible for drafting a letter to the Wall Street Journal detailing effective strategies for preventing mental illness, signed by 23 scientists, who collectively represent scores of randomized prevention trials of mental illnesses published in leading scientific journals. In March 2014, his work and the work of several signatories was featured in a Prime-TV special on the Canadian Broadcast Corporation on the prevention of mental illnesses among children—which have become epidemic in North America.
Session 1  
10:00 am - 11:30 am  
90 Minute Symposium ~ Bayshore V  
Outcomes of Wraparound in sites across the USA

**Factors predicting long-term outcomes following Wraparound services**

Sarah Hurley, PhD, Youth Villages, Memphis, TN; Katja Russell, MMFT, Youth Villages, Ridgeland, MS  
Adherence to the Wraparound Model, as demonstrated by high scores on the Wraparound Fidelity Index, has repeatedly been shown to increase the likelihood of positive outcomes for youth receiving this service. This study examined the relationship between demographic and program characteristics, WFI scores, and outcome at six months post-discharge. WFI scores were not found to be predictive of outcome at six months, indicating a need for further work to uncover factors that impact long-term outcomes.

**Assessing out-of-home placements for youth participating in high-fidelity wraparound in Georgia**

Sara Redd, MSPH, Rachel Culbreth, Ann DiGirolamo, PhD, MPH, Susan McLaren, MPH, Center of Excellence in Child and Adolescent Behavioral Health, Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University, Atlanta, GA; Linda Henderson-Smith, PhD, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC  
A goal of Wraparound is to reduce the number of out-of-home placements (OHPs) for youth. By analyzing a sample of youth from Georgia, this presentation identifies the profile of youth who experience OHPs while enrolled in Wraparound, thus identifying characteristics of youth who may exhibit poorer outcomes. Preliminary results suggest that youth in Medicaid waiver programs and youth aged between 13 and 17 years are more likely to experience OHPs. Further classifying this population will promote more efficient use of state resources.

**Cost savings continue to accrue for youth enrolled in high-fidelity Wraparound services up to one year after discharge**

Angie Snyder, PhD, Center of Excellence, Georgia State University, Atlanta, GA  
This study estimates behavioral health expenditures one year pre, during, and post implementation of a High Fidelity Wraparound (Wrap) intervention targeting children diagnosed with a Serious Emotional Disturbance (SED). It adds to the growing evidence on the cost-effectiveness of the High Fidelity Wrap model by suggesting that even one year post discharge, youth behavioral health expenditures are less than half what they were the year prior to receiving Wrap services.

Session 2  
10:00 am - 10:30 am  
30 Minute Paper ~ Bayshore VI  
**Perception of need and receipt of treatment: A three-group comparison of young adults with mental health need**

Sarah Narendorf, PhD, Graduate College of Social Work, University of Houston, Houston, TX; Ashley Palmer, MSW, School of Social Welfare, University of Kansas, Lawrence, KS  
Attitudinal and access factors potentially contribute to lower mental health service use by young adults. This study combined 2008-2012 NSDUH data to examine predictors of perceived mental health need, unmet mental health need and receiving treatment. Racial minority groups were less likely to perceive a need for treatment and receive it. Gender, education level, and employment were associated with perception of need. Insurance and arrest facilitated treatment. Implications for practice and policy are discussed.

10:30 am - 11:00 am  
30 Minute Paper ~ Bayshore VI  
**Depressive symptoms in adolescence as a predictor of young adult employment outcomes**

Kathryn Sabella, MA, Maryann Davis, PhD, Transitions RTC, SPARC, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA  
Young adulthood is a unique developmental period when the foundations for long-term career trajectories are established. Depressive symptoms during adolescence may negatively impact career exploration activities and long-term outcomes. Data from Waves I and VI of the National Longitudinal Study of Adolescent Health will be used to explore the impact of depressive symptoms in adolescence on employment status in young adulthood, including quality indicators (e.g. benefits, level of autonomy), satisfaction, and career-relevance of that employment.
11:00 am - 11:30 am
30 Minute Paper ~ Bayshore VI

**The consequences of common childhood psychiatric problems: Disrupting the transition to adulthood**

William Copeland, PhD, E. Jane Costello, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC; Dieter Wolke, PhD, Department of Psychology and Division of Mental Health and Wellbeing, Coventry, UK; Lilly Shanahan, PhD, Department of Psychology, University of North Carolina, Chapel Hill, Chapel Hill, NC

Psychiatric problems are among the most common health issues of childhood. The aim of this paper is to test whether these health problems disrupt a successful transition to adulthood even if the problems themselves do not persist.

Session 3  

10:00 am - 11:30 am

90 Minute Symposium ~ Bayshore VII

**Workforce development: Integrating academic and behavioral health care program responsibilities**

Child and Family Evidence-Based Practices (EBPs) Consortium studies highlight the critical interface of academic and behavioral health programs to promote effective implementation frameworks for EBPs. EBP preparedness of new graduate practitioners were examined. Results informed the studies of social work and marriage & family therapy curricula. Examples from Missouri’s National Child Welfare Workforce Initiative grant and Connecticut’s Wheeler Clinic suggest effective models to transform and integrate academic and behavioral health collaboration to prepare the workforce.

**Academic preparation of an EBP workforce: Supports and barriers**

Rosalyn M Bertram PhD, Child & Family Evidence Based Practices Consortium, University of Missouri-Kansas City School of Social Work, Kansas City, MO; Suzanne Kerns, PhD, Department of Psychiatry and Behavioral Science, Division of Public Behavioral Health and Justice Policy, University of Washington, Seattle, WA

Administrators and supervisors (n= 589) in North American behavioral health programs reported that graduate practitioners frequently lacked sufficient EBP abilities (Barwick, 2011). These results inspired exploration of barriers and supports to developing EBP knowledge and skills in North American MSW curricula (Bertram, Charnin, Kerns, & Long, in press).

**Solutions: Integrated transformation of National Child Welfare Workforce Initiative (NCWWI) MSW field learning and Missouri child welfare practice**

Rosalyn M Bertram PhD, NCWWI University Partnership Grant, University of Missouri-Kansas City, Kansas City, MO

These studies informed transformation of curriculum and field experience in the University of Missouri-Kansas City’s National Child Welfare Workforce Initiative (NCWWI). NCWWI MSW trainee rotations through select field experiences that are integrated through multiple, transparent data loops are presented. These include weekly trainee reports of learning activities and introduction of evidence-based practice (EBP) examples through systematic program implementation studies. Results support implementation of EBPs in family engagement, assessment, and planning within Missouri Children’s Division change initiatives.

**Behavioral health and academic program collaboration: Promoting workforce EBP readiness**

Elisabeth Cannata, PhD, Community-Based Family Services and Practice Innovation, Wheeler Clinic, Plainville, CT; Dana Marlowe, PhD, Graduate School of Social Service, Fordham University, West Harrison, NY; Sebastian Perumbilly, PhD, School of Health and Human Services, Marriage and Family Therapy Program, Southern Connecticut State University, New Haven, CT

Connecticut’s child welfare and juvenile justice systems invested deeply in implementing several evidence-based family treatments. The challenge for providers was finding clinicians to deliver EBPs effectively. The discussion will highlight the development and wide adoption of a course to expose graduate students to the specific EBP treatment models being promoted. Provider and graduate faculty perspectives about what elements of the curriculum and implementation design contributed to the far-reaching success of the initiative will be presented.
**Session 4**
10:00 am - 11:30 am
90 Minute Symposium ~ Esplanade I

*Innovative community-based research and evaluation partnerships to support rapid uptake of findings into practice*

Chair: Deborah Altschul, PhD, University of New Mexico, Albuquerque, NM; Discussant: Mario Hernandez, PhD, Dept. of Child and Family Studies, University of South Florida, Tampa, FL; Julie Salvador, PhD, University of New Mexico, Albuquerque, NM; Daphne Rood-Hopkins, New Mexico CYFD, Santa Fe, NM; Esther Tenorio, Pueblo of San Felipe, Lena Gachupin, Pueblo of San Felipe, Pueblo of San Felipe, NM

This symposium details the development of a unique application of community-based participatory research over the course of the past 15 years and across two academic research institutions based in states with extremely culturally diverse communities. The approach prioritizes building strong relationships and long-lasting partnerships across both local communities, including indigenous and rural communities, and state behavioral health systems to ensure study findings are used to both improve local practice and impact statewide system infrastructure to have a meaningful impact on health disparities.

**Partnerships in evaluation research and policy development: Statewide, tribal and academic partnerships**

This presentation details a unique application of community-based participatory research (CBPR) across two academic research institutions based in states with extremely culturally diverse communities. The presentation will provide a brief overview of CBPR principles and describe the successful implementation of these principles in two unique settings. Lessons learned and generalizability of these findings will be discussed.

**Improving system capacity to implement EBPs through a blended community-based partnership approach**

Significant gaps between research evidence on effectiveness and real world implementation of best practices presents both challenges as well as opportunities for innovative approaches to reduce these gaps. This presentation details a creative community-partnership approach to conducting research that reduces the time for research knowledge to impact policy decisions, including funding, and provider practices. It discusses research conceptualization, design, roles and methods that were selected to support real-time impact on the behavioral health system.

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

*A summative evaluation of an early childhood mental health consultation program using the CIPP Model*

Sherry Shamblin, PhD, Behavioral Health, Hopewell Health Centers, Athens, OH

This presentation highlights the results of evaluation research on an early childhood consultation program in Appalachia Ohio. In addition to lessons learned through the research, the presenter will explain Stufflebeam’s CIPP Program Evaluation framework used to conduct the study. This methodology can be easily implemented by other early childhood and mental health programs to attract funders and impact policy. Participants will be given a practical evaluation outline and encouraged to apply it to their own settings.

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

*Kindergarteners’ behavior, attention, and wellbeing in an outdoor classroom versus the indoor classroom*

Erin Largo-Wight, PhD, Department of Public Health, University of North Florida, Jacksonville, FL; Caroline Guardino, PhD, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL; Peter Wludyka, PhD, Department of Mathematics and Statistics, University of North Florida, Jacksonville, FL; Katrina Hall, PhD, Department of Childhood Education, Literacy, and TESOL, University of North Florida, Jacksonville, FL; Cori Ottenstein, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL; Evita Thomas, MPH, Mayo Clinic in Florida, Jacksonville, FL

This study focused on improving the school environment and child health through the implementation of an outdoor classroom. Two kindergarten classes participated in a six-week study. Both teachers taught their classes the daily writing lesson in either the indoor or outdoor classroom. Findings suggest that child behavior, attention, and wellbeing were improved in the writing lesson in the outdoor classroom. The findings have important and practical societal implications for school-aged children in the U.S.
Psychotropic medication use and clinical outcomes among children, ages 2–5 years

Susan Drilea, MS, Em Madden, BBA, WRMA, Inc., Rockville, MD; Russell Carleton, PhD, ICF International, Atlanta, GA; Kurt Moore, PhD, WRMA, Inc, Denver, CO; Christopher Duckworth, MPH, Eastern Kentucky University, Richmond, KY; Keri Jowers, PhD, Maryland State Department of Education, Baltimore, MD

Literature on psychotropic medication use among very young children (ages 2–5 years) is limited. Even less is known about the association between psychotropic medication use and improved clinical outcomes in this age group. This analysis identifies child characteristics associated with psychotropic medication use among very young children with psychiatric disorders, including differences in demographic characteristics, diagnostic categories, medication classes, and clinical outcomes between children taking psychotropic medication and those not taking medication.

The GONA Project: Year one

This will support the audience in understanding the principles of CBPR that drove the projects work, the GONA intervention being utilized, and the process for starting a CBPR project from the very beginning. In year one, the team identified community-driven outcomes and built a rigorous evaluation model for the first year of implementation. The session will also include an experiential activity to support the participants in understanding the importance of "strength-based" as applied to evaluation.

The GONA Project: Year two

In year two of the project, the team was able to fine-tune the evaluation process and tools based on the experiences in year one. The team also completed the first six month follow-up session; completed a second year of pre/post testing across three sites, and supported the development and pilot testing of a fidelity tool. The session will describe these efforts and include an activity to support the participants in understanding the importance of "holistic."

The GONA Project: Year three

In year three of the project, the team began experiencing the beginning stages of institutionalizing the evaluation and continued the process of implementing pre/post and six month follow-up assessment. The team also received funding through the Service to Science to begin developing the first GONA research project. The session will describe these efforts and include an activity to support the participants in understanding how to apply worldview concepts to policy, practice, and research.

The therapeutic group home performance improvement center: An innovative approach to improving congregate care in Connecticut

Carrie Bourdon, LCSW, Robert Plant, PhD, ValueOptions, CT, Rocky Hill, CT

The Therapeutic Group Home Performance Improvement Center is a rigorous quality improvement program designed to support and sustain the delivery of high quality Therapeutic Group Home services in Connecticut. Program development, implementation process, and baseline quality improvement data are presented describing the execution of this public-private collaboration to promote better outcomes. Key findings suggest progress in performance related to restraint use and group treatment provision and further opportunities for improvement in areas including family engagement.
Monday – March 23

10:30 am - 11:00 am
30 Minute Paper ~ Palma Ceia 1

**Children's residential mental health treatment and its effects on their family relationships**

Susanne Preston-Josey, PhD, South University, Virginia Beach, VA

A research study will be presented in which the association between children's residential mental health treatment and the family relationship was examined. Participants will learn from the researcher how parents of children in residential treatment experienced the intervention, as well as how data showed a statistically significant change in the parent-child relationship. Qualitative and quantitative design results will be discussed, including a focus group interview and the pre-test/post-test parent-child relationship inventory results.

11:00 am - 11:30 am
30 Minute Paper ~ Palma Ceia 1

**What strengths do youth bring to psychiatric residential treatment? Converging and diverging perspectives among youth, parents, and workers**

Steve Kapp, PhD, Jeri Damman, MSc, School of Social Welfare, University of Kansas, Lawrence, KS

A strengths-focused approach in child mental health reveals treatment resources and signifies a departure from the field's historical preoccupation with deficits. Although evident among youth receiving community-based services, less is known about the perceived strengths of youth with more challenging needs. This paper presents research findings on the strengths of youth admitted to psychiatric residential treatment and explores the prevalence and differing perspectives on strengths at admission as rated by youth, parent, and worker.

Session 8

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

**Ili Uusim Hiapsi: A culturally responsive approach to prevention and early mental health intervention for young Pascua Yaqui children and their families**

Claudia Powell, MEd, Corrie Brinley, MSW, Southwest Institute for Research on Women, University of Arizona, Tucson, AZ

Ili Uusim Hiapsi is a SAMHSA funded project to enhance existing health, behavioral health, and social service systems for children ages birth to eight, on the Pascua Yaqui reservation in Arizona. This presentation will explore preliminary baseline data that examines parenting confidence, parental stress and Native American acculturation of caregivers. Substance abuse and mental health screening data from caregivers, as well as developmental screening data from children, as relevant to community needs, will also be investigated.

10:30 am - 11:00 am
30 Minute Paper ~ Palma Ceia 2

**A discursive analysis: Caseworker perspectives on mental health disparities among racial/ethnic minority youth in child welfare**

Christina DeNard, MSW, Antonio Garcia, PhD, Elizabeth Circo, MSW, School of Social Policy and Practice, University of Pennsylvania, Philadelphia, PA

This presentation will discuss how examining child welfare caseworker language regarding explanations of and recommendations to reduce mental health disparities can affect mental health disparities among racial minority children in the child welfare system. Results revealed the structural and individual orientations within caseworkers and the implicit racial biases embedded within individualist orientations, which can affect caseworker recommendations and decision-making. Practice, policy, and future research suggestions to address the consequences of racial bias will be discussed.

11:00 am - 11:30 am
30 Minute Paper ~ Palma Ceia 2

**Becoming campus advocates: Experiences of youth founders of school-based mental health awareness and advocacy clubs**

Laura Murray, PhD candidate, Graduate School of Education, University of Pennsylvania, Philadelphia, PA

Recently, a new phenomenon in American high schools has emerged: student-initiated and campus-based mental health awareness, education, and advocacy clubs. This qualitative study explores the experiences of eight adolescents who founded mental health clubs at seven diverse high schools across the country. Specific attention is paid to (1) what motivates certain young people to found school-based mental health clubs, and (2) how club creation and membership both reflects and shapes members' “mental health advocate” identities.

Session 9

10:00 am - 10:30 am
30 Minute Paper ~ Palma Ceia 3

**Why should child welfare pay more attention to emotional maltreatment?**

Diana English, Catherine Roller White, Dee Wilson, Casey Family Programs, Seattle, WA; Richard Thompson, Juvenile Protective Association, Chicago, IL

Data collected by the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) is used to (1) describe the nature of emotional maltreatment (EMT) among 846 youth across time, and (2) describe the relation between four subtypes of EMT and trauma symptoms and risk behaviors at age 18. EMT is common, identifiable, harmful, and potentially preventable; a better understanding of it will help inform the provision of effective child welfare and mental health services to children and families.
10:30 am - 11:00 am
30 Minute Paper ~ Palma Ceia 3
Reducing the need for mental health emergency services for youth served through California’s full service partnership program
Katharan Cordell, PhD, School of Social Welfare, University of California, Berkeley, Plumas Lake, CA
California’s Full Service Partnership (FSP) Program achieves one of its key goals: preventing Mental Health Emergency Services (MHES) among high-risk youth. Before receiving aggressive FSP program treatment, FSP youth show increasing rates of MHES over time. After beginning aggressive FSP treatment, these same youth show decreasing rates of MHES, significantly improving at a more rapid rate as compared to themselves before treatment and to all other youth in Medicaid-funded usual care.

11:00 am - 11:30 am
30 Minute Paper ~ Palma Ceia 3
The Bronx Children’s Rapid Response and Mobile Crisis Team: Reducing cost and improving outcomes for children and youth
Devon Bandison, MPA, Neil Pessin, PhD, Visiting Nurse Service of NY, New York, NY
This paper will illustrate the effectiveness of this rapid response team on reduction of 911 calls and increase in preventable psychiatric hospitalizations. Using the following tools: CANS, school attendance data, disposition at discharge and Crisis Assessment, the expectation is to show that the implementation of this team has enabled better engagement of families in services and delivery of more effective crisis stabilization and treatment, which decreases hospitalizations.

Session 10
10:00 am - 10:30 am
30 Minute Paper ~ Palma Ceia 4
Restraint and seclusion in youth mental health facilities
Stephanie Craig, MA, Meghan Pritchard, MA, Marlene Moretti, PhD, Simon Fraser University, Burnaby, BC; Ken Moore, Maples Adolescent Treatment Centre
Restraint and seclusion in youth mental health facilities is under scrutiny due to the potential for serious physical and psychological harm. Executive leadership and policy change is needed to translate proposed best practices into action. Interviews were carried out with youth mental health facilities across Canada to determine policies and practices currently in use. Inconsistencies and uncertainty were found in many areas, arguing the need for improved monitoring, tracking, and interdisciplinary collaboration.

Session 11
10:00 am - 10:45 am
Garrison Suite
Evaluation of interventions utilized in IEP counseling in the Hillsborough school district
Kristen McCallum, MS, Flossie E. Parsley MSW, Sharlene Smith, MS, ARNP, CPNP, The Institute for Translational Research in Adolescent Behavioral Health, University of South Florida, Tampa, FL; Ken Gaughan, EdD, LCSW, Hillsborough County Public Schools, Tampa, FL; Kathleen Armstrong, PhD, University of South Florida, Tampa, FL
Published research regarding interventions used in Individual Education Plan (IEP) counseling is limited. This qualitative study uses a focus group methodology to gain perspectives of individuals directly involved with intervention delivery within the school system. Specific aims include determining what specific interventions are used, how outcomes are measured, and what barriers exist in effective service delivery. Results of the study will be disseminated to the school system and individual service providers.

Lunch on Your Own
11:30 am – 12:15 pm
Take this opportunity to connect with colleagues and friends.
Monday Afternoon Plenary
12:30 pm - 1:45 pm
Bayshore Ballroom
Stop the Epidemic! Powerful Universal Protective Prevention AND Potent Yet Simple Treatments for Mental, Emotional, Behavioral & Related Physical Disorders for America’s Future
Dennis Embry, PhD, President, Senior Scientist, PAXIS Institute, Tucson, AZ
The United States leads the way in scientific strategies that can prevent or protect against lifetime mental emotional and behavioral strategies. That science is better than the early studies of the Salk vaccine against polio. This talk details how that science could be practically implemented prenatally through late adolescence/young adulthood. Hyperlinks and tools for a national movement will be available, with the relevant scientific references and practical steps.

We are in the midst of an epidemic far greater than the polio epidemic, yet we seem not to notice the epidemic of mental, emotional, behavioral and related physical disorders. The current epidemic in North America makes the polio epidemic look like a bad cold. As a society, we have a sort of collective amnesia about the epidemic, except when there is a heinous violent crime by somebody obviously in the midst of a psychotic episode. After the event, we endure endless media about who is to blame—as if that actually will stop the epidemic.

Every day hundreds of people die in America from the preventable mental, emotional, and behavioral disorders and tens of thousands become “infected” with those preventable disorders. This keynote address gives the hard facts about the scale of the epidemic that cuts across every social class, just like polio did. Most don’t know these facts, despite the fact every family in America is touched by the epidemic in both direct and indirect ways that drain the future of America.

1:45 pm – 2:00 pm
Networking Break

Session 12  
2:00 pm - 3:00 pm
Discussion Hour ~ Bayshore V
Do for, do with cheer on!
Aaron Thomas, Marieke Johnson, Allegheny County Department of Human Services, Pittsburgh, PA
Although systems encourage youth to voice their needs, goals, and visions, the lack of true growth in this “movement” has been notable and frustrating to youth. Youth have stated that professionals working with them are “out-of-touch” with youth culture. Some feel that professionals don’t understand their situation. In many cases, this perception has been correct. Professionals may not subscribe to the same social networking sites such as Twitter or Instagram. Additionally, many professionals have never been in an out-of-home placement such as a Residential Treatment Facility, involved in the juvenile justice system, in foster care, or hospitalized for behavioral health issues.

Session 13  EA
2:00 pm - 2:30 pm
30-Minute Paper ~ Bayshore VI
Impact of the Healthy Transition Initiative: A compilation of findings
Nancy Koroloff, PhD, Pathways RTC, RRI/School of Social Work, Portland State University, Portland, OR; Gwen White, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Murrysville, PA; Brianne Masselli, Youth MOVE National, Portland, ME
This paper will examine the impact of the Healthy Transition Initiative (HTI) using data from several sources. Data from seven of the participating states on the State Support for Transition Inventory and Community Support for Transition Inventory surveys will be summarized as well as data from the federal TRAC system. Findings from local HTI evaluations are reviewed. Examples of policy change at both state and local levels, impact of young adult leadership and practice innovations are described.
2:30 pm - 3:00 pm
30-Minute Paper ~ Bayshore VI

**Measuring collaboration between child and adult-serving programs**

Maryann Davis, PhD, Transitions RTC, SPARC, Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA; Nancy Koroloff, PhD, Pathways RTC, RRI/School of Social Work, Portland State University, Portland, OR; Kathryn Sabella, MA, Transitions RTC, SPARC, University of Massachusetts Medical School, Worcester, MA; Marianne Sarkis, PhD, Department of International Development, Community, and Environment, Clark University, Worcester, MA

The data for this presentation come from a social network study conducted in three sites that had or were undergoing federally funded efforts to improve services for transition age youth. This paper will describe the three sites and different ways to measure cross-age collaboration between providers serving different age groups, using social network analysis data. Exploration of the relationship between program characteristics and cross-age collaboration measures will also be described.

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Session 14  
**EBP**

2:00 pm - 2:30 pm
30-Minute Paper ~ Bayshore VII

**Statewide quality improvement: Enhancing fiscal viability of child and adult mental health clinics**

Andrew Cleek, PhD, Micaela Mercado, PhD, Anupama Arora, Alexandra Gensemer, McSilver Institute for Poverty Policy and Research, Silver School of Social Work, New York University, New York, NY

This presentation will discuss findings from statewide quality improvement efforts targeting fiscal viability of publicly-funded child and adult mental health clinics responding to the transition of all Medicaid-funded services to managed care. Fiscal and structural challenges, as well as best practices in business operations and clinical practices that enhance clinic fiscal and operational viability, will be presented.

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2:30 pm - 3:00 pm
30-Minute Paper ~ Bayshore VII

**Data and research use by State Behavioral Health Systems, 2001-2012**

Eric J. Bruns, PhD, Suzanne E. Kerns, PhD, Spencer Hensley, Michael D. Pullmann, PhD, School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Public Behavioral Health and Justice Policy, University of Washington, Seattle, WA

In the past decade, research on evidence-based treatments (EBT) has proliferated, implementation science has become well-established, and data-based decision-making more sophisticated. How have public behavioral health systems responded? Twelve years of data from State Behavioral Health Authorities were analyzed. Results show that use of EBTs, data use, and many important implementation strategies are flat or declining, and that state investment in behavioral health EBTs is greater for adults than children. Implications for action will be discussed.

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Session 15

2:00 pm - 3:00 pm
Discussion Hour ~ Esplanade I

**Balancing cultural competence with scientific rigor in American Indian/Alaska Native (AI/AN) communities**

Eleanor Gil-Kashiwabara, PsyD, Regional Research Institute for Human Services, Portland State University, Portland, OR; Jami Bartgis, PhD, One Fire Associates, LLC, Sand Springs, OK

There is a need to find a balance between culturally competent research and evaluation approaches and scientific rigor for American Indian/Alaska Native (AI/AN) communities. This has very direct implications for other small or culturally diverse populations. This session will provide participants with an opportunity to engage in an informative discussion around unique challenges faced by diverse communities, as well as possible solutions and innovative models that can be used to address these critical concerns.
Session 16
2:00 pm - 3:00 pm
Discussion Hour ~ Esplanade II

**The Integrated Co-occurring Treatment (ICT) model: An innovative approach to treating youth with co-occurring disorders**

*Jeff Kretschmar, PhD, Rick Shepler, PhD, Begun Center for Violence Prevention Research and Education, Case Western Reserve University, Cleveland, OH*

Youth with co-occurring disorders (COD) pose a significant challenge to behavioral healthcare providers, as these youth often have more complex treatment needs than youth with only mental health or substance use diagnoses (Kanary, Shepler, & Fox, 2014). The Integrated Co-occurring Treatment (ICT) model is a promising, integrated, home-based treatment model for high-risk adolescents with COD. Outcome data support the effectiveness of the ICT model, although further research is necessary to examine ICTs longitudinal impact.

Session 17
2:00 pm - 3:00 pm
Discussion Hour ~ Esplanade III

**The Mirror project: Evaluating cultural and linguistic competence in child-serving organizations**

*Selena Webster-Bass, MPH, Jacksonville System of Care Initiative, Jacksonville Children’s Commission, Jacksonville, FL; Cecilia Freer, MPA, Center for Health Equity and Quality Research, University of Florida, Jacksonville, FL*

The Jacksonville System of Care Initiative (JSOCI) developed and implemented The Mirror Project, an innovative process that provides organizations with the opportunity to reflect on their cultural and linguistic competency (CLC) in reducing health inequities. The Mirror Project provides tools for organizational self-assessment and includes components such as focus groups to provide feedback intended to identify cultural and linguistic competency strengths and opportunities for improvement in a safe and non-judgmental way. Using a strengths-based approach, the CLC Educator provides a final report and a plan for improving the cultural and linguistic competency responsiveness of organizations. This discussion hour will provide an overview of the development and implementation of the Mirror Project, and participants will review examples of the final presentation of the report that is offered to participating organizations.

Session 18
2:00 pm - 3:00 pm
Discussion Hour ~ Palma Ceia 1

**Collaborative data partnerships: The promise and pitfalls of big data in the human services**

*Terry Shaw, PhD, School of Social Work, University of Maryland, Baltimore, MD; Jill Farrell, PhD, The Institute for Innovation and Implementation, School of Social Work, University of Maryland, Baltimore, MD; Pat Smith, Our Kids of Miami-Dade/Monroe Inc., Miami, FL*

This presentation will define big data in the human services and discuss four specific ways in which systems can collaborate through data sharing: (1) service system silos; (2) service-system silos with some cross-system sharing; (3) integrated silos cross-systems sharing utilizing an external structure; and (4) an integrated system. The presenters will share their expertise in collaborative system development and provide examples of the different data-sharing mechanisms along with opportunities and barriers to data collaborative work.

Session 19
2:00 pm - 3:00 pm
Discussion Hour ~ Palma Ceia 2

**Data and strategies for persuasive storytelling**

*Jane Tobler, Caring for Every Child’s Mental Health Campaign, Vanguard Communications, Washington, DC; Leah Holmes-Bonilla, Caring for Every Child’s Mental Health Campaign, National Association of State Mental Health Program Directors (NASMHPD), Alexandria, VA*

Personal stories, combined with compelling data, are some of the most effective tools for children’s mental health researchers, evaluators, policy makers, administrators, parents, and advocates. This is especially true when they are communicating with key partners, agencies, media, and other families and youth. During this session, participants will learn to persuade through storytelling, with an eye toward more effectively communicating about children’s mental health using data.
Session 20
2:00 pm - 3:00 pm
Discussion Hour ~ Palma Ceia 3

**Using the wise mind: Developing relational competency in transition age foster youth through Mindfulness and Dialectical Behavior Therapy**

Sophia Lee, MSW, Harder+Company Community Research, San Diego, CA; Krysta Esquivel, Kristina Halmai, MFT, Nick DeVico, YMCA Youth and Family Services, Oceanside, CA

This dynamic presentation describes the innovative YMCA Connections Project and how Dialectical Behavior Therapy (DBT) was adapted for use with transition age foster youth to reduce maladaptive behaviors through mindfulness and emotion regulation. Findings include changes in engagement in high-risk behaviors and a new tool to measure the level of disconnectedness among at-risk youth. Audience members will engage in youth-focused activities and take away concrete ideas to seamlessly incorporate DBT-based practices into their work.

Session 21
2:00 pm - 3:00 pm
Discussion Hour ~ Palma Ceia 4

**The Children’s Collaborative PROMISE (providing Mississippi integrated services expertise)**

Kristi Plotner, MSW, Office of the Governor, Division of Medicaid, Jackson, MS; John Damon, PhD, Terry Hight, PhD, Mississippi Children’s Home Services, Jackson, MS; Susan Buttross, MD, David Elkin, PhD, Center for the Advancement of Youth (CAY), University of Mississippi Medical Center, Jackson, MS

This discussion hour will describe the Children’s Collaborative, a newly established, integrated system of care in Mississippi. The Collaborative involves participants from the state Division of Medicaid, the University of Mississippi Medical Center, Mississippi Children’s Home Services, and other University-based consultants and clinical trainers. Discussion will emphasize program development in the context of the Affordable Care Act, provision of seamless healthcare service delivery, and unique challenges encountered in this multi-institutional effort.

Session 22
2:00 pm - 3:00 pm

**Youth services integration: Evaluation of a children’s behavioral health and primary care integration program**

Jessica Koelsch, BS, CHES, Bailey Thompson, Jessica E. Vazquez, MA, The Institute for Translational Research in Adolescent Behavioral Health, University of South Florida, Tampa, FL; Ed Monti, Tracey Kaly, Baycare Behavioral Health, Tampa FL; Kathleen Moore, University of South Florida, Tampa, FL

The integration of behavioral health services within primary care is crucial given the alarming rate of adolescents in need of mental health services who are not receiving any. Approaches to behavioral health and primary care integration have been developed and primarily evaluated in adult settings. The purpose of this study is to evaluate an integration care program providing children and adolescents with on-site mental health counseling services in a pediatric primary care setting.

3:00 pm – 3:15 pm

Networking Break

Session 23
3:15 pm - 4:45 pm

90 Minute Symposium ~ Bayshore V

**Who you gonna call? And who calls a lot? Child and adolescent use of emergency department and mobile crisis services**

Chair: Jeffrey Vanderploeg, PhD, Child Health and Development Institute, Farmington, CT; Discussant: Tim Marshall, LCSW, Connecticut Department of Children and Families, Hartford, CT; Robert Plant, PhD, Knute Rotto, ACSW, ValueOptions-CT Behavioral Health Partnership, Rocky Hill, CT; Jack Lu, LCSW, Child Health and Development Institute, Farmington, CT

Recent national data indicates that hundreds of thousands of youth with mental health diagnoses present to emergency departments (EDs) for treatment, and these numbers are increasing (Mulkern, Ivans, Potter & Huntington, 2007; Pittsenbarger & Mannix, 2014). EDs are not an ideal setting for behavioral health treatment of youth and their families for a number of reasons: physical layout; environment and safety; confidentiality; ED workforce training and competency; knowledge of community-based treatment options; and opportunities for family participation in treatment. Although children with highly acute psychiatric conditions require
access to hospital-based evaluation and inpatient treatment when clinically indicated, many children would benefit from enhanced community-based care options that serve as an alternative to the ED and inpatient hospitals (SAMHSA, 2014). In Connecticut, given the increasing number of youth presenting to EDs for behavioral health treatment, there is a need to better understand the characteristics of youth who present to EDs and especially, those who are repeat users of EDs and to consider available community-based alternatives to EDs and inpatient hospitalization. The proposed symposium will present the findings of three studies to examine these issues.

**First presentation:**
Nationally, hundreds of thousands of children and youth visit the emergency department each year for assistance with a behavioral health (BH) crisis. Data indicate that such use is increasing. Reducing unnecessary ED utilization and promoting alternatives has been recommended. This study uses an integrated set of “big data” to describe the characteristics of children that use the ED for BH reasons and their patterns of use. Strategies for reducing utilization and promoting alternatives are recommended.

**Second presentation:**
Interventions for the acute psychiatric needs of children and adolescents exist along a continuum. Cost-saving alternative interventions (i.e. crisis services) provide effective, efficient assistance to children and families. In Connecticut, Emergency Mobile Psychiatric Services (EMPS) is one component of crisis service. Findings from EMPS FY2011 to FY2014 statewide data demonstrate consistent improvement and enhancement in service utilization. Descriptive statistics examines EMPS service and its population. Finally, recommendations offered will discuss successful crisis service provision.

**Third presentation:**
Millions of children and their families visit the emergency department (ED) or use mobile crisis services each year with a behavioral health (BH) crisis. Data indicate that such use is increasing. Reducing unnecessary ED utilization by promoting alternatives is recommended. This study uses an integrated set of “big data” to describe characteristics of children that use the ED and EMPS and their patterns of use. Strategies to reduce utilization and promote alternatives are recommended.

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**Session 24**
3:15 pm - 4:45 pm
90 Minute Symposium ~ Bayshore VI

**Youth MOVE Maine’s Youth Support Partnership Program: Peer support for young adults**

**Chair:** Matthew Leavitt, MEd, Youth MOVE Maine, Portland, ME; **Discussant:** Brianne Masselli, Youth MOVE National, Baltimore, MD; **Tamara Manzer, AAS, Youth MOVE Maine, Portland, ME**

Youth MOVE Maine (YMM) is a statewide, regionally based youth and young adult-driven organization dedicated to ensuring that all young people have a say in the decisions that impact their lives. YMM supports young people’s efforts to improve policies in mental health, juvenile justice, and other systems of care. YMM’s vision is to create programs that allow youth involved in those systems to be resilient by finding their voice and becoming active participants in their treatment and the decisions that impact their lives. YMM supports youth, age 14-26, in facing challenging situations in their lives by implementing peer-support services, creative expression projects, and programs designed to increase life, leadership, and advocacy skills. With practices based in Intentional Peer Support, trauma-informed systems of care, and widespread tenets of adolescent development, YMM creates spaces for youth culture to thrive and for youth to have a deeper voice in their lives and communities.

**Youth peer support: A dynamic hybrid curriculum**

Peer support in systems has become a part of treatment and care for individuals facing difficult times in their lives. The ability to relate to someone who has gone through similar experiences is invaluable to an individual who is in the midst of their own challenges. Youth MOVE Maine is working with youth across the state implementing a unique curriculum that addresses the needs of youth involved in a variety of systems.

**Youth MOVE Maine Peer Support: A review of current research & data**

Youth MOVE Maine’s Youth Support Partnership Program pairs young adults with lived experience with youth across the state struggling with issues surrounding mental and behavioral health in the system of juvenile corrections. Currently, this demonstration project is collecting data, and YMM will share what has been found thus far and outline future uses for data and research.
Session 25
3:15 pm - 4:45 pm
90 Minute Symposium ~ Bayshore VII
A decade in review and seasons of collaboration to improve quality of care for behavioral health services and child welfare

Chair: Marie Morilus-Black, MSW, Office of Well Being, Child and Family Services Agency, Washington, DC; Discussant: Patricia Thompson, MS, Community Services Review, Department of Behavioral Health, Washington, DC; Maureen Williams-James, MSW, Quality Services Review, Child and Family Services Agency, Washington, DC

The District of Columbia similar to other jurisdictions is continually working to identify the most efficient way to ensure that quality of care is responsive to the needs of consumers receiving behavioral health services. According to data in 2010 Children’s System of Care Plan the District of Columbia’s public mental health system serves nearly 4,500 children and youth with severe emotional disturbance who are often touched by multiple government agencies. In 2007 D.C. estimates that 48% of children who were reviewed during a case based quality improvement process were involved with the District’s child welfare system, Child and Family Services Agency (CFSA). As a result of multisystem involvement and limited practice at the provider level services were described as lacking coordinated efforts resulting in practice that is fragmented and may not meet the needs of the children and youth.

In an effort to ensure all children receive mental health services most suited to their level of need and services which are in line with the System of Care model the District of Columbia embarked on an effort to utilize Community Service Reviews as a method to improve practice for children and families. This presentation will track the improvement of practice and coordination between the District’s Child and Family Services Agency and the Department of Behavioral Health as evidenced by the results on the Community Service Review.

A ten-year examination of how community services reviews significantly improved system performance in Washington, DC

Since 2003 D.C. Department of Behavioral (DBH) has established baseline and subsequent year data to assess the quality of care provided by DBH contracted agencies. Over a ten-year period, DBH conducted more than 600 reviews that identified gaps in service delivery and provider trends related to practice. Utilizing a Plan, Do, Study, Act model, DBH provided support and technical assistance to contracted agencies. By 2013, data collected showed an increase of 27 percentage points from 43% in 2003 to 70% in 2013 in Overall System Performance. Moreover, DBH analyzed service gaps and expanded evidenced based practices within this time frame to support the needs of the children and youth served.

Developing a multi-system tool to assess practice performance for child welfare

In 2012, DBH and CFSA jointly reviewed 24 children and youth who were co-involved in child welfare and behavioral health services. Utilizing both a Community Service Review Protocol with a behavioral health perspective and a Quality Service Review Protocol with a child welfare perspective, reviewers scored and assessed practice in two systems. Results indicated that practice for children in child welfare was acceptable 75% of the time; moreover the process supported the development of a joint protocol to provide system attributes to distinguish practice across multiple systems.

Session 26
3:15 pm - 3:45 pm
30-Minute Paper ~ Esplanade I
Massachusetts state-wide System of Care: Learning about case practice in Wraparound and In-Home Therapy using the SOCRP

Jack Simons, PhD, Emily Sherwood, MPA, Children’s Behavioral Health Interagency Initiatives Unit, Mass. Executive Office of Health and Human Services, Boston, MA

Massachusetts used the System of Care Practice Review (SOCPR) in 2013 and 2014 to review the quality of practice in its Wraparound service and its intensive in-home treatment service, revealing quality differences between the two services consistent with the differing levels of implementation support the state provided. As a result, Massachusetts is implementing QI activities for In-Home Therapy: training and coaching on new practice guidelines, and a multi-stakeholder process to improve clinical assessment practice.

3:45 pm - 4:45 pm
Discussion Hour ~ Esplanade I
Bridging the chasm: Child mental health meets adult mental health at the corner of the criminal justice system

Pnina Goldfarb, PhD, Wraparound Milwaukee, Milwaukee, WI; Brian McBride, OYEAH, Wraparound Milwaukee, Milwaukee, WI

Participants will be introduced to the rationale for partnering with the criminal justice system in order to meet the needs of young adults with mental health needs. The collaborative relationship with the adult justice system and Wraparound Milwaukee’s OYEAH program will be shared. The practice model used by the OYEAH program will be discussed, and results related to reduction of institutional necessities and positive future growth across developmental domains will be shared.
Session 27
3:15 pm - 4:45 pm
90 Minute Symposium ~ Esplanade II

Analyzing return on investment in Systems of Care
Beth Stroul, MEd, Management & Training Innovations, McLean, VA; Simone Boyce, PhD, ICF International, Atlanta, GA
SAMHSA has invested resources in the development of systems of care (SOCs) throughout the nation and, based on positive outcomes, has shifted to supporting the wide-scale adoption of this approach. In this context, information on return on investment (ROI) is critical to inform policy and resource allocation decisions for behavioral health services for children, youth, and young adults and their families. Based on a new review, this symposium will present findings to date on ROI analyses in the SOC approach from multi-site studies and analyses by states and communities. In addition, methods for more systematically analyzing ROI information will be provided.

Session 28
3:15 pm - 4:45 pm
90 Minute Symposium ~ Esplanade III

Supporting high quality care coordination for youth with severe emotional disturbances and their families: A look at the CHCS CHIPRA Care Management Entity Quality Collaborative
Chair: Dayana Simons, Discussant: Sheila Pires, Kamala Allen, Center for Health Care Strategies, Inc., Hamilton, NJ; Michelle Zabel, The Institute for Innovations & Implementation, University of Maryland, School of Social Work; Laura Lucas, Department of Behavioral Health & Developmental Disabilities, Atlanta, GA; Lisa Brockman, RN, Wyoming Department of Health, Cheyenne, WY
This symposium will present preliminary findings from the CHIPRA Care Management Entity (CME) Quality Collaborative (QC), a five-year effort convened by Center for Health Care Strategies (CHCS) and funded by a federal Centers for Medicare and Medicaid (CMS) quality demonstration grant to support CME implementation/expansion in Maryland, Georgia, and Wyoming. The symposium will also address the role of the QC in facilitating states’ quality improvement efforts, and discuss key national data on Medicaid children’s behavioral health utilization and expenditure as context for the states’ efforts.

Session 1: This session will present key national data on Medicaid children’s behavioral health utilization and expenditure as context for the efforts of the three states participating in the CHIPRA CME QC.

Session 2: This session will present preliminary findings from the CHIPRA CME QC, a five-year effort convened by CHCS and funded by a federal CMS quality demonstration grant to support CME implementation/expansion in Maryland, Georgia, and Wyoming.

Session 3: This session will address the role of the QC in facilitating the quality improvement efforts of the three states participating in the CHIPRA CME QC.

Session 29
3:15 pm - 3:45 pm
30-Minute Paper ~ Palma Ceia 1
Parents’ difficulties with childrearing and race and ethnicity
Bora Pajo, Sociology and Social Work, Mercyhurst University, Erie, PA
Parents are important role-players in the process of diagnosing and medicating children with emotional and behavioral problems. Therefore their understanding of behaviors, and whether or not behaviors warrant a diagnosis, needs consideration. This study investigates whether race and ethnicity relates to parents’ likelihood to report on whether their children have an emotional and behavioral problem while controlling for socioeconomic factors. It also explores whether parents’ biomedical understanding of behaviors would disturb the first findings. Logistic regression analysis of the cross sectional data of 1080 parents in the Miami-Dade and Broward counties of Florida were conducted. This study found that racial and ethnic differences as well as being in one-parent families were strong predictors to whether a parent would report their children as having emotional and behavioral problems. Once controlled for parents’ biomedical understanding of behaviors, racial and ethnic differences became less significant whereas being in one-parent families was still a strong predictor for reporting emotional and behavioral problems of children. This study poses important questions for clinicians who diagnose children based on parents’ reports of behaviors.

Session 30
3:15 pm - 3:45 pm
30-Minute Paper ~ Palma Ceia 2
Embedding a protective factors framework across multiple community-based organizations
Roger Phillips, PhD, Alburtis, PA
This presentation describes one county’s three-year effort to embed a protective factors framework across multiple and diverse community-based organizations serving families within the child welfare system, using the Protective Factors Survey as a core metric within a pre/post evaluation. The analyses indicate significant improvements on the PFS. The challenges associated with such a systemic initiative (e.g., scaling up among CBOs, data-collection streams) and potential policy implications will be discussed.

3:45 pm - 4:15 pm
30-Minute Paper ~ Palma Ceia 2
CBPR approach to parent engagement in research: Description of a Latino parent mentor group involved in a PCORI-funded research study
Mónica Pérez Jolles, PhD, Kathleen Thomas, PhD, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, NC
This presentation describes the parent engagement aspect of a Community Based Participatory Research (CBPR) study. The
goal of this PCORI-funded project is to test the comparative effectiveness of a culturally sensitive advocacy skills intervention to build activation among Latino families and improve the service use of their children with mental health needs compared to a usual care support group. Parent participation in all aspects of the research is a growing priority among scholars and required in PCORI-funded studies.

3:45 pm - 4:15 pm

30-Minute Paper ~ Palma Ceia 3

Factors influencing academic gains in children with severe emotional disturbances served by a rural system of care

Jordan Moon, BS, Eric Gee, PhD, Brigham Young University-IIdaho, Rexburg, ID; Jeff Anderson, PhD, Indiana University-Bloomington, Bloomington, IN

Few studies of the impact of systems of care have utilized raw-grade data directly from school data systems. Using such data, this study examined three hypotheses: first, services received predict future-grade performance; second, parental involvement in evaluation is associated with greater academic improvement; and third, academic performance is a useful indicator of mental health improvement. Preliminary analyses show promising support for these hypotheses.

4:15 pm - 4:45 pm

30-Minute Paper ~ Palma Ceia 3

Behavioral health service needs and availability for young children involved in the child welfare system

Jill Hoffman, MSW, Alicia Bunger, PhD, Hillary Robertson, MPH, Scottye Cash, PhD, College of Social Work, The Ohio State University, Columbus, OH

This study juxtaposes child welfare records with data from a survey administered to behavioral health agency directors to identify young children’s (0-5) behavioral health service needs and service availability within a regional behavioral health service delivery system. Participants will have the opportunity to engage in a discussion on this study’s findings and trends they have seen in the populations they serve.

Session 31

3:15 pm - 3:45 pm

30-Minute Paper ~ Palma Ceia 3

ACCESS MH-CT, A statewide collaboration between DCF, managed care ASO, academic psychiatry and community-based mental health agency

Sherrie Sharp, MD, Vickie Alston, LCSW, Beth Garrigan, LPC, ValueOptions, Rocky Hill, CT; Kristina Stevens, MSW, Clinical and Community Consultation Support Division, The Department of Children and Families, Hartford, CT

Launched June 2014, Access to all of Connecticut’s Children of Every Socioeconomic Status-Mental Health (ACCESS-MH-CT) involves statewide collaboration between DCF, ValueOptions, Hartford Hospital, Yale Child Study Center, and Wheeler Clinic to increase PCPs’ knowledge to identify and treat more mental illness, thereby increasing penetration of behavioral health services to youth. Early results will exemplify innovations and successful cross-systems collaboration from policy to program implementation and will show preliminary outcomes including PCP satisfaction rates.

4:15 pm - 4:45 pm

30-Minute Paper ~ Palma Ceia 3

Intensive alternative family treatment

A. Suzanne Boyd, MSW, PhD, School of Social Work, University of North Carolina at Charlotte, Linda McWhorter, MA, Clinical Health Psychology Program, University of North Carolina at Charlotte, Charlotte, NC; Phyllis Stephenson, MPA, Rapid Resource for Families, Gibsonville, NC

This presentation introduces a new intervention, Intensive Alternative Family ‘Treatment’, to support children with challenging behaviors and multiple Axis I diagnoses in a family and community setting. The child-level and parental-level outcomes from children enrolled in the program (n=120) will be presented. The results will inform new or modified Medicaid service definitions for a higher level of Therapeutic Foster Care than is currently available to children and adolescents in a southeastern state.

Session 32

3:15 pm - 3:45 pm

30-Minute Paper ~ Palma Ceia 4

Taking family-driven care to scale

Sandra Spencer, BA, National Federation of Families for Children’s Mental Health, Rockville, MD

Family-driven care is one of the foundational elements of systems of care. The field of family involvement has emerged from families being blamed for their children’s mental health challenges to now shaping the way systems serve children with emotional, mental, and behavioral health challenges. This session will help participants understand this evolution. Data will also present the elements necessary to fully take family-driven care to scale.
3:45 pm - 4:15 pm
30-Minute Paper ~ Palma Ceia 4
National parent support provider certification initiative
Sandra Spencer, BA, National Federation of Families for Children's Mental Health, Rockville, MD

The National Federation of Families for Children's Mental Health has developed a national certification initiative for Certified Parent Support Providers (CSPS). This is the first national certification that uses the lived experience of a parent whose child has a behavioral health challenge as the core component of the eligibility criteria. This national certification is now being used in several states and on the cusp of being able to collect the data necessary to validate this practice.

4:15 pm - 4:45 pm
30-Minute Paper ~ Palma Ceia 4
The impact of state-level policies on parent peer support services in Texas
Molly Lopez, PhD, Debbie Cohen, PhD, Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin, Austin, TX

Since the conception of parent peer support services in the 1980s, states have taken different paths to operationalize the role of parent peers within mental health service delivery systems. This paper will provide an overview of the Texas public mental health model, highlight policies that have impacted the trajectory, and summarize findings from two recent surveys of providers, supervisors, and administrators. Information on the impact of recent shifts in state policy will be provided.

Session 33
3:15 pm - 3:45 pm
Garrison Suite
Evaluating the adaptation of Evidence-Based Prevention Interventions in real-world settings
Shawna Green, Lauren Nieder, Ashley Souza, BS; The Institute for Translational Research in Adolescent Behavioral Health, University of South Florida, Tampa, FL; Kim Menendez, MS, The Mendez Foundation, Tampa, FL

The use of evidence-based programs as preventative interventions has become a popular trend in adolescent settings. With the increased use of the evidence-based prevention interventions, fidelity to the model must be examined and understood, particularly in the face of adaptations. The purpose of this research is to investigate the fidelity of the implementation process and to identify the adaptations conducted within the Too Good prevention interventions.

3:45 pm - 4:15 pm
Garrison Suite
Prevention of opioid addiction: Using perspective to shape the future
Jennifer A. Shepherd, MS; Maria Von Zuben, MPH; Heather Walders, MSW, The Institute for Translational Research in Adolescent Behavioral Health, University of South Florida, Tampa, FL; Andrew McFarlane, MS, DACCO, Tampa, FL; Svetlana Yampolskaya, PhD, University of South Florida, Tampa, FL

Experiences of individuals addicted to opioids are used to develop prevention education programs and develop meaningful interventions and treatments in addiction. The project’s goal is to retrospectively identify key factors in individuals’ history, experiences, and exposures to drugs. This data will provide information on the targeted features of prevention, treatments, and interventions for the specific population, as well as assist in developing focused curriculum and behavioral health programs for school-aged youth and emerging adults.

4:45 pm – 5:00 pm
Networking Break

Session 34
5:00 pm - 6:30 pm
90 Minute Symposium ~Bayshore V
Innovations in Wraparound practice
Wrap+MAP Pilot in Washington State: Preliminary results of an evidence-based practice decision-making system
Jennifer Schurer-Coldiron, PhD, Henrietta Quick, MSW, Eric Bruns, PhD, Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA

This presentation will describe an effort to integrate Wraparound care coordination with evidence-based clinical practice (EBP) using the Managing and Adapting Practice (MAP) system in Washington State. An overview of concepts and resources will be presented followed by results of practitioner surveys and focus groups evaluating feasibility, impact, and provider satisfaction. Results indicate practitioners viewed Wrap-MAP as a positive support to their skills and effectiveness, while also raising barriers to be addressed around role clarity and use of relevant technologies.
Wraparound meets Positive Behavior Support: Enhancing Wraparound through integration of PBS in Kansas

Kris Matthews, MSW, Center for Children and Families, School of Social Welfare, University of Kansas, Lawrence, KS
Matt Enyart, MSED, Kansas Institute for Positive Behavior Support, University of Kansas, Lawrence, KS

This presentation will describe two separate but related research and training initiatives in Kansas; one that infused Kansas Community Mental Health Centers (CMHCs) with positive behavior support (PBS) training, and another that included enhanced Wraparound best practices training for many of the same CMHCs. The benefits and challenges of integrating these two initiatives to improve outcomes for youth will be discussed.

Centralizing organizational supports for Wraparound

Vicki Sprague Effland, PhD, Cathy Kyle, JD, TaWanda Dent, Michael Goldberg, Choices, Inc., Indianapolis, IN

Implementing Wraparound requires careful consideration of how essential community and system supports for Wraparound will be structured and a focus on monitoring key performance metrics and outcomes. Choices, Inc. has enhanced how it manages its provider network, risk management and compliance, and quality functions using strategies and tools frequently used in health care settings. This session will provide examples of how tools such as checklists, dashboards and centralized management can promote high fidelity wraparound.

Session 35

5:00 pm - 6:30 pm
90 Minute Symposium ~ Bayshore VI

The youth villages transitional living evaluation: Policy, results, and the program perspective

Chair: John Martinez, MPH, MDRC, New York, NY; Discussant: Hewitt B. “Rusty” Clark, PhD, Professor Emeritus, University of South Florida, Tampa, FL; Mark Courtney, PhD, School of Social Service Administration, University of Chicago, Chicago, IL; Erin Valentine, PhD, Melanie Skemer, MA, Health and Barriers to Employment, MDRC, New York, NY; Sarah Hurley, PhD, Youth Villages, Memphis, TN

About 70,000 young people between 14 and 20 years of age leave the foster care system in the United States each year. Roughly one-third of those individuals exit foster care because they “age out” of the system upon reaching adulthood, often at the age of 18. The juvenile justice system also extends a broad reach; nearly 100,000 youths leave juvenile justice facilities each year. Crossover between the foster care and juvenile justice systems is commonplace, as children who experience unstable or abusive family environments, poverty, and other harmful situations are at increased risk of entering both systems. For young people who are leaving foster care or juvenile justice custody, the transition to adulthood can be particularly difficult as they may have few resources and little or no state or family support. Not surprisingly, youth who have been in these systems have, on average, poor outcomes in adulthood across a number of domains, relative to their peers.

The policy context of independent and transitional living services and steps needed to improve services

This presentation summarizes the evolving policy context of independent and transitional living services and available evidence of the effectiveness of such services. It also summarizes broader lessons learned from the Multi-Site Evaluation of Foster Youth Programs about the state of the field and steps needed to improve the knowledge base informing interventions. The presentation sets the stage for understanding the current state of the evidence on independent and transitional living services.

The impacts of intensive services for young adults with histories of state custody: One-year findings from the youth villages transitional living evaluation

This presentation will discuss one-year impact findings from the Youth Villages Transitional Living Evaluation. This study is using a rigorous, random assignment design to test the effectiveness of the Transitional Living program, which provides intensive, individualized, clinically-focused, and community-based case management, support, and counseling for young adults who were formerly in foster care or juvenile justice custody. The evaluation is funded by the Edna McConnell Clark Foundation, the Annie E. Casey Foundation, and the Bill & Melinda Gates Foundation.

Where do we go from here? The program perspective

Agencies considering a random assignment evaluation face complex decisions. The costs of a randomized control trial are far beyond usual program costs, but may be outweighed by the benefit of demonstrating positive impacts. Programs that produce favorable results must answer the question of what’s next. In other words, is the agency ready for broader implementation? This paper examines issues related to the decision to engage in rigorous evaluation and challenges that may result from demonstrating positive impacts.
Session 36  EBP
5:00 pm - 6:00 pm
Discussion Hour ~ Bayshore VII

**MST Building Stronger Families (MST-BSF): The power of partnership with child welfare**

Cindy Schaeffer, PhD, Model Developer MST-Building Stronger Families, Medical University of South Carolina, Charleston, SC; Elisabeth Cannata, PhD, Wheeler Clinic, Plainville, CT; Christine Lau, LCSW, Connecticut Department of Children and Families, Hartford, CT

MST-BSF is a comprehensive family treatment addressing abuse/neglect and parental substance abuse. The model, in year four of a randomized control group study, draws from a number of EBPs to treat substance abuse, co-occurring disorders, trauma, parenting, and family healing while children stay safely at home. The panel will provide an overview of the model, outcomes, and underlying partnership between the treatment team, child welfare, and model consultants that are a cornerstone of this highly successful intervention.

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

**Embedding trauma systems therapy into the District of Columbia Children’s System of Care**

Michele Rosenberg, MSW, Office of the Director, DC Child and Family Services Agency, Washington, DC; Denise Dunbar, LCSW, Child and Youth Services Division, DC Department of Behavioral Health, Washington, DC; Melissa Affronti, PhD, Coordinated Care Services, Inc., Rochester, NY

Given the growing evidence of the link between trauma experiences and overall well-being, the District of Columbia’s (DC) child-serving agencies have partnered on the implementation of Trauma Systems Therapy (TST). Over two years, a clinical and organizational systems-wide transformation has been achieved through a collaborative approach by the DC System of Care Executive team. A process evaluation revealed successes and challenges of infusing this emerging evidence-based approach into practice.

Session 37
5:00 pm - 5:30 pm
30-Minute Paper ~ Esplanade I

**Outcomes of a treatment foster care pilot for youth with complex multi-system needs**

Mary Armstrong, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa, FL; Kimberly McGrath, PsyD, Citrus Health Network Inc., Hileah, FL; Norin Dollard, PhD, Department of Child & Family Studies, University of South Florida, Tampa, FL; John Robst, PhD, Mental Health Law & Policy, University of South Florida, Tampa, FL

An enhanced therapeutic foster care model has been implemented for youth in child welfare with moderate risk juvenile justice involvement. The presentation will include data findings including demographic and diagnostic information, child functioning, child strengths, and well-being. Discussion will also address findings from a comparison group of children served in residential treatment selected to assess costs and outcomes. Implications for serving these complex youth at the program and system level will be highlighted.

5:30 pm - 6:00 pm
30-Minute Paper ~ Esplanade I

**Socio-contextual determinants of research evidence use in public youth systems of care**

Antonio Garcia, PhD, School of Social Policy & Practice, University of Pennsylvania, Philadelphia, PA; Minesop Kim, MA, Lawrence Palinkas, PhD, Lonnie Snowden, PhD

This presentation will discuss how system leaders and agency providers gather, interpret, and rely on research evidence to implement evidence-based mental health interventions for youth in foster care. Expenditures on mental health treatment, racial minority concentration, poverty, and provider education are likely to influence research evidence use. Taking stock of these findings, strategies to support a graduate-level educated workforce to overcome barriers to relying on research evidence in practice contexts will be discussed.

6:00 pm - 6:30 pm
30-Minute Paper ~ Esplanade I

**Co-occurring depression with post-traumatic stress: The implications of end of treatment symptom differences in trauma-exposed youth**

Jessica Eslinger, PhD, Center on Trauma and Children, Department of Psychiatry, University of Kentucky, Lexington, KY

Co-morbid depression may complicate a child’s recovery from post-traumatic stress symptoms. Pre- and post-test PTS and depression-related symptoms were examined in children ages 6 – 16 who received TF-CBT. Significant symptom improvement from pre- to post-test were found for the sample, however, the combined group was found to exhibit higher depression-related symptoms on CBCL subscales compared to the PTS only group. Use of existing evidence-based practice knowledge can help guide intervention.
Session 38
5:00 pm - 6:30 pm
90 Minute Symposium ~ Esplanade II

Integrated behavioral health in pediatrics: From practicalities of practice to policy change

Maya Bunik, MD, MSPH, Ayelet Talmi, PhD, Christopher Stille, MD, MPH, University of Colorado, Children's Hospital Colorado, Aurora, CO; Cody Belzley, Colorado Children's Campaign, Denver, CO

CLIMB: An innovative initiative to integrate behavioral health services into pediatric primary care

Consultation Liaison in Mental Health and Behavior (CLIMB) is a fully integrated behavioral health program in a large teaching clinic at the University of Colorado School of Medicine/Children's Hospital Colorado. CLIMB includes screening from postpartum depression to adolescent depression, integration of mental health providers with the clinical team for shared care and consultation, and the development of a sustainable business model within the University teaching practice. Dr. Bunik, pediatrician and the clinical medical director of the practice, will share practical tips and clinical examples for those interested in starting and sustaining an integrated mental health program in primary care.

CLIMB every mountain: Disseminating integrated behavioral health services in Colorado

As part of a statewide effort to provide Medical Homes for all children, CLIMB served as a model for transformation to a cohort of practices interested in integrated behavioral health services. Dr. Talmi, psychologist and director of CLIMB, will discuss the development of a practical curriculum that has enabled urban and rural practices across the State to customize the lessons learned from CLIMB into practice, using clinical informatics and program evaluation to drive continuous quality improvement and program evaluation to inform statewide dissemination policy.

Integrating child mental health into a state innovation plan and national medical home model

The integration of behavioral health services with primary care has been proposed by many states as the path to the Triple Aim of better health, better healthcare and reduced cost. Child health practice, however, requires that systems take into account the ways in which child development, family demographics, differences in epidemiology and dependence on family structure (the 4 D’s) affect service delivery. Dr. Christopher Stille, pediatrician and Medical Home researcher, will discuss the relationship of integration to the Medical Home for children and their families, and how integration is arguably one of the most important aspects of a high-performing Medical Home. Cody Belzley, Vice President of Health & Strategic Initiatives at the Colorado Children’s Campaign, the state’s leading non-profit, non-partisan child advocacy organization will describe the process through which Colorado developed its recently funded $65 million State Innovation Model, which proposes statewide adoption a variety of behavioral and physical health integration.

Session 39
5:00 pm - 6:30 pm
90 Minute Symposium ~ Esplanade III

Site-wide and system-wide implementation of collaborative problem solving

Chair: Alisha Polistari, PhD, Discussant: Stuart Ablon, PhD, ThinkKids Massachusetts General Hospital, Boston, MA; Natasha Tatarcheoff-Quesnel, MSA, Ottawa Children’s Coordinated Access & Referral Services, Ottawa, CA; Michael Hone, MEd, Crossroads Children’s Centre, Ottawa, CA

Collaborative Problem Solving (CPS) was introduced in 1998 as an approach for understanding and managing explosive, chronically inflexible children (Greene, 1998). 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 the CPS approach can be used site-wide, as well as system-wide, to impact change in individuals/families, agencies, and systems. We will give practical advice for how agencies can plan to implement CPS site-wide, and then how they can evaluate their site-wide fidelity as they move through the implementation process. In each talk, presenters will describe best practices (and pitfalls encountered) as they move through the implementation process. In each talk, presenters will discuss how Think:Kids at Massachusetts General Hospital has ensured high-fidelity implementation in hundreds of sites where we have successfully trained, consulted, and coached agencies to use CPS.

Site-wide implementation of collaborative problem solving: The role of implementation science

Collaborative Problem Solving (CPS) has become a popular approach to managing externalizing behaviors in children and adolescents, and has a growing evidence-base supporting its efficacy in reducing oppositional behavior and related negative outcomes. This presentation will include a brief overview of the philosophy/techniques and evidence for the Collaborative Problem Solving approach, then will use Implementation Science as a framework to discuss how Think:Kids at Massachusetts General Hospital has ensured high-fidelity implementation in hundreds of sites where we have successfully trained, consulted, and coached agencies to use CPS.
System-wide implementation of collaborative problem solving: Practical considerations

Over the past eight years, the Ottawa community has been engaged in implementing Collaborative Problem Solving as an approach used with children/youth and caregivers across multiple organizations and sectors. This community’s implementation effort has occurred using the framework of the National Implementation Research Network (NIRN; Blasé and Fissien, 2013). This presentation will provide participants with an overview of the steps followed for successful implementation. The presentation will also provide the participants with data collected through focus group discussions with Chief Executive Officers of the various sites, as well as information gathered through surveys related to the implementation of the approach.

Session 40
5:00 pm - 6:00 pm
Discussion Hour ~ Palma Ceia 1

Breaking bias in Systems of Care: Understanding the impact of in-group vs. out-group bias in systems change

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

Collaborating well with others is fundamental to performance in human service systems. In a world of increasing interdependency and the perceived uncertainty associated with ongoing change, the system of care workforce needs to be able to create and maintain engaged work environments that promote sound judgment and quality decision making. This means understanding unconscious drivers that influence how we see the world. Bias is invisible, takes place below the surface of awareness, and impacts every decision we make. To achieve positive outcomes for children, youth, and families, mitigating unhelpful bias has never been more urgent. This interactive discussion will share the hard science that underlies in-group bias in system of care communities along with strategies for mitigating it to improve collaboration and decision making performance at the individual, team, organizational, and systemic level.

Session 41
5:00 pm - 6:30 pm
90 Minute Symposium ~ Palma Ceia 2

Breaking the barriers of research and evaluation: Community advisory boards within the Urban Native community

Alex Monk, MS; Amanda WhiteCrane; Frolayne Carlos-Wallace, MS; Community Wellness – Urban Trails, San Francisco, CA

Intergenerational trauma has affected many generations of Native Americans, impacting community trust in research and evaluation. Urban Trails aims to rebuild this trust through community advisory boards (CAB) that engage families and youth as active agents in their care plan, program development and evaluation. Presenters will discuss the Holistic System of Care for Native Americans in an Urban Environment (HSOC) model and how Urban Trails CABs address the gaps, while also empowering and developing the Urban Native community.

Session 42
5:00 pm - 6:30 pm
90 Minute Symposium ~ Palma Ceia 3

Developing a trauma-informed continuous quality improvement process for juvenile justice: Lessons from Maine’s community corrections

Chair: Sarah Goan, MPP, Hornby Zeller Associates, Inc., South Portland, ME; Discussant: Brianne Masselli, Youth M.O.V.E., National, Baltimore, MD; Kristin Thorpe, MA, THRIVE Initiative, Westbrook, ME; Galan Williamson, Maine Department of Corrections, Division of Juvenile Services, Bangor, ME

One major 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). The TIAA was used to determine the level of trauma-informed practice within an agency and pinpoint areas for improvement. In 2012, Maine received a grant to expand this trauma-informed system of care approach to the Department of Corrections, Juvenile Services (ME DOC).

Creating a trauma-informed assessment for juvenile community corrections

A large proportion of youth involved with juvenile corrections have been exposed to trauma within their lifetimes. The Maine Department of Corrections, Juvenile Services is committed to developing a trauma-informed system of care for justice-involved youth and their families in Maine. One aspect of becoming a trauma-informed
system is assessing and changing practice, policies, and organizational culture. This session focuses on the journey Maine has taken to create a sustainable statewide continuous quality improvement process to monitor its trauma-informed organizational approach within Community Corrections.

**Results from piloting a trauma-informed assessment with juvenile community corrections**

In 2014, Maine piloted three trauma-informed assessment modules that were administered to youth, families, and Juvenile Community Corrections Officers (JCCOs). This session will share the results of all three pilot surveys as the findings of validity tests using the pilot data. The session will discuss the administration process, lessons learned about implementing the pilot in community corrections, and next steps to sustain the trauma-informed assessment approach.

**Session 43**

5:00 pm - 6:30 pm

90 Minute Symposium ~ Palma Celia 4

**Mental Health First Aid evaluation**

Chair and Discussant: Bruno J. Anthony, PhD, Center for Child and Human Development, Georgetown University, Washington, DC; Panelists: Mary B. Wichiansky, LCSW-C, Mental Health First Aid, National Council for Behavioral Health, Washington, DC; Irene Yoon, MSc, Center for Child and Human Development, Georgetown University, Washington, DC; My K. Banh, PhD, Center for Child and Human Development, Georgetown University, Washington, DC.

Mental Health First Aid (MHFA) is a public education program that helps the general public identify, understand, and respond to signs of mental illness and substance use disorders. With national efforts to disseminate MHFA USA, evaluation of its impact is warranted. Evaluation tools have been developed and revised. Preliminary findings suggest that MHFA trainings results in attitude change, increased self-efficacy, and increased knowledge about mental health and taking MHFA actions. Future research is needed to assess whether these positive effects are maintained over time.

**Session 44**

5:00 pm - 6:30 pm

Panel Presentation ~ Bayshore Ballroom

**The current state of implementation science: The critical role of research education**

Michael Dennis, PhD, Global Appraisal of Individual Needs (GAIN) Coordinating Center, Chestnut Health Systems, Bloomington, IL; Dean Fiss, PhD, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, NC; Junius Gonzales, MD, University of North Carolina, Chapel Hill, NC; Kenneth J. Martinez, PsyD, American Institute for Research (AIR), Washington, DC; Jennifer P. Wisdom, PhD, The George Washington University, Washington, DC.

Research education and training plays a vital role in the translation of the gains of science to meaningful use in community-based settings. Panel members will discuss critical topics in implementation science, effective programming, policy-setting, and the work that is being done across systems to improve outcomes for adolescents and emerging adults with behavioral health needs, with special emphasis on the importance of preparing dissemination and implementation researchers, practitioners, and administrators. Attention will be drawn to the role of research education in the overall change processes within academic and provider organizations as these entities become better equipped to implement and evaluate evidence-based practices for youth with behavioral health concerns.
Morning Plenary  

8:00 am - 9:45 am  ~  Bayshore Ballroom

**Investing in the Health and Well-Being of Young Adults: Highlights from an Institute of Medicine/National Research Council Report**

Maryann Davis, PhD, Research Associate Professor, Systems and Psychosocial Advances Research Center, Department of Psychiatry, University of Massachusetts Medical School; John Schuhenberg, PhD, Professor of Psychology and Research Professor, Institute for Social Research and Center for Human Growth and Development, University of Michigan; Mark Courtney, PhD, Professor, School of Social Service Administration, University of Chicago; Jennifer Collins, Student, University of Maryland College Park

Young adults are at a significant and pivotal time of life. They may seek higher education, launch their work lives, develop personal relationships and healthy habits, and pursue other endeavors that help set them on healthy and productive pathways. However, the transition to adulthood also can be a time of increased vulnerability and risk. Young adults may be unemployed and homeless, lack access to health care, suffer from behavioral health issues (i.e. mental health or substance abuse issues) or other chronic health conditions, or engage in binge drinking, illicit drug use, or driving under the influence. Young adults are moving out of the services and systems that supported them as children and adolescents, but adult services and systems—for example, adult behavioral health care systems, the labor market, and the justice system—may not be well suited to supporting their needs.

This interactive session will focus on the October 2014 Institute of Medicine and National Research Council report on the health and well-being of young adults. The report summarizes what is known about the behavioral and physical health, safety, and well-being of young adults and offers recommendations for policy, programs, and research. It was prepared by a multidisciplinary committee with expertise in behavioral health, public health, health care, social services, human development, psychology, neuroscience, demography, justice and law, sociology, economics, the private sector, family studies, and media and communication.

The plenary speakers will include three members of the authoring committee and a member of the young adult advisory group that worked with the committee throughout the process: Maryann Davis, PhD; John Schuhenberg, PhD; Mark Courtney, PhD. Their presentations will provide an overview of the report’s key findings and recommendations and a deeper look in three areas:

- Behavioral health care, including transitions from childhood to adult care.
- Educational attainment and employment trends, including the relationships between education/employment and behavioral health.
- Behavioral health concerns among marginalized young adults—such as those aging out of foster care, those in the justice system, and those who dropped out of school—and the policies and programs intended to support them.

The committee members will be joined by Jennifer Collins, a member of the young adult advisory group that worked with the committee throughout the study process. Ms. Collins will reflect on her own experiences during the transition to adulthood, and talk about what resonated with her in the discussions about the health, safety and well-being of young adults. Following the presentations, there will be ample opportunity for questions and interactive discussion with audience members.

**About the presenters**

Maryann Davis, PhD, is a Research Associate Professor with the Center for Mental Health Services Research in the University of Massachusetts Medical School’s Department of Psychiatry. She is also director of the Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (Transitions RTC). Dr. Davis 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 adulthood. She has examined the ways in which policies and practices support or impede the healthy development of this unique age group. Dr. Davis’s work also emphasizes the development of evidence-based interventions that can improve this population’s transition to adulthood, including facilitation of mental health and related treatment, as well as interventions that reduce criminal behavior and substance abuse while supporting the successful completion of education and training and movement into mature work life.
John Schulenberg, PhD, is Professor of Developmental Psychology, research professor at the Institute for Social Research and Center for Human Growth and Development, and associate director of the Survey Research Center, all at the University of Michigan. He has published widely on several topics concerning adolescence and the transition to adulthood, focusing on how developmental tasks and transitions relate to health risks and adjustment difficulties. His current research is on the etiology and epidemiology of substance use and psychopathology, focusing on risk factors, course, comorbidity, and consequences during adolescence and the transition to adulthood. Dr. Schulenberg is co-principal investigator of the national Monitoring the Future study, funded by the National Institute on Drug Abuse (NIDA), concerning substance use and psychosocial development across adolescence and adulthood. He collaborates on two international interdisciplinary projects involving several long-term studies addressing key questions about life-course pathways. His work has been funded by NIDA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), NICHD, the National Institute of Mental Health (NIMH), the National Science Foundation (NSF), and the Robert Wood Johnson Foundation. For these and other institutes and foundations, he has served on numerous advisory and review committees, including as chair of the NIH Psychosocial Development and Risk Prevention Study Section. He also serves on several editorial boards and for guest-edited special issues of Addiction, Applied Developmental Science, Development and Psychopathology, and Journal of Longitudinal and Life-Course Studies. He is a fellow of the APA and president-elect of the Society for Research on Adolescence.

Mark E. Courtney, PhD, MSW, is a Professor in the School of Social Service Administration at the University of Chicago. He has also served on the faculties of the University of Wisconsin (1992-2000) and University of Washington (2007-2010). His fields of special interest are child welfare policy and services, the connection between child welfare services and other institutions serving families living in poverty, and the transition to adulthood for vulnerable populations. He is a faculty affiliate of Chapin Hall at the University of Chicago, for which he served as director from 2001 to 2006. He was a member of the MacArthur Foundation Research Network on Transitions to Adulthood and Public Policy from 2003 to 2010. Dr. Courtney received the 2010 Peter W. Forsythe Award for leadership in public child welfare from the National Association of Public Child Welfare Administrators and in 2012 was elected as a fellow of the American Academy of Social Work and Social Welfare. He has been funded by NIDA, the National Institute on Drug Abuse and Alcoholism (NIAAA), NICHD, the National Institute of Mental Health (NIMH), the National Science Foundation (NSF), and the Robert Wood Johnson Foundation. For these and other institutes and foundations, he has served on numerous advisory and review committees, including as chair of the NIH Psychosocial Development and Risk Prevention Study Section. He also serves on several editorial boards and for guest-edited special issues of Addiction, Applied Developmental Science, Development and Psychopathology, and Journal of Longitudinal and Life-Course Studies. He is a fellow of the APA and president-elect of the Society for Research on Adolescence.

Jennifer Collins is a junior undergraduate at the University of Maryland in College Park, majoring in Family Science. She has been an active member of Montgomery County All Stars, which focuses on improving child and adolescent health in Montgomery County. She has also spoken at numerous forums regarding her experiences as a transitioning youth in the mental health system, most recently at the Tools for System Transformation for Young Adults with Psychiatric Disabilities conference at Georgetown University. She is also a 2009 winner of the Horatio Alger National Scholarship Program.

Afternoon Plenary

2:15 pm – 3:45 pm ~ Bayshore Ballroom

Integrating Mental Health through School-wide Systems of Positive Behavior Support

Lucille Eber, EdD, Director, Midwest PBIS Network, School Association for Special Education in DuPage County, LaGrange, IL; Panel response: Pam Horn, MEd, U46 School District, Elgin, IL; Jessica Aquilina, EdD, Curriculum Specialist, NEIU, Archbald, PA

Increasing access and effectiveness of mental health supports through schools is a national priority supported by all federal and local youth serving agencies and departments. In 2009, leaders in Education and School Mental Health initiated the development of an Interconnected Systems Framework for embedding evidence-based mental health practices within multi-tiered behavioral systems in schools. Building on the effective school-wide positive behavior support (SWPBS) framework being implemented through multiple USDOE initiatives, the Interconnected Systems Framework provides a structure and process for expanding the continuum of effective interventions provided to youth through blended school/community teams. This session will describe the history and rationale for this blended framework and provide local examples of community and school leaders and practitioners designing, delivering and monitoring an expanded continuum of evidence-based practices.

About the presenters

Lucille Eber, EdD is Director of the Midwest PBIS Network, and a Partner with the National PBIS Technical Assistance Center. Dr. Eber provides support and technical assistance for implementation and research and evaluation of school-wide PBIS in Illinois and multiple other states and districts around the country. This includes integration of mental health in schools, implementation of wraparound, wraparound-based RENEW and interagency initiatives for students with or at-risk of Emotional and Behavioral Disabilities (EBD). From 1993-2005, Dr. Eber was Director of the IL EBD Network, focusing primarily on wraparound supports for students with EBD. School-wide PBIS was initiated through the IL EBD Network in 1998 and was formerly renamed the IL PBIS Network in 2005 and transitioned to the Midwest PBIS Network, a regional technical assistance hub of the National PBIS TA Center, in 2014.

Pam Horn, MEd is the District PBIS Coach for School District U46 in Elgin, IL, providing and guiding multi-tiered systems of behavior support in the 55 schools across the District. In this role since 2009, Ms Horn has guided the implementation of positive behavior supports school-wide including building local capacity for wraparound and RENEW supports for students with significant emotional/behavioral challenges. Ms. Horn has also led the integration of mental health and community supports through the district and schools since the inception of the their Community Coalition since 2010. Ms Horn was a teacher in the district for 30 years prior to her current role as District PBIS Coach.

Jessica Aquilina, EdD is a Curriculum Specialist at Northeast Intermediate Unit 19 in Archbald, PA. Prior to this position, Dr. Aquilina was the supervisor of elementary education and an elementary principal in the Scranton School District in Scranton, PA. During her tenure in Scranton Dr. Aquilina worked in partnership with Community Care Behavioral Health on a tertiary demonstration project blending school mental health with PBIS at all three tiers. In addition, Dr. Aquilina supported the expansion of SWPBS into 14 of 16 buildings including 10 elementary schools, three intermediate schools, and one high school.
New findings from the Community Supports for Wraparound Inventory

Janet Walker, Ph.D., Regional Research Institute, School of Social Work, Portland State University, Portland, OR

The Community Supports for Wraparound Inventory (CSWI) is a survey tool that assesses a community's system-level support for Wraparound. Previous research has provided evidence of the measure's reliability and validity. This presentation reports on data gathered from almost 1,000 respondents from 33 communities that recently used the CSWI. Multilevel modeling is used to perform a confirmatory factor analysis, and to examine differences in CSWI scores by respondent group and changes in scores over time.

Innovations in Wraparound implementation and fidelity measurement

Jennifer Schurer Coldiron, PhD, April Sather, MPH, Eric Bruns, PhD, Alyssa Hook, BS, University of Washington/ National Wraparound Implementation Center, Seattle, WA

Wraparound fidelity monitoring has made great strides in the past decade—with the creation and adoption of the several standardized tools included in the Wraparound Fidelity Assessment System (WFAS) at numerous sites around the country and the development of quality improvement feedback mechanisms to make use of the data. As more Wraparound initiatives utilize the fidelity assessment system, and the Wraparound model continues to become more codified, the work to refine existing tools and develop new methods to meet the needs of the field continues. This symposium will focus on recent efforts by the Wraparound Evaluation and Research Team (WERT) in this area, including (1) the revision of the widely-used Team Observation Measure (TOM 2.0), (2) the revival of the Wraparound Document Review Measure (DRM), and (3) the creation of the Wraparound Structured Assessment and Review (WrapSTAR) protocol, a comprehensive external review of outcomes, fidelity, implementation, and system support. Findings from pilot projects and psychometric analyses will be presented, and implications for practice, policy, and research will be discussed.

Reviving the Wraparound Document Review Measure (DRM): A promising tool for fidelity monitoring

Creating a document review tool that various types of Wraparound initiatives can use effectively and reliably has been a challenge. The Wraparound Evaluation and Research Team (WERT) has undertaken efforts to create such a tool and has had three iterations of the tool since 2007. The 2014 revision offers a more comprehensive review of the record and assesses fidelity to Wraparound key elements, service and safety planning, crisis response, transition planning, and outcomes using widely-applicable language.

WrapSTAR: A comprehensive fidelity and implementation assessment for Wraparound quality improvement

This session will describe the development of the Wraparound Structured Assessment and Review (WrapSTAR), an intensive review process that builds off of the National Implementation Research Network's (NIRN) framework, and synthesizes information about a Wraparound provider organization in four domains: outcomes, fidelity, implementation, and system support. An initial pilot indicates that the process is feasible, with minimal burden to provider personnel, and yields actionable information for stakeholders. Next steps and wider applications will be discussed.

Improving supported employment and education: I-SEE Initiative at multiple transition age youth programs

Chair: Karyn Dresser, PhD, Stars Behavioral Health Group, Oakland, CA; Discussant: Wayne Munchel, LCSW, Stars Behavioral Health Group, Carson, CA; Christine Beck, PhD, Stars Behavioral Health Group, Torrance, CA

Stars Behavioral Health Group (aka Stars) operates six transition age youth (TAY) outpatient programs in four California counties and implemented an initiative called Improving Supported Employment and Education (I-SEE) one year ago. This symposium will address a number of challenges that behavioral health care providers such as Stars face when seeking to improve the employment and education outcomes of older youth and young adults with serious emotional and behavioral difficulties. While well-trained in implementation science and the Transition to Independence (TIP) program model, Stars faced a daunting challenge in trying to “move the needle” on young adult education and employment related to many factors including client issues, local economics, program/funding and staff barriers, and measurement protocols.
**Promoting career connections for youth with serious mental health conditions**

Numerous studies indicate that youth and young adults with serious mental health conditions (SMHC) are at high risk for unemployment, poverty, and marginalization. Programs that serve transitional youth and young adults often struggle to provide effective interventions that significantly improve outcomes in this population’s educational and employment domains. This presentation will describe efforts and preliminary results by several outpatient programs to help youth with SMHC to engage and re-engage with career related experiences, opportunities and resources in their communities.

**Members’ education and employment activities in Stars TAY programs before and after I-SEE implementation**

The Stars I-SEE initiative (Improving Supported Employment and Education) was designed to help transition-age youth positively engage in education and employment. Evidence was found that the initiative is indeed helping members positively engage with school or work in three sites with education and employment data available. Members over 18 years of age were less likely to be engaged in school or work than younger ones; even this group made significant gains during their participation.

**Broadening measurements and results**

This presentation addresses I-SEE statuses from the SBHG TAY Client Outcomes Report completed by case manager/clinicians. Study cohorts are examined that correspond to periods prior to and since I-SEE implementation, with the information gathered being inclusive of a wider range of exploratory activities that young adults normatively engage in to develop school/work pathways. With I-SEE, the mental health service population of young adults can rely on more staff advocacy, coaching and support for these activities.

11:00 am - 11:30 am

**Innovative services to support learning and working goals of young adults: Report from the field**

Marsha Ellison, PhD, Sloan Huckabee, PhD, Rachel Stone, Transitions RTC/ Department of Psychiatry, UMass Medical School, Shrewsbury, MA; Michelle Mullen, MA, Rutgers University, Scotch Plains, NJ

Secondary and post-secondary education and employment are compromised for older youth and emerging adults (YEA) with serious mental health conditions. The aim of this research was to identify state-of-the art and innovative practices in career development for YEA. Researchers conducted in-depth telephone interviews with deliverers of 28 innovative programs across the country. Transcripts of interviews were systemically coded and analyzed. Results cover innovative practices for YEA engagement and retention and key service design characteristics.

**Session 47**

10:00 am - 11:30 am

**90-Minute Symposium ~ Bayshore VII**

**Using implementation science to improve child welfare trauma and behavioral health needs screening in four states**

Lisa Conradi, PsyD, Chadwick Center for Children and Families, Rady Children’s Hospital, San Diego, CA; Kay Jankowski, PhD, Dartmouth Trauma Interventions Research Center, Geisel School of Medicine at Dartmouth, Lebanon, NH; Suzanne Kerns, PhD, Department of Psychiatry and Behavioral Science, Division of Public Behavioral Health and Justice Policy, University of Washington, Seattle, WA; Erika Tullberg, MPA, MPH, NYU Child Study Center, New York, NY

Early identification through screening for trauma and behavioral health symptoms is critical in ensuring that children are referred for the appropriate assessment and treatment to address their unique needs. However, installing and implementing screening in child serving systems is a complex task with multiple considerations and challenges. Presenters from Washington, California, New York, and New Hampshire will highlight work currently underway in their respective states focused on the implementation of MH screening practices.

**Paper 1: New Hampshire**

The Dartmouth team will present on their project to implement universal mental health and trauma screening for youth in child welfare and juvenile justice settings. The team will discuss their experience with developing a web-based platform, integrating screening results into case planning, the effect on referral processes to mental health providers, and facilitators and barriers to the success of the project. Preliminary data regarding implementation, collaboration with mental health and satisfaction from staff will be presented.

**Paper 2: California**

The California site will present on work it is doing in one pilot county that has successfully implemented a process for screening for trauma and behavioral health needs and is currently in the sustainment phase. Data will be presented on the implementation process as well as preliminary data on the utility of the trauma measure capturing identified children to refer for assessment. Data on cross-system collaboration between child welfare and mental health will also be presented.

**Paper 3: New York**

New York’s Atlas Project is piloting its screening and assessment work with foster care and mental health providers in the Bronx and Ulster County. As part of this process, the team has developed a protocol that guides staff through the process, and also assists with treatment-related decision-making. Preliminary screening/assessment data and experiences related to implementing this protocol will be shared, with an emphasis on factors that facilitated and hindered the process among different levels/kinds of staff.
**Paper 4: Washington**
The Washington site (Creating Connections) will discuss the impact of social worker training on increasing competencies for administering screening tools, interpreting their results, and applying results to case planning. Data from focus groups and surveys of child welfare social workers and mental health providers will describe key elements in promoting cross-system collaboration. Use of a “decision-tree analysis” will be described as a strategy to evaluate the system-level impacts of new screening tools.

**Presentation 3**
This presentation will explore cost-effectiveness of RHSs through a cost-benefit analysis (CBA) to estimate the "return on investment" and the net benefits of recovery high school attendance compared to a traditional high school among adolescents post-treatment. Using published estimates for a range of benefits (e.g., educational, mental health) and cost estimates from related studies, per student benefits have been estimated: the presentation will summarize the current model results and describe the research methodology for conducting CBA.

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**Session 48**
10:00 am - 11:30 am
90-Minute Symposium ~ Esplanade I

**Recovery high schools as continuing care resources for adolescents: Description, preliminary outcomes, and costs**

Chair: Andrew J. Finch, PhD, Human and Organizational Development, Vanderbilt University, Peabody College, Nashville, TN; Discussant: D. Paul Moberg, PhD, University of Wisconsin School of Medicine and Public Health, Madison, WI; Emily A. Hennessy, MPhil, Emily E. Tanner-Smith, PhD, Human and Organizational Development, Vanderbilt University, Peabody College, Nashville, TN; David L. Weimer, PhD, University of Wisconsin-Madison, Madison, WI

This symposium will consider how recovery high schools (RHS) fit into the substance use/co-occurring disorder continuum of care. Presenters will first describe recovery high schools and then review preliminary data from a comparative outcomes study evaluating the effectiveness of RHS for improving behavioral & academic outcomes of adolescents after receiving treatment. Finally, presenters will explore the cost-effectiveness of recovery high schools and explain a cost-benefit analysis to estimate the net benefits of attending a RHS.

**Presentation 1**
Recovery high schools are alternative school settings that provide a high school curriculum while simultaneously offering therapeutic supports for students with substance use and co-occurring disorders. Participants will learn descriptive components of recovery high school programs, details about types of students, and characteristics of school staff. The presenter will explore recent recovery high school research, including a descriptive study conducted by Finch, Moberg, and Krupp (2014) under funding from a NIDA grant.

**Presentation 2**
This presentation will detail preliminary outcome data from a multi-site study evaluating the effectiveness of recovery high schools (RHSs). The presentation will focus on substance use and academic outcomes (course grades, truancy) at six months after study enrollment to compare adolescents post-treatment who: (1) enroll in RHSs and (2) enroll in other schools. Preliminary results suggest some beneficial outcomes for adolescents enrolled in RHSs compared to adolescents enrolled in other school environments.

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**Session 49**
10:00 am - 11:30 am
90-Minute Symposium ~ Esplanade II

**Building the strengths of young children: The System of Care response**

Chair: Mary Spooner, PhD, Russell Carleton, PhD, ICF International, Atlanta, GA; William Monro, MSW, Ferrol Mennen, PhD, Project ABC, Los Angeles, CA; Susan Pfefferle, PhD, Abt Associates, Cambridge, MA

This symposium will engage participants in a discussion of how systems of care can help young children, aged birth to 5 years, to recover and build resiliency despite experiencing a serious mental health condition.

**Helping young children to thrive: The national perspective**
Young children (aged birth to 5 years) have specific developmental needs that must be addressed when providing mental health services. This presentation will focus on the change in clinical and development outcomes of young children who are served by system of care grantees.

**Maternal mental health: A barrier to treatment success?**
Mothers of children receiving system of care services frequently have mental health problems of their own, with depression being one of the most common. This presentation will look at maternal depression rates in two early childhood systems of care and highlight how this depression influences engagement and child treatment outcomes.

**Toward fulfilling the promise of medical homes for young children with mental health needs: The Massachusetts experience**
MYCHILD employs family partner-early childhood mental health clinician dyads within pediatric medical homes. To date, 327 children and families have been served by the program, with 136 enrolled in the evaluation. Parenting stress as well as child symptoms and behaviors have improved over time. Findings are consistent with those of the national evaluation. Use of MassHealth data in the MYCHILD evaluation will be discussed.
Session 50
10:00 am - 11:30 am
90-Minute Symposium ~ Esplanade III

**NH Children's Behavioral Health Workforce Development Network**

Chair: JoAnne Malloy, Institute on Disability, University of New Hampshire, Concord, NH; Discussants: Suzanne Kerns, PhD, Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA; Hannah Raiche, BA, YouthMOVE NH, Manchester, NH; Cynthia Walman, PhD, Plymouth State University, Plymouth, NH; Kittie Weber, PhD, New England College, Henniker, NH; Annmarie Cioffari, PhD, Graduate Program in Community Mental Health and Mental Health Counseling, Southern New Hampshire University, Colchester, VT

This symposium focuses on a cross-sector and cross-disciplinary workforce development network in New Hampshire. The presentation begins with a description of the NH Children's Behavioral Health Collaborative and the set of core competencies developed by a representative team of practitioners, family members, and policy makers. The presentations then describe three ways that the core competencies were used to organize the NH Children's Behavioral Health Workforce Development Network, assess staff competencies, and influence higher education programs in psychology, school psychology, and community mental health.

**NH Children's Behavioral Health Workforce Development Network**

This session focuses on the development and structure of the NH Children's Behavioral Health Core Competencies (2011), and the subsequent development of a cross-sector and cross-disciplinary coalition called the NH Children's Behavioral Health Workforce Development Network (NHCBH Workforce Development Network). The Network was formed and organized to influence cross-sector and interdisciplinary pre-service and in-service training and impact system change, consistent with system of care core values and principles.

**Crosswalk of core competencies with higher education programs of study**

This session describes how three college/university programs cross-referenced their syllabi with the NH Children's Behavioral Health Core Competencies to assess the alignment of their coursework, student assessments, and internship experiences with system of care core values and best practice.

**Assessing the workforce using core competencies**

This session will describe how the NHCBH Workforce Development Network used the core competencies to create and administer a survey of the community mental health workforce. The presentation will include a summary of survey results and how those data have been used to design workforce development events locally and statewide.

Session 51
10:00 am - 10:30 am
30-Minute Paper ~ Palma Ceia 1

**Utilization of mental health services and trajectories of mental health status among children placed in out-of-home care**

Svetlana Yampolskaya, PhD, Patty Sharrock, PhD, Department of Child & Family Studies, University of South Florida, Tampa, FL; Colleen Clark, PhD, Mental Health Law & Policy, University of South Florida, Tampa, FL

This study examined the relationship between mental health service utilization and changes in mental health status over time among children placed in out-of-home care. Overall service utilization declined and mental health status improved over time. However, children who received the fewest services in the initial time period experienced worsening mental health status over time. Chronic maltreatment and caregiver absence were associated with deterioration of children's mental health status.

Session 52
10:00 am - 10:30 am
30-Minute Paper ~ Palma Ceia 2

**Strategies for making significant system reforms: The Connecticut Children's Behavioral Health Plan**

Jeffrey Vanderploeg, PhD, Judith Meyers, PhD, Child Health and Development Institute, Farmington, CT; Tim Marshall, LCSW, Connecticut Department of Children and Families, Hartford, CT

This paper will describe the “Children's Behavioral Health Plan” called for in Public Act 13-178, one of the Connecticut General Assembly's responses to the tragic school shootings in Newtown. We will describe the legislative and political process involved, the input gathering process, and the goals and strategies at the core of the Plan. Lessons learned have significant implications for states who may become engaged in similar efforts to reform their children's behavioral health system.
10:30 am - 11:00 am
30-Minute Paper ~ Palma Ceia 2

Introducing the National Evaluation of the Systems of Care Expansion Initiative

Ana Maria Brannan, PhD, Indiana University, Bloomington, IN; Daksha Arora, PhD, Westat, Rockville, MD

The presentation will describe the new national evaluation of SAMHSA’s system of care expansion initiative. It will be relevant to expansion grantees funded in 2013 and 2014 and others interested in implementation and dissemination research. The presentation will include discussion of the multi-level nature of evaluation in systems of care. Assessment tools for the evaluation were developed in close collaboration with team partners from Youth Move National, the Federation of Families for Children’s Mental Health, and expert consultants.

11:00 am - 11:30 am
30-Minute Paper ~ Palma Ceia 2

What happens to children and youth after they leave residential mental health treatment: Descriptions of common long-term community adaptation profiles in a sample of young adults

Karen Frensch, MSc, Partnerships for Children & Families Project, Faculty of Social Work, Wilfrid Laurier University, Kitchener, CA; Michele Preyde, PhD, College of Social and Applied Human Sciences, University of Guelph, Guelph, CA

Subgroup analyses are presented from perspectives of 59 young adults who had received children’s residential mental health treatment in the past. Five descriptive profiles emerged: young adults in trouble with the law, socially isolated, struggling, managing well and striving for success. The nature and relevance of long-term follow-up services are discussed in light of the unique needs of each group as they transition into young adulthood.

Session 53
10:00 am - 10:30 am
30-Minute Paper ~ Palma Ceia 3

Opiate use and dependence among Ohio Medicaid beneficiaries

Dushka Crane, PhD, Daniel Weston II, MS, Ohio Colleges of Medicine Government Resource Center, Ohio State University Medical Center, Columbus, OH

This presentation will describe results of a study sponsored by the Ohio Department of Medicaid to analyze administrative data related to opiate prescribing among adolescents and transition age youth. All Medicaid claims and encounter data for youth ages 12 to 24 during calendar years 2007 through 2013 were examined to identify patterns and trends in opiate use and dependence. Results were used to evaluate and inform statewide quality improvement initiatives focusing on opiate prescribing practices.

10:30 am - 11:00 am
30-Minute Paper ~ Palma Ceia 3

Relationship between schizophrenia and other psychotic disorders among youth: What are the implications for screening for first episode psychosis?

Annette Crisanti, PhD, Deborah Altschul, PhD, Psychiatry, University of New Mexico, Albuquerque, NM

Studies on first episode psychosis have found high rates of criminal justice involvement and higher rates of psychosis/schizophrenia have been found among delinquents compared to youth in the general population. Because early identification of psychosis alters the trajectory of this illness substantially, screening in the juvenile justice system is warranted. National data from the SAMHSA System of Care Project on the relationship between psychosis and delinquent behavior will be presented as justification for such screening.

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

Identification of factors leading at-risk students to graduate from high school

Joan Aiello, MS, Hillside Family of Agencies, Rochester, NY

The Hillside Work-Scholarship Connection program aims to increase high school graduation rates by providing services to youth at risk for not-graduating from high school. A study was conducted to review the risk factors and activities across four sites to determine which were most important in on-time graduation for students entering 9th grade in 2009. Twenty-five variables were examined for 900 students to identify the most important factors leading to graduation.

Session 54
10:00 am - 10:30 am
30-Minute Paper ~ Garrison

Meaningful use of System of Care Readiness Survey results to develop implementation plans

Betty Walton, PhD, Pinkie Evans, MBA, MSW, School of Social Work, Indiana University, Indianapolis, IN

Indiana received a system of care (SOC) Expansion Grant to develop a strategic plan for implementation of SOCs statewide. A required implementation readiness study had a 68% response rate for the System of Care Implementation Survey (SOCIS). The presentation will describe the participatory process of administering the data, sharing results, and using the information for state and local planning. We will share examples of reports and strategies to transform results into meaningful information.
10:30 am - 11:00 am
30-Minute Paper ~ Garrison Suite

**Understanding the demographic trends among children and families served by Systems of Care**

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

Efforts to transform the lives of children and youth with serious mental health conditions and their families through the system of care approach have been ongoing for more than two decades. This presentation discusses the demographic, referral, and clinical characteristics of children, youth, and families who received system of care services and how these have changed over the past two decades. The findings suggest that demographic factors are strong predictors of symptom levels that decrease over time.

11:00 am - 11:30 am
30-Minute Paper ~ Garrison Suite

**Developing and incorporating an innovative and strategically-focused research function in a non-profit human service organization**

Laura Greyber Maggiulli, PhD, Maria Cristalli, MPH, Strategic Planning and Quality Assurance, Hillside Family of Agencies, Rochester, NY; Catherine Dulmus, PhD, School of Social Work, State University of New York at Buffalo, Buffalo, NY

Hillside Family of Agencies (HFA) is a non-profit human service organization that delivers more than 120 services across New York State to youth, adults, and families. The organization developed a strategic intent in 2007 to be, in partnership with youth, families, and communities, the leader in translating research into effective practice solutions that create value (outcomes/cost.) A number of key research functions support the strategic intent including an institutional review board and a research department.

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**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.

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**Session 55 W**
1:00 pm - 2:00 pm
Discussion Hour ~ Bayshore V

**Implementation of the Wraparound philosophy in collaboration with bilingual/multi-cultural families**

Victor Gonzalez, BS, Deb Batsie, LMDT, Tabor Napiello, MSW, Wheeler Clinic, Inc., Plainville, CT; Moderator: Kathy Lazear, MS, Department of Child & Family Studies, University of South Florida, Tampa, FL

There is a growing need to address cultural and linguistic competence in Wraparound model work. Hiring bilingual staff to better meet the needs of the population is only the beginning of the work needed. How do we best support those staff in the field? What are their unique needs? This discussion hour will review steps taken in Connecticut Wraparound and provide opportunities for discussion on best practices and implementation of supportive policies within agency settings.

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**Session 56 EA**
1:00 pm - 1:30 pm
30-Minute Paper ~ Bayshore VI

**Attitudes and beliefs of child welfare stakeholders about child welfare based natural mentoring for older youth in foster care**

Johanna Greeson, PhD, Allison Thompson, MSS, School of Social Policy & Practice, University of Pennsylvania, Philadelphia, PA

This qualitative study is the first to explore the attitudes and beliefs of stakeholders regarding the implementation of a child welfare-based natural mentoring intervention, laying a foundation for future research investigating the effectiveness of such programming. Focus group data from 37 child welfare professionals and older foster youth suggest that these stakeholders are cautiously optimistic about the potential of a child welfare-based natural mentoring intervention to promote positive outcomes among youth emancipating from care.
Managing support in the wake of aging out of care as an emerging adult with a serious mental health condition

Vanessa Vorhies Klodnick, LCSW, PhD candidate, School of Social Service Administration, The University of Chicago, Chicago, IL; Marc Fagan, PsyD, Thresholds, Chicago, IL

Emerging adulthood (ages 18 to 29) is characterized by identity exploration in vocational and social roles. During this time, gradual increases in social demands co-occur with gradual decreases in support. Those who age out of child welfare at age 21 with serious mental health needs experience sudden and drastic alterations in support at emancipation. This longitudinal grounded theory study illuminates four approaches to managing support post-emancipation, defined through individual and social network characteristics.

Session 58
1:00 pm - 2:00 pm
Discussion Hour ~ Esplanade I
Blending care with control: Integrating juvenile justice with System of Care

Tegan Henke, MS, Erin Espinosa, PhD, Texas Institute for Excellence in Mental Health, Austin, TX

It is common knowledge that youth with mental needs are disproportionately represented within the juvenile justice system; however, systems have struggled to integrate juvenile justice with system of care efforts. This discussion session will address integrating juvenile justice into the system of care, including challenges, benefits, and approaches to improving cross-system communication, collaboration, and diversion efforts for this population for youth. Strategies to ensure the effective integration of policy and practice will also be discussed.

Session 57
1:00 pm - 2:00 pm
Discussion Hour ~ Bayshore VII
Centers of Excellence: Dissemination and implementation of evidence-based practices in systems of care

Michelle Zabel, PhD, Jennifer Mettrick, MHS, MS, The Institute for Innovation and Implementation, University of Maryland School of Social Work, Baltimore, MD

This session presents the emergence across the country of “Centers of Excellence” (COE), as an infrastructure strategy for the dissemination of evidence-based/promising practices and support for the implementation of systems of care. This session will cover the core functions of a COE, discuss options for COE development, and provide lessons learned and practical guidance from current COE leaders. The session will seek input on the future of COE development.

Session 59
1:00 pm - 2:00 pm
Discussion Hour ~ Esplanade II
Schools for Hope: A new curriculum project teaches hope to prevent youth suicide

Penny Tate, MA, International Foundation for Research and Education on Depression, Chicago, IL

The leading symptom of depression and predictor to suicide is hopelessness. Schools for Hope is a new curriculum project developed by iFred, the International Foundation for Research and Education on Depression. It is based on research that suggests hope is a teachable skill. If kids can be taught to find pathways to hope, no matter what their experience, ultimately suicides in youth and adulthood can be prevented.

Session 60
1:00 pm - 2:00 pm
Discussion Hour ~ Esplanade III
Adaptations to evidence-based interventions: Balancing treatment integrity and client responsiveness

Anna Long, PhD, Sarah Fletcher, MA, Melissa Hamilton, MED, Louisiana State University, Baton Rouge, LA

Although treatment integrity is critical for achieving desired outcomes, numerous barriers can interfere with intervention implementation. As a result, adaptations to interventions frequently occur. Little guidance is provided to practitioners on how to determine (a) if adaptations are warranted, and (b) what changes can be made without adversely impacting outcomes. This session will overview models for adapting EBIs and discuss the balance between strict adherence to interventions as designed and the use of appropriate adaptations to fit specific client populations and intervention settings.
Session 61
1:00 pm - 2:00 pm
Discussion Hour ~ Palma Ceia 2
Behavioral health needs and criminogenic risk: An integrated approach to risk and need assessment
Jeff Kretschmar, PhD, Rick Shepler, PhD, Begun Center for Violence Prevention Research and Education, Case Western Reserve University, Cleveland, OH
Estimates indicate that the majority of juvenile justice-involved youth report behavioral health impairment. While assessing youth for criminogenic risk is common in the juvenile justice system, less common are behavioral health assessments. This presentation will examine the importance of measuring both criminogenic risk and behavioral health need for juvenile justice-involved youth and present data from a juvenile justice diversion program for youth with behavioral issues to support a more integrated approach to treatment planning.

Session 62
1:00 pm - 2:00 pm
Discussion Hour ~ Palma Ceia 3
Let data do the driving: Integrating digital media strategies into social marketing
Jane Tobler, Barbara Huff, Caring for Every Child’s Mental Health Campaign, Vanguard Communications
Using digital media technologies to improve information access is quickly becoming a key social marketing strategy for successful children’s mental health programs. While young people have historically been the most active digital media users, parents, caregivers, researchers, evaluators, and policy-makers are increasingly using these platforms. By learning how to use digital media technologies effectively, participants can better build stronger, self-supporting networks; enhance education and involvement, and engage broader audiences by providing new avenues for interaction.

Session 63
1:00 pm - 2:00 pm
Discussion Hour ~ Palma Ceia 4
Is social and emotional learning vital for young children?
Kimberley Williams, Frameworks of Tampa Bay, Inc., Tampa, FL
It’s not that children are unable to learn; it’s that very often they are unavailable to learn due to a variety of stressors in their lives. Social emotional learning skills have tremendous impacts on early childhood behavioral health. Research shows that teaching self-awareness, self-management, social awareness, relationship skills, and responsible decision making through proven effective programs helps children deal with stressors, be ready to learn, and build a strong framework for lifelong success.

Session 64 (EA)
1:00 pm - 2:00 pm
Discussion Hour ~ Garrison
Participatory action research: Making it work for young adults with serious mental health conditions
Kathryn Sabella, MA, Amanda Costa, AA, Lisa M. Smith, BA, Tania Duperoy, BA, University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center (SPARC), Transitions Research and Training Center (RTC), Worcester, MA
Participatory Action Research (PAR) is the process in which research participants are actively involved in the research process from start to finish. The Transitions Research and Training Center (RTC) has successfully created and implemented a PAR framework by meaningfully involving young adults with serious mental health conditions (SMHC) in all activities. This discussion hour will use the RTC’s experiences as a platform for discussing strategies that other researchers can use to employ PAR in their work.

Afternoon Plenary
2:00 pm – 2:15 pm
Networking Break

Session 64 (EA)
1:00 pm - 2:00 pm
Discussion Hour ~ Garrison
Participatory action research: Making it work for young adults with serious mental health conditions
Kathryn Sabella, MA, Amanda Costa, AA, Lisa M. Smith, BA, Tania Duperoy, BA, University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center (SPARC), Transitions Research and Training Center (RTC), Worcester, MA
Participatory Action Research (PAR) is the process in which research participants are actively involved in the research process from start to finish. The Transitions Research and Training Center (RTC) has successfully created and implemented a PAR framework by meaningfully involving young adults with serious mental health conditions (SMHC) in all activities. This discussion hour will use the RTC’s experiences as a platform for discussing strategies that other researchers can use to employ PAR in their work.

Afternoon Plenary
2:15 pm – 3:45 pm ~ Bayshore Ballroom
Integrating Mental Health through School-wide Systems of Positive Behavior Support
Lucille Eber, EdD, Director, Midwest PBIS Network, School Association for Special Education in DuPage County, LaGrange, IL; Panel response: Pam Horn, MEd, U46 School District, Elgin, IL; Jessica Aquilina, EDD, Curriculum Specialist, NEIU, Archbald, PA
Increasing access and effectiveness of mental health supports through schools is a national priority supported by all federal and local youth serving agencies and departments. In 2009, leaders in Education and School Mental Health initiated the development of an Interconnected Systems Framework for embedding evidence-based mental health practices within multi-tiered behavioral systems in schools. Building on the effective school-wide positive behavior support (SWPBBS) framework being implemented through multiple USDOE initiatives, the Interconnected Systems Framework provides a structure and process for expanding the continuum of effective interventions provided to youth through blended school/community teams. This session will describe the history and rationale for this blended framework and provide local examples of community and school leaders and practitioners designing, delivering and monitoring an expanded continuum of evidence-based practices.
Session 65
4:00 pm - 5:30 pm
90-Minute Symposium ~ Bayshore V
Youth-guided program planning and evaluation in Systems of Care

Chair: Virginia Stack, MS, Paul V. Sherlock Center, for Rhode Island Department of Children, Youth & Families, Providence, RI; Discussant: Cindy Crusto, PhD, The Consultation Center, Yale University School of Medicine, New Haven, CT; Allison Theriault, BA, Cherie Cruz, MA, Parent Support Network of Rhode Island, Providence, RI; Diane Purvin, The Consultation Center, Yale University School of Medicine, New Haven, CT

This symposium will present the processes through which the state of Rhode Island has integrated youth voice and guidance into its systems of care program planning and evaluation. After having received support for a one-year statewide planning initiative, Rhode Island is currently in the third year of a Systems of Care Expansion Cooperative Agreement. Incorporating meaningful youth involvement in and engagement with all components of program planning and evaluation has been a core focus of these initiatives. Presenters will describe efforts to involve youth served by state systems into the statewide initiative, participation of youth in regional strategic planning processes, strategies to develop youth leadership and institutionalize youth involvement in program planning, and the role of youth as partners in program evaluation, including an innovative collaboration developed for the evaluation component of the current SAMSHA cooperative agreement.

Incorporating youth voice into program planning
In this presentation, the Project Director for the statewide planning initiative and the Systems of Care Expansion Cooperative Agreement will describe the impetus for expanding the role of youth in Rhode Island's program planning, including community partnerships and the role of the Youth Coordinator and Family Coordinator in structuring youth involvement in the statewide planning initiative and program evaluation.

Building capacity for youth involvement and engagement in Systems of Care program planning and evaluation
In this presentation, the Statewide Youth Coordinator and the Statewide Family Leadership & Involvement Coordinator for the Systems of Care in Rhode Island will describe the processes and structures through which the state has developed and mentored system-served youth to foster their capacity to participate in statewide program planning and evaluation, including the Youth Initiated Strategic Plan, Youth Mentor Leadership Academy, and youth focus group project.

Youth as partners and collaborators in program evaluation
This presentation will review the implementation process, data analysis, and preliminary results of focus groups conducted to investigate the experiences of youth served by system of care services in Rhode Island. The focus groups were identified by the statewide system of care partnership as a means to incorporate youth experiences and voices into the expansion and improvement of services, and as a component of the initiative's evaluation. System-served youth participated in all phases of the project.

Session 66
4:00 pm - 5:00 pm
Discussion Hour ~ Bayshore VI
From youth tokenism to youth transformation: How to support young people to use their stories to promote healing & systems change

Debra Cady, MSW, Child, Adolescent and Family Branch, SAMHSA, Washington, DC; Kristin Murray, BS, Jacksonville Children's Commission, Jacksonville, FL

Many new policies require youth and young adults with lived experience to share their stories to influence systems change. These opportunities can often result in unintended negative consequences to young advocates like retriggering feelings of fear, hopelessness and defeat from past traumatic events. The Trauma-Informed Method of Engagement (TIME) model teaches supportive adults how to engage, prepare, support and debrief young advocates to harness the power of their individual experiences to minimize the likelihood of re-traumatization. This model can promote the transformation of both the young advocate and of the systems that serve them.

5:00 pm - 5:30 pm
30-Minute Paper ~ Bayshore VI
Developing a behavioral health system for transition-age youth: Utilizing longitudinal data in formative evaluation

Robin Lindquist-Grantz, MSW, Institute for Policy Research, University of Cincinnati, Cincinnati, OH; Carolyn Jones, MA, Hamilton County Mental Health & Recovery Services Board, Cincinnati, OH; Kimberly Downing, PhD, Eric Rademacher, PhD, Institute for Policy Research, University of Cincinnati, Cincinnati, OH

Longitudinal study data are a powerful method for measuring change; however, using them in an empowerment evaluation can be challenging when community members anticipate immediate outcome results. This session will highlight the construction of a formative empowerment evaluation based on site-specific findings from the SAMHSA/CMHS National Evaluation. Data-sharing strategies will be presented based on lessons learned from a co-located, multi-provider behavioral health system of care that focuses on transition-age youth.
Session 67

4:00 pm - 5:30 pm

90-Minute Symposium ~ Bayshore VII

Building the evidence base for the RENEW Transition Model: Theoretical & methodological developments

Chair: JoAnne Malloy, PhD, Institute on Disability, University of New Hampshire, Concord, NH; Discussant: Janet Walker, PhD, School of Social Work, Portland State University, Portland, OR; Mason Haber, PhD, Charles Burgess, MS, University of North Carolina, Charlotte, NC.

This symposium describes a theory of action for the RENEW (Rehabilitation for Empowerment, Natural Supports, Education and Work) model for supporting transition of youth with emotional and behavioral challenges, as well as developmental-ecological research and experience from over 15 years of RENEW practice. Recent findings on tools for RENEW implementation are also shared, including data on relationships between youth outcomes and measures of implementation at youth, program, and setting levels.

The RENEW Theory of Action

This paper presents the components of the RENEW (Rehabilitation for Empowerment, Natural Supports, Education and Work) model theory of action as well as its foundation in developmental-ecological theory and research, including literature on positive youth development and ecological support of youth with or at risk of emotional and behavioral challenges. A proposal for a rigorous test of this theory of action using tools discussed in the next session will also be presented.

Testing the RENEW Theory of Action

Assessments of whether a program is implemented as intended (fidelity) are increasingly expected in transition services. However, such assessments often evaluate only overall fidelity, with few capable of assessing specific components of a model. This presentation will share data on the validity of an assessment of the fidelity of specific components of RENEW, the Expanded RENEW Integrity Protocol (E-RIT), as well as relationships between fidelity at both youth and school levels in predicting youth outcomes.

Mental health and education: Blending the RENEW Transition Intervention into the high school setting

This session shares experiences of youth and a clinician trained in RENEW in a recent RENEW demonstration project involving collaboration of a school and mental health center. Qualitative data from surveys and interviews with the youth and clinician are first presented. To help describe potential benefits of mental health-school collaborations, descriptive and qualitative analyses of mental health-related goals from RENEW “action plans” from another implementing site will also be presented.

Session 68

4:00 pm - 4:30 pm

30-Minute Paper ~ Esplanade I

Trauma, attachment & the brain

L. Michelle Coddington, MS, LMFT, Executive Director, Where Families Thrive, Haddonfield, NJ

Correlating principles of attachment theory (driving force behind one’s ability/inability to connect with others) with “relational trauma” yields critical insights into why traditional “behavior modification” is almost always insufficient for lasting change. Participants will learn creative ways to incorporate breakthroughs in brain science into therapy with youth and families.

4:30 pm - 5:30 pm

Discussion Hour ~ Esplanade I

The Texas Traumatic Brain Injury Juvenile Justice Screening Pilot Project

Princess Katana, MEd, Texas Health and Human Services Commission, Austin, TX

Recognizing that even mild Traumatic Brain Injury (TBI) has an impact on a child, youth, or emerging adult’s ability to think, learn and effectively respond to changing circumstances, a pilot group of over 4,000 youth offenders in the Texas juvenile justice system were screened for the probability of having incurred a traumatic brain injury prior to their involvement in the system. Those who screened for a moderate to high probability of TBI received specialized services specifically addressing their cognitive and behavioral health needs with the ultimate goal of reducing recidivism and providing a pathway for each youth to be safe and become a productive member of society.

Session 69

4:00 pm - 4:30 pm

30-Minute Paper ~ Esplanade II

Enhancing supports to reduce school-based arrests: Intensive school intervention and arrest reduction toolkit

Jeana Bracey, PhD, Yecenia Casiano, MS, Jeffrey Vanderplou, PhD, Child Health and Development Institute, Farmington, CT; Michael Valerio, Sarah J. Rawson School, Hartford, CT

Connecticut’s comprehensive efforts to reduce in-school arrests through intensive school intervention and integration of enhanced mental health services and supports are featured in this presentation. Innovative policies, cross-system collaboration, and practice improvements have resulted in significant arrest reductions and increased service utilization among youth. Core elements and outcomes of the School-Based Diversion Initiative are presented, and participants are guided through implementation of a free arrest-reduction school toolkit developed by the presenters to promote school-community partnerships.
Reducing recidivism and improving behavioral health outcomes for youth in the juvenile justice system

Sarah Wurzburg, MA, Elizabeth Seigle, MSW, The Council of State Governments Justice Center, New York, NY
A key factor in promoting positive outcomes for youth in contact with the juvenile justice system is the timely identification and appropriate treatment of youth with substance use and mental health needs, and furthermore, preventing deeper penetration of these youth in the juvenile justice system. Additionally, a large proportion of youth in the juvenile justice system experience mental health and/or substance use needs. The juvenile justice and behavioral health systems need to collaborate to successfully address these multifaceted needs. A coordinated, cross-systems approach is essential for improving service availability, access, and quality.

Core principles for reducing recidivism and improving other outcomes for youth in the juvenile justice system

The presentation will review the content of the Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System with a focus on the need to employ a collaborative approach between juvenile justice and behavioral health systems in order to develop a shared framework for working with justice-involved youth, and one that ultimately improves the outcomes for system-involved youth with behavioral health needs.

Reducing recidivism and improving behavioral health outcomes for youth in the juvenile justice system

Risk, need, responsivity (Andrews & Bonta, 2010) will be used to explain recidivism reduction principles, which will include information on how juvenile justice agencies utilize this information for supervision, services, and resource allocation. The discussion will detail how criminogenic risk and needs assessments can be used with behavioral health assessments to create individualized case plans. Additional information will be provided on systems collaboration such as the identification of shared outcomes through data collection and information sharing.

Using a co-located staff model to increase identification and access to mental health services for youth in child welfare and community mental health agencies

Since 2008, there has been an effort to improve access to behavioral health services across the District of Columbia (DC), particularly for children entering the foster care system. This required collaboration across service delivery systems which included strengthening and increasing the capacity of community providers, further developing and offering customized family-driven services to support families, and creating an infrastructure whereby children and families can expeditiously access an array of evidenced-based services across the continuum of care.

Integration of mental health screening in primary health care settings

Launched in 2012, the DC Collaborative for Mental Health in Pediatric Primary Care is an interdisciplinary public-private partnership aimed at improving the integration of mental health in primary care through several initiatives, including universal mental health screening, a quality improvement learning collaborative for pediatric providers, and the development of a child mental health access program. Early findings demonstrated improvements in the identification of mental health problems and the integration of mental health into primary care.

Primary Project: An evidence-based early intervention program

Primary Project is an evidence-based early intervention and prevention program for children in pre-kindergarten through third grade who have demonstrated mild difficulty with social-emotional adjustment in the classroom. The program incorporates socio-emotional screening of all children to identify mild to severe school adjustment difficulties and insure appropriate access to needed behavioral health services. Initial results indicate improvement across developmental dimensions for children who have participated in Primary Project.
Session 71
4:00 pm - 4:30 pm
30-Minute Paper ~ Palma Ceia 1
**Fathers for Change: An integrated intervention for fathers with co-occurring domestic violence and substance abuse**

Carla Stover, PhD, Mental Health Law & Policy, University of South Florida, Tampa, FL

Fathers for Change is an integrated intervention designed for men with co-occurring domestic violence and substance abuse to reduce violence, substance use and child maltreatment. The program has been tested in two pilot studies. Outcomes suggest men in Fathers for Change are: a) more likely to complete treatment, b) reported satisfaction with the program, c) are less violent, and d) exhibit significantly less intrusiveness in coded play interactions with their children.

4:30 pm - 5:00 pm
30-Minute Paper ~ Palma Ceia 1
**The Miami Model: A model for healthcare integration within federally qualified health centers**

Angela Mooss, PhD, Megan Hartman, BS, Behavioral Science Research Institute, Coral Gables, FL

The MAITCE project was funded by SAMHSA to help two large Miami health clinics integrate medical, HIV, and behavioral health services. Results indicated fewer hospitalizations and emergency room visits, increases in risk perception of substance use and sexual risk, and reduced behavioral health symptoms among those receiving program services. This type of care integration supports the need to modify the front door of the care system to increase access to comprehensive services for those most vulnerable.

Session 72
4:00 pm - 5:00 pm
Discussion Hour ~ Palma Ceia 2
**Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation**

Kimberly McGrath, PsyD, Citrus Health Network, Hialeah, FL; Mary Armstrong, PhD, Melissa Johnson, MA, Norín Dollard, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa, FL

Citrus Health Network has developed a Specialized Therapeutic Foster Care Program and an intensive in-home team to meet the special needs of youth involved in commercial sexual exploitation entitled Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation. This presentation addresses the key program components of the program and the unique social factors related to CSE. Findings including demographic and diagnostic information, as well as youth functioning, strengths and well-being over time, will also be presented.

Session 73
4:00 pm - 4:30 pm
30-Minute Paper ~ Palma Ceia 3
**Examining mental and physical health service needs of children in informal kinship care: Practice and policy implications**

Mi Jin Choi, MSW, Althea Pestine, MPAff, Eunju Lee, PhD, Lara Kaye, PhD, School of Social Welfare, University at Albany, Albany, NY; Gerard Wallace, NYS Kinship Navigator/Catholic Family Center, Rochester, NY

This study examines the physical and mental health well-being of 288 children in informal kinship care in New York State. Based on a survey of kinship caregivers living in five upstate counties, the study finds that the kinship children display higher levels of mental health needs than the general population. Recommendations include training practitioners on service needs of kinship families and system collaboration to better serve the families, including mental health screening and service referrals.
4:30 pm - 5:00 pm
30-Minute Paper ~ Palma Ceia 3

The influence of caregiver depression on children in non-relative foster care versus kinship care placements

Antonio Garcia, PhD, Meredith Matone, Minseop Kim, David Rubin, MD, School of Social Policy & Practice, University of Pennsylvania, Philadelphia, PA

The challenges youth in kinship placements typically encounter when their caregivers are not given supports, and ample resources, will be discussed in this presentation. Findings show that benefits to youth in kinship care are conferred to those youth whose caregivers do not suffer from depression or experience a decrease in symptoms over time. Attendees will learn effective strategies to promote kinship caregiver well-being, and how to support kin placements to augment benefits to youth placed in these settings.

5:00 pm - 5:30 pm
30-Minute Paper ~ Palma Ceia 3

Improving children’s mental health care through a multidimensional approach to integrating behavioral health and primary care

Sherry Shamblin, PhD, Hopewell Health Centers, Athens, OH; Dawn Graham, PhD, Social Medicine, Ohio University, Athens, OH; Kristine Gibson, MD, Department of Pediatric and Adolescent Medicine, WMU Home Stryker, MD School of Medicine, Kalamazoo, MI

Presenters offer lessons learned from integration efforts in Appalachia Ohio and urban Kalamazoo, Michigan, as well as completed research in integrated care. Together, presenters will describe the impact of their respective integration efforts in terms of increased efficiencies, access, care coordination, and quality. Practical tools will be shared, and policy implications/advocacy opportunities will be identified. Finally, participants will be given an opportunity to design strategies for expanding integrated care efforts in their home communities.

4:00 pm - 4:30 pm
30-Minute Paper ~ Garrison

Young adults in dual diagnosis treatment: Comparison to older adults at intake and post-treatment

Siobhan Morse, MHSA, Department of Research and Fidelity, Foundations Recovery Network, Brentwood, TN

Substance use among young adults is of interest due to high levels of use and low levels of treatment access and engagement relative to other adults. Data collected from 1,972 clients in residential services were analyzed to investigate differences in use patterns, treatment outcomes, and other life area problems. Participants completed an Addiction Severity Index (ASI) and the University of Rhode Island Change Assessment (URICA) at baseline, and an ASI and Treatment Services Review at one and six-month post-discharge interviews. Implications for dual diagnosis treatment are discussed.

4:30 pm - 5:30 pm
Discussion Hour ~ Garrison

Trauma and delinquency: Making the connection

John Burek, MS, Parenting with Love and Limits (PLL), Lakeland, FL; Ellen Souder, MA, LPCC-S Parenting with Love and Limits (PLL), Mansfield, OH

Research has recognized that there are direct links between juveniles with unresolved trauma issues and extreme behavior problems. Unfortunately, the majority of treatment for this population is directed toward the individual and/or focuses on behavioral issues while missing the root causes of the problem: unhealed wounds or traumas such as abandonment, unresolved grief, or abuse and neglect. Parenting with Love and Limits is an evidence-based, family focused program that is committed to troubled youth in a variety of contexts. Working with youth in juvenile justice, child welfare, and foster care systems across the country, PLL implements a program that not only teaches youth behavioral skills, but also strategically addresses the core issues of trauma that are inhibiting the entire family.
201. Building workforce education through an integrative and collaborative approach to meet the behavioral health needs of transitional-age youth

Rosemary Alamo, LCSW, PPS, Rick Newmyer, MSW, School of Social Work, University of Southern California, Los Angeles, CA

USC School of Social Work’s Tri-County Behavioral Health Training Consortium is focused on building the workforce for behavioral health services targeted for transitional-age youth (TAY) who are at-risk for mental illness, substance abuse, and suicide. The project spans Los Angeles, Orange, and San Diego counties. Students are matched with field placements that focus on TAY and receive additional support and evidence-based training in Motivational Interviewing, SBIRT, and CBT to meet the needs of the population.

202. Efficacy of NAMI Parents and Teachers as Allies Training for Increasing Mental Health Literacy and Perceived Self Efficacy and Decreasing Stigmatizing Attitudes in preservice teachers

Sloan Huckabee, PhD, Center for Psychiatric Rehabilitation, Boston, MA

The effects of the NAMI Parents and Teachers as Allies training on the Mental Health Literacy, Personal Beliefs, and Stigmatizing Attitudes of preservice teachers are examined in this study. Pre, post, and follow-up measures were collected for the experimental group and pre and post measures from a control group. Results of the study indicate that the training is an inexpensive training method that positively affects knowledge, personal beliefs, and attitudes of preservice teachers.

203. 2014 National Parent Support Job Survey

Frances Purdy, MEd, National Family Support Association, Salem, OR

This independent national survey reports on 107 individuals involved in the parent support 2013 workforce. The data includes information about average caseload, salary and benefits, and the role of state/national certification. The survey also provides a picture of the trend from 2009-2013 in the use of job titles, type of employer, number of hours worked, and duties performed. Colored charts present the data collected.

204. Systems of Care: A comprehensive review of the literature since 1985

Michael D. Pullmann, PhD, Ricki Mudd, BS, Eric J. Bruns, PhD, Department of Psychiatry and Behavioral Sciences, Division of Public Behavioral Health & Justice Policy, University of Washington, School of Medicine, Seattle, WA

During the last 29 years, extensive research has been generated on the development and effectiveness of systems of care. This poster presents a systematic review of 527 journal articles, book chapters, and dissertations. While empirical publications have been growing at a much faster rate than non-empirical publications since the year 2000, publications using highly rigorous methods remain a small proportion of the total. Other trends in research foci will be presented.

205. The ongoing journey of embedding trauma systems therapy into the District of Columbia Children’s System of Care

Michele Rosenberg, MSW, District of Columbia Child and Family Services Agency, Washington, DC; Denise Dunbar, MSW, District of Columbia Department of Behavioral Health, Washington, DC; Melissa Affronti, PhD, Coordinated Care Services, Inc., Rochester, NY; Brian Pagkos, PhD, Community Connections of New York, Buffalo, NY

Given the growing evidence on the link between trauma experiences and overall well-being, the District of Columbia’s (DC) child-serving agencies have partnered on the implementation of Trauma Systems Therapy (TST) for the past two years. This clinical and organizational systems-wide transformation has been achieved through a collaborative approach by the DC System of Care Executive team. A process evaluation has uncovered the successes and challenges of infusing this emerging evidence-based approach into practice.

206. Testing the “Teaching Kids to Cope” Youth Anger Intervention in a rural school-based sample

Kathryn Puskar, DrPH, University of Pittsburgh School of Nursing, Pittsburgh, PA

This poster presentation reports on the longitudinal effects of the Teaching Kids to Cope with Anger (TKC-A) program on self-reported anger in rural youth.

207. Setting the (medical) record straight

Lisa Lambert, BA, Parent/Professional Advocacy League, Boston, MA

Parent/Professional Advocacy League surveyed 204 parents in Massachusetts whose children had behavioral health needs about the benefits and drawbacks of electronic health records (EHRs). This poster presentation will provide an overview of the data from parents including their hope for better quality of care and their worries about data breaches. The poster presentation will share the importance of family-driven research in order to obtain robust participation.

208. Building stress resilience in Systems of Care: Achieve better child and family outcomes with intelligent energy management

Laurie Ellington, MA, Paul McFadden, BS, Zero Point Leadership, Silver Spring, MD

Negative stress can result in burnout, depression, poor health, and even death. It hijacks the brain and keeps people stuck in the danger mode where options are limited to the flight, fight, or freeze response. Without recovery, the system of care
workforce experiences decreases in their ability to make decisions and work in a way that leads to positive outcomes for people in need of support. This poster session provides the latest scientific findings in stress resilience that help human service workers improve thinking and performance.

209. Measurement quality of the Caregiver Strain Questionnaire-Short Form 13 Items
Ana Maria Brannan, PhD, Indiana University, Bloomington, IN; Michael Pullmann, PhD, Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle, WA
Caregiver strain refers to the challenges associated with raising children with special needs. The Caregiver Strain Questionnaire (CGSQ) has been used for 20 years to assess these difficulties among families of children with emotional and behavioral disorders. It contains 21 items that assess strain across three distinct but related dimensions. This study examined whether the CGSQ could be shortened without compromising measurement quality. A 13-item version was developed that demonstrates good validity and reliability.

210. Challenges in program implementation for parents with mental illnesses and their families
Toni Wolf, BS, Employment Options, Inc., Marlborough, MA
This poster presentation addresses challenges in shifting an agency's paradigm to meet the needs of families living with parental mental illnesses—one that requires the involvement of diverse stakeholders as well as targeted change within the organization and across the community. Examples will highlight program implementation challenges and solutions.

211. A targeted recruitment initiative for developing resource homes in children's mental health
Michelle Levy, AM, Ashley Palmer, LMSW, School of Social Welfare, University of Kansas, Lawrence, KS
The importance of serving children with serious mental health needs in their communities is recognized yet often challenging due to limited resources. Professional Resource Family Care (PRFC) is a unique short-term intensive community-based service with potential that is currently limited by an inadequate number of resource home providers. Surveys with current providers offer insight into their motivations and experiences. Findings have informed the creation of a targeted recruitment initiative focused on developing resource home providers.

212. Improving outcomes for older youth in Russia
Kris Sahonchik, JD, Cutler Institute for Health and Social Policy, Muskie School, University of Southern Maine, Portland, ME; Ilze Earner, PhD, Lois V. and Samuel J. Silberman School of Social Work at Hunter College, Hunter College, New York, NY
Through fellowships sponsored by the Eurasia Foundation, this group partnered with Russian colleagues to improve outcomes for older youth in Russia and the United States. From February to March 2014, governmental and nongovernmental agencies that serve children, youth, and families in St. Petersburg, Perm, and Moscow were visited. This poster will present an overview of the Russian child welfare system; explore challenges facing older youth in Russia; identify barriers and strategies to serve older youth, and share transferable policies and practices.

213. Fidelity to Wraparound in Georgia: Demographic differences and relationships with child functioning
Ann DiGirolamo, PhD, MPH, Robyn Bussey, MBA, MHA, Rachel Culbreth, Sara Redd, MSPH, Brittney Romanson, MPH, Nicole Sherwood, MSW, Center of Excellence in Child and Adolescent Behavioral Health, Georgia Health Policy Center, Andrew Young School of Policy Studies, Georgia State University, Atlanta, GA; Linda Henderson-Smith, PhD, National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Studies have noted the importance of measuring fidelity to Wraparound when examining outcomes, suggesting that improved child and family outcomes are associated with higher levels of fidelity. Fidelity to principles of Wraparound in Georgia were assessed, investigating differences by demographics and relationships with child outcomes. Findings support previous studies suggesting that High-Fidelity Wraparound is associated with improved youth outcomes. Differences were noted between urban and rural settings and by age and gender of youth.

214. Child and Adolescent Needs and Strengths as an outcome measure in community mental health setting: Factor analysis and validation of the short form
Golnar Alamdari, BA, California State University Northridge, Northridge, CA; Marija Kelber, PhD, Aviva Family and Children's Services, Los Angeles, CA
The goal of this study was to develop and validate a short form Child and Adolescent Needs and Strengths (CANS) scale. The mental health items formed two subscales: internalization and externalization. The functioning items formed four subscales: family functioning and structure, social functioning and development, caregiver functioning and competence, and independent functioning and educational development. Internalization and externalization distinguished between clients with different diagnoses, offering evidence for construct validity. The subscales are also correlated with the relevant subscales of the YOQ, thus providing evidence for concurrent validity.

215. Families want data, too!
William Monro, MSW, Ferol Mennen, PhD, School of Social Work, University of Southern California, Los Angeles, CA
Sharing outcome measure data with families is an important part of building a data-informed system. Project ABC in Los Angeles has worked with clinicians, parent partners, and families to create an easy to use, accurate and respectful report that is used as part of treatment. This poster will display an example of the reports as well as insight into the project's process.
216. Screening for social & emotional well-being of young children in subsidized child care centers: Implications for system-level change
Lori Bilello, PhD, Center for Health Equity and Quality Research, University of Florida, Jacksonville, FL.
Children from low-income families may have a higher risk for mental health conditions than the general population. The ASQ:SE was used to screen children and caregivers at 14 subsidized child-care centers. Approximately 6.7% had mental health symptoms needing intervention. The odds of failing the ASQ:SE screening versus passing were four times higher for children from the urban core compared to children from other parts of the county.

217. CBPR lessons learned in a public elementary school: Academic-community partnership
Erin Largo-Wight, PhD, Department of Public Health, University of North Florida, Jacksonville, FL; Caroline Guardino, PhD, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL; Katrina Hall, PhD, Department of Childhood Education, Literacy, and TESOL, University of North Florida, Jacksonville, FL; Melissa Howard, PhD, Robert Stemple College of Public Health & Social Work, Florida International University, Miami, FL; Evita Thomas, MPH, Mayo Clinic in Florida, Jacksonville, FL; Cori Ottenstein, Department of Exceptional, Deaf, and Interpreter Education, University of North Florida, Jacksonville, FL.
This community-based participatory research project involved academic-community partners designing, building, and implementing an outdoor classroom at an elementary school to foster child health and learning. A pilot test took place prior to implementation, and formative research revealed school partners had initial concerns with the outdoor classroom and procedures. Modifications were made together to foster mutual benefit. Ultimately, community partners reported high engagement. Partnership resulted in the translation of science to practice in a public-school setting.

218. Promoting a strengths-based approach to caring for children with serious mental health conditions
Mary Spooner, PhD, Russell Carleton, PhD, ICF International, Atlanta, GA; Sandra Spencer, National Federation of Families for Children’s Mental Health, Rockville, MD.
Research has shown that children and youth who receive the individualized care provided by systems of care experience reductions in mental health symptoms, as well as gains in personal strengths. The presentation highlights the gains in personal strengths that are made by children and youth from intake to 6 months. Because children and youth depend on their caregivers and communities to build strengths, this presentation also discusses how families can advocate for strengths-based care for children and youth.

219. Care coordination and youth in foster care: The Georgia Families 360° Model
David Bolt, MSW, Earlie Rockette, RNP, MN, Candace Body, EdD, LPC, Georgia Families 360°, Amerigroup Community Care, Atlanta, GA.
The Georgia Families 360° program is an innovative new programmatic approach to provide care coordination to youth with complex needs. The objectives of this poster presentation are: 1) how the program stratifies youth into different levels of need and the corresponding intervention level, 2) outcomes associated with care coordination from the program, and 3) a brief description of the partnership between Amerigroup and community providers to develop a specialized program for the highest need youth.

220. Using a Wraparound practice-model aligned behavioral health record to drive decision making and change within a SOC behavioral health organization
Kelly Hyde, PhD, Social TecKnowledge, LLC, Santa Fe, NM.
This poster presentation will provide an overview of how the System of Care (SOC) Grantee-ACCESS Initiative of Champaign County, Illinois, uses the TMS Behavioral Health Record online tracking system, a health record system specifically designed to align with the practice model of care coordination/wraparound. Information will be presented on use of the TMS system by clinical and administrative staff at the ACCESS Initiative SOC for the purposes of data-driven decision making and change at the clinical, programmatic, and administrative levels within the organization. Aggregate data summaries analyzing clinical data change across 200 plus Child and Family Plans of Care will also be presented. The poster session will also include information on the TMS system and applicable use with other provider groups.

221. Training clinicians to serve at-risk youth in vulnerable, underserved populations
Jacqueline Smith, PhD, School of Social Work, Howard University, Washington, DC.
This poster session describes an educational program that trains social workers committed to providing culturally competent clinical services to at-risk children, adolescents and youth in transition to adulthood in medically underserved communities. The training integrates interprofessional learning experiences in field settings with classroom learning experiences focused on the development of clinical competencies in integrated behavioral health care settings. Curriculum components include a focus on trauma, behavioral health risk assessment, coordinated case plans and increased awareness of health disparities for minority populations. An Advisory Curriculum Committee of faculty and a clinical coordinator manages curriculum development.
Wednesday, March 25 Events

Federal Update Plenary
8:00 – 9:15 am ~ Bayshore Ballroom

Addressing the Impact of a Changing Health Care Environment through Behavioral Health Research and Policy

Larke Huang, PhD, Director, Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration, Rockville, MD

Dr. Huang will discuss the impact of a changing health care environment on behavioral health evaluators, researchers, policy-makers and practitioners. With the increasingly difficult economic climate facing our nation, it is imperative that research and policy leaders examine effective approaches to serving children with behavioral health challenges and their families. Now, more than ever, it is critical that we begin a national discussion on funding strategies that support an evidence-based approach to meeting the behavioral health needs of children and families.

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 25 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.

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.

Join us for Zumba
6:00 am - 6:45 am ~ Bayshore VII
Start the morning right with Zumba.
Session 75

9:30 am - 11:00 am

90-Minute Symposium ~ Bayshore V

Innovations in Wraparound workforce development and organizational support

Youth and Family Training Institute: Training, coaching, credentialing, and monitoring Wraparound

Shannon Fagan, MS, Monica Payne, PhD, Youth and Family Training Institute, Monroeville, PA

The Youth and Family Training Institute (YFTI) was created in 2007 to bring a consistent approach to training, coaching, credentialing and fidelity/outcomes monitoring to Pennsylvania counties regarding the High Fidelity Wraparound (HFW) Process. In order to best do this, YFTI has involved key stakeholders (youth, family, and system partners) in creating the design. Over time, the training has evolved into one that is team based, provides a coaching circuit, and focuses on skill development and advanced learning based on areas identified through the evaluation and continuous quality improvement activities.

Coaching our way to excellence in child and family teaming

Mary Martone, MSW, Children’s Behavioral and Mental Health Services, Los Angeles, CA; Lorrie Alexander, MSW, Los Angeles Department of Children and Family Services, Compton, CA

This presentation will describe a coaching initiative in Los Angeles County developed to address law suit settlement (Katie A law suit) demands for the public and private workforce serving Child Welfare and a Probation population. The initiative was a public/private venture that paired a Wraparound Training Consortium in Los Angeles (LATC) with training staff in the Departments of Mental Health and Child Welfare. The purpose was to deepen core coordination practice skills to assist with the achievement of permanency for children in the care and custody of Los Angeles County. The LATC was started in 2004 to assure workforce development and training in Wraparound care within the private sector agencies receiving County contracts to provide Wraparound. In 2007, the LATC added a coaching component to assure deepening of Child and Family Team practice and prevent “drift” into case management and other more traditional interventions.

The revision and application of a training impact survey for wraparound

Jennifer Schurer-Coldiron, PhD, Spencer Hensley, MA, Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA; Janet Walker, PhD, School of Social Work and the Regional Research Institute, Portland State University, Portland, OR

High-quality training is a vital aspect of implementing any human services model, including Wraparound. The Impact of Training and Technical Assistance (IOTTA) for Wraparound is a survey designed by the National Wraparound Initiative to measure training quality and impact. This tool was revised to more thoroughly assess behavior change as a result of the training and then used it to examine differences between trainings conducted in CMEs versus CHMCS, differences between specific trainers based on affiliation and experience, and differences by the number of trainers.

Session 76

9:30 am - 10:00 am

30-Minute Paper ~ Bayshore VI

The Peer to Peer (P2P) pilot project

Janna Heyman, PhD, Fordham University, West Harrison, NY; Carol Hardesty, MSW, MPP, Jessica Grimm, PEP, Family Ties of Westchester, Inc., White Plains, NY; Andrew Bell, PhD, Westchester County Department of Community Mental Health, White Plains, NY

The Peer to Peer (P2P) program is a pilot project in which young adults with lived experience served as “systems navigators” to youth emerging from the foster care system. This presentation describes the initial phase of the project, involving in-depth training with a trauma informed perspective, and culminating in the development of a replicable manual. Preliminary data obtained through journal entries and interviews will be presented, along with challenges and lessons learned.

10:00 am - 10:30 am

30-Minute Paper ~ Bayshore VI

Barriers, supports, and innovations for college students with psychiatric conditions

Michelle Mullen, MS, Psychiatric Rehabilitation, Rutgers, Scotch Plains, NJ

This presentation will review the results of a controlled trial of Supported Education (SED) for college students with psychiatric conditions. The characteristics of the participants will be described as well as barriers specific to transition age youth and young adults will be discussed. The presentation will describe clinically significant findings as well as future considerations for research related to young adults in college.
Session 77  
**EBP**  
9:30 am - 10:30 am  
60-Minute Symposium ~ Bayshore VII  
**Implementation science applications to integrate evidence-based practices into complex systems**

We describe different applications of implementation science to support the integration of evidence-based practices (EBPs) into complex systems. Working together across sectors, and with the support of government and direct involvement of the Ministry of Education and the Ministry of Children and Youth Services, two Canadian intermediary organizations have adopted an implementation science framework to support the transformation of mental health services for children, youth, and families. Drawing on this support, school boards and communities are collaboratively working towards the development of organizational conditions and capacity for cohesive and systematic mental health promotion, prevention, and intervention services in the province of Ontario.

**School Mental Health ASSIST: Supporting implementation of evidence-based practices to create mentally healthy schools**

Jacquie Brown, MES RSW, School Mental Health ASSIST, Toronto, ON; Kathy Short, PhD, C.Psych, School Mental Health ASSIST, Hamilton, ON

School Mental Health ASSIST is a Provincial team designed to help Ontario school boards build capacity through effective implementation of research based strategies that support student mental health and well-being. We describe an implementation process that fosters the development of organizational conditions and capacity building protocols in support of effective school mental health practices. Features that promote scale up and sustainability throughout the Ontario education system, including Ministry funding, will be emphasized.

**Ontario Centre of Excellence for Child and Youth Mental Health: Supporting system transformation for Canadian children’s mental health**

Evangeline Danseco, PhD, CE, Ontario Centre of Excellence for Child and Youth Mental Health, Ottawa, ON; Discussant: Jacquie Brown, MES RSW, School Mental Health ASSIST, Toronto, ON

The Ontario Ministry of Children and Youth Services initiated an ambitious plan to transform a fragmented service delivery system. Lead agencies for 14 communities are supported by Ontario’s Centre of Excellence for Child and Youth Mental Health to effectively implement evidence-based programs and practices through a cohesive and integrated community plan that includes education and health sectors.

10:30 am - 11:00 am  
30-Minute Paper ~ Bayshore VII  
**Treatment Response Assessment for Children (TRAC): An innovative tool for implementing and sustaining quality care in community-based settings**

Daniel M. Cheron, PhD, ABPP, Judge Baker Children’s Center, Harvard Medical School, Center for Effective Child Therapy, Boston, MA; Christopher T. Bory, PsyD, Robert P. Franks, PhD, Judge Baker Children's Center, Boston, MA

This presentation will demonstrate the use of a computer-based method for collecting weekly surveys of client outcomes, engagement, and treatment fidelity in youth behavioral health services. This tool can be used by community-based programs to monitor implementation of evidence-based practices. The presentation will provide an overview of the TRAC system, a demonstration of its technical features, and a discussion of the successes and challenges faced in its implementation in community settings.

Session 78  
9:30 am - 10:30 am  
Discussion Hour ~ Esplanade I  
**Fostering the use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care to promote and advance cultural and linguistic competence**

Vivian Jackson, PhD, Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Darci Graves, MPP, Health Determinants and Disparities Practice, SRA International, Inc., Rockville, MD; P. Qasimah Boston, PhD, Children’s Mental Health System of Care Expansion- Implementation Project, Florida Department of Children and Families, Substance Abuse and Mental Health Program Office, Tallahassee, FL

This session will present preliminary results from the “Learning Community on the Implementation of the National CLAS Standards in Behavioral Health Systems” comprised of behavioral health leaders in state systems, system of care grantees, and provider organizations. These insights into the challenges and opportunities related to the implementation process, and the strategies developed by Learning Community participants will offer guidance on system level approaches to address disparities based on the National CLAS Standards.
Session 79
9:30 am - 10:30 am
Discussion Hour ~ Esplanade II
**Evaluating early childhood mental health programs to build supportive systems of care for young children**

Jennifer Zimmerman, MSW, Consortium for Resilient Young Children, Cincinnati, OH; Patti Craig, MA, The Children’s Home of Cincinnati, Cincinnati, OH; Sandra George, MA, NorthKey Community Care, Covington, KY; Jerry Jordan, PhD, Evaluation Service Center, University of Cincinnati, Cincinnati, OH

The Resilient Children Project provides early childhood mental health consultation services to preschool, Head Start, and early childhood programs. The multi-year evaluation of the project required the use of multiple methodologies. This session will review evaluation findings; discuss the benefits and challenges in a multi-year, multi-site evaluation; the connections to the community’s goals of increasing the number of children prepared for kindergarten; and a developing model of climate change for early childhood mental health.

Session 80
9:30 am - 10:00 am
30-Minute Paper ~ Esplanade III
**Sustaining school-based mental health: A pivot to effective advocacy**

Evelyn Frankford, MSW, Frankford Consulting, Brookline, MA; Laura Bronstein, PhD, College of Community and Public Affairs, Binghamton University, Binghamton, NY

People who embrace strength-based school and community mental health promotion struggle to build programs and policies and are often frustrated that, even when their programs demonstrate success in improving youth outcomes, their advocacy actions rarely lead to scale-up and sustainability. This presentation will offer a sustainability strategy that pivots away from traditional programmatic advocacy to instead emphasize systems development based in 1) inter-disciplinary asset-mapping of allied evidence-based programs and 2) exploring how to embed such programs in the multiplicity of emerging state-level funding opportunities.

10:00 am - 11:00 am
Discussion Hour ~ Palma Ceia 2
**Combining universal screening and data mining from schools, DSS, mental health, chemical dependency, and probation in arealist evaluation of what works and for whom**

Mansoor Kazi, PhD, School of Social Welfare, University at Albany, State University of New York, Albany, NY; Patricia Brinkman, Community Mental Hygiene, Chautauqua County, Mayville, NY; Rachel Ludwig, Victoria Patti, Chautauqua Tapestry, Chautauqua County Department of Mental Hygiene, Mayville, NY

Research indicates that the reform of the system of care and the use of initiatives such as wraparound are effective in improving mental health and functioning in school (Kutash, 2006; Reback, 2010; Goldenson, 2011). However, most studies have focused on at-risk groups rather than the total school populations. This evaluation strategy includes 100% evaluation of all services for children and families, utilizing big data on the entire school populations, in a continuous longitudinal study.
Session 82

9:30 am - 10:00 am
30-Minute Paper ~ Palma Ceia 3

Supporting mothers with postpartum depression: Social support and depression

Peggy O’Neill, PhD, School for Social Work, Smith College, Northampton, MA

This retrospective pilot study of MotherWoman postpartum support group participants examined the relationship between perceived social support and depression over time. Three distinct sources of perceived social support include: support from a significant other, family, and friends. Facilitators were mental health professionals and peers trained in the MotherWoman Support Group Model. MotherWoman support groups aimed to provide stigma-free, accepting and structured space for postpartum women to share their authentic experience of mothering.

10:00 am - 11:00 am
Discussion Hour ~ Palma Ceia 3

The National Data Collection Project: Defining and measuring the impact of family-run organizations

Jane Walker, LCSW, Family Run Executive Director Leadership Association, Ellicott City, MD; Millie Sweeney, MS, Family Solutions Consulting, Hermitage, TN; Sara Nicholson, Nebraska Federation of Families for Children’s Mental Health, Minden, NE; Eric Bruns, PhD, Department of Psychiatry and Behavioral Sciences, Division of Public Behavioral Health and Justice Policy, University of Washington, Seattle, WA

The Family Run Executive Director Leadership Association (FREDLA) initiated the National Data Collection Project in 2014 to capture the impact of family-run organizations on outcomes for children and youth. In this session, researchers and family leaders will outline the goals of the Project, present preliminary Phase I data on services provided by family-run organizations, funding streams for these programs, staff providing services/supports, and seek interpretations and perspectives from participants that will inform Phase II activities.

Session 83

9:30 am - 10:00 am
30-Minute Paper ~ Garrison

Comparison of service effectiveness for youth with depressed versus non-depressed caregivers

Michael McCarthy, PhD, School of Social Work, University of Cincinnati, Cincinnati, OH

This study examined demographic, mental health, and service usage characteristics among youth with depressed versus non-depressed caregivers, as well as changes in key outcomes over time between the two groups. Youth in the depressed caregiver group had significantly more behavioral problems and significantly fewer strengths at program enrollment. However, youth in the depressed caregiver group showed significantly more improvement over time than did youth in the non-depressed caregiver group. Implications for research and practice are discussed.

10:00 am - 10:30 am
30-Minute Paper ~ Garrison

Evaluating key components of a comprehensive early childhood systems development program

Mhora Lorentson, PhD, Lorentson Consulting, LLC, Brookfield, CT; Jeana Bracey, PhD, Child Health and Development Institute of Connecticut, Farmington, CT; Melissa Mendez, MSW, Wheeler Clinic, New Britain, CT

This paper highlights evaluation processes, outcomes and results of two components of an early childhood infrastructure improvement program implemented over four years by the Promising Starts New Britain Project LAUNCH initiative. Presented by local evaluators, the paper focuses on processes and outcomes of (1) the HALO health education and substance abuse prevention curriculum, and (2) community-coalition building activities to promote interagency collaboration as changes occur over time. Results are discussed within an organizational change framework.
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The Children’s Mental Health Network is a collective voice of people committed to improving services & supports for youth with emotional challenges & their families. Readers and contributors to the Network come from all walks of life – parents, youth, community leaders, policy-makers, state and federal officials, and more. We are a mosaic of people from across the United States and increasingly across the globe, committed to finding solutions that work. Join us to stay abreast of current information and analysis from an independent voice that provides factual, non-partisan, up-to-date information focused on the creation of better policies and systems for children with mental health needs and their families.

WHAT WE DO
The Children’s Mental Health Network provides a platform, through its website and blogs, for diverse stories of local success and innovation. The Network connects disparate groups of stakeholders and gives them access to one another’s perspectives, needs and concerns, with the strong abiding belief that there are examples of success across the Nation and the globe worth sharing and replicating.

The Network provides an essential source for eliciting broader, more diverse, democratic participation in the creation of better policies and systems for children and families.

Children’s Mental Health Network

WWW.CMHNETWORK.ORG
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Contact Bruce Lubotsky Levin, DrPH 813-974-6400 or levin@usf.edu.
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