Welcome to warm and sunny Tampa, Florida! Thank you for participating in this year’s Children’s Mental Health Research and Policy Conference. The Department of Child and Family Studies at the University of South Florida (USF) again has the privilege of hosting this annual event, which has become one of the leading national research conferences that moves the field of children’s mental health forward.

Our comprehensive conference agenda includes an excellent selection of both children’s mental health experts and researchers who will share their varied knowledge from across different child-serving sectors and ages—from early childcare to the entry of adulthood. We hope that you take full advantage of the many opportunities provided in the conference agenda to engage and network with your colleagues.

We are extremely excited to have Geoffrey Canada as our featured keynote speaker at the Monday afternoon plenary session. Canada, having dedicated the past 20 years of his life to helping the most impoverished, at-risk children and youth beat the odds, will surely inspire and motivate us to continue our mutual—and much necessary—quest to ensure all children have the right to a healthy start and a promising future. (Please note that to ensure sufficient seating for conference participants, conference name badges will be required to gain entry into this session.)

In addition to the keynote presentation with Geoffrey Canada, we are fortunate to have two additional special plenary sessions. Tuesday’s plenary was developed, coordinated, and will be facilitated by Eric J. Bruns of the University of Washington, and will feature three other researchers whose work focuses on improving the quality of practice and service within programs and across service sectors.

Wednesday’s plenary, featuring leading researchers on transition-aged youth and emerging adults, will focus on specific challenges and successful interventions for adolescents and young adults with serious mental health conditions. This plenary was coordinated with Jeffrey Arnett from Clark University, Nancy Koroloff and Janet Walker of the Research and Training Center for Pathways to Positive Futures at Portland State University, and Maryann Davis of the Learning and Working During the Transition to Adulthood Research and Training Center, UMass Medical School.

Thanks to a special partnership this year with the Portland State University’s Research and Training Center for Pathways to Positive Futures, The Learning and Working During the Transition to Adulthood Research and Training Center, UMass Medical School, and Georgetown University, this plenary is part of an extensive “transition track,” focused solely on the unique challenges of young adults with serious mental health conditions. All related sessions are noted in this agenda with a “T” symbol. The agenda this year will also include a special emphasis on child welfare and mental health with sessions that I worked to coordinate with John Fluke, Director of the American Humane Association’s Child Protection Research Center, Peter Pecora with Casey Family Programs, and Mary Armstrong of the USF Department of Child & Family Studies. These sessions all take place on Monday and are designed to address research, policy and practice challenges (e.g. racial and ethnic disparities, decision-making) that confront/intersect both child welfare and children's mental health.

Again, I want to thank each of you for your contribution—as presenters, attendees, sponsors, supporters, and hosts—to this year’s conference. It’s a testament to the field that even during these tough economic times people are willing to invest their time and energy into improving the service systems through research for children with mental health challenges and their families. We appreciate your dedication and commitment to improving the lives of children, young adults, and their families.

Mario Hernandez, PhD
Professor and Chair
Department of Child & Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida
## The 24th Annual
### Children’s Mental Health Research & Policy Conference

#### OVERVIEW

<table>
<thead>
<tr>
<th>Sunday, March 20, 2011</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Registration Opens</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Networking Breakfast <em>(For registered Intensive Workshop participants only)</em></td>
</tr>
<tr>
<td>9:00 am – 12:00 pm</td>
<td>Intensive Workshops 1, 2</td>
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<tr>
<td>12:00 – 1:00 pm</td>
<td>Lunch on Your Own</td>
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<tr>
<td>1:00 – 4:00 pm</td>
<td>Intensive Workshop 4</td>
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<tr>
<td>2:30 pm</td>
<td>Networking Break <em>(For registered Intensive Workshop participants only)</em></td>
</tr>
<tr>
<td>5:00 - 6:30 pm</td>
<td>Poster Session</td>
</tr>
<tr>
<td>7:00 - 9:00 pm</td>
<td>Waiting for Superman screening</td>
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<thead>
<tr>
<th>Monday, March 21, 2011</th>
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<tbody>
<tr>
<td>6:30 – 7:30 am</td>
<td>Zumba</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Registration Opens</td>
</tr>
<tr>
<td>8:00 am</td>
<td>Networking Continental Breakfast</td>
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<tr>
<td>8:30 am - 9:00 am</td>
<td>Welcome Session</td>
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<tr>
<td>9:15 – 10:45 am</td>
<td>Concurrent Sessions 1-9</td>
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<tr>
<td>10:45 – 11:00 am</td>
<td>Networking Break</td>
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<tr>
<td>11:00 am – 12:00 pm</td>
<td>Concurrent Sessions 10-18</td>
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<tr>
<td>12:00 – 12:45 pm</td>
<td>Lunch on Your Own</td>
</tr>
<tr>
<td>1:00 – 2:30 pm</td>
<td>Keynote: Geoffrey Canada</td>
</tr>
<tr>
<td>2:30 – 2:45 pm</td>
<td>Networking Break <em>Sponsored by Magellan Health Services</em></td>
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<tr>
<td>2:45 – 4:15 pm</td>
<td>Concurrent Sessions 19-27</td>
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<tr>
<td>4:15 – 4:30 pm</td>
<td>Networking Break</td>
</tr>
<tr>
<td>4:30 – 5:30 pm</td>
<td>Concurrent Sessions 28-36</td>
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<tr>
<td>6:00 - 7:30 pm</td>
<td>Poster Session</td>
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<tr>
<th>Tuesday, March 22, 2011</th>
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<tbody>
<tr>
<td>6:30 – 7:30 am</td>
<td>Zumba</td>
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<tr>
<td>7:00 am</td>
<td>Registration Opens</td>
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<tr>
<td>8:00 am</td>
<td>Networking Continental Breakfast</td>
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<tr>
<td>9:00 – 10:30 am</td>
<td>Plenary</td>
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<tr>
<td>10:30 am - 10:45 am</td>
<td>Networking Break</td>
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<tr>
<td>10:45 am – 12:15 pm</td>
<td>Concurrent Sessions 37-45</td>
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<tr>
<td>12:15 – 1:45 pm</td>
<td>Research Luncheon</td>
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<td>2:00 – 3:30 pm</td>
<td>Concurrent Sessions 46-54</td>
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<tr>
<td>3:30 – 3:45 pm</td>
<td>Networking Break <em>Sponsored by Ronald A. Christaldi and L. David de la Parte on behalf of AMIKids</em></td>
</tr>
<tr>
<td>3:45 – 5:15 pm</td>
<td>Concurrent Sessions 55-63</td>
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<tr>
<td>6:00 – 7:30 pm</td>
<td>Poster Session</td>
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<tr>
<th>Wednesday, March 23, 2011</th>
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<tbody>
<tr>
<td>6:30 – 7:30 am</td>
<td>Zumba</td>
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<tr>
<td>8:00 am</td>
<td>Networking Continental Breakfast</td>
</tr>
<tr>
<td>9:00 – 11:15 am</td>
<td>Plenary</td>
</tr>
<tr>
<td>11:15 – 11:30 am</td>
<td>Closing Remarks</td>
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**Morning Zumba**

Join Kimberly Sullivan and get your Zumba on each morning of the conference! Yes, this is high energy, but Kimberly makes it work for anyone at any fitness level. So grab a towel and meet us for Zumba class each morning of the conference.

**Transition Track ❃T❃**

Transition track sessions are identified by the symbol above.

**Child Welfare Track ❃CW❃**

Child Welfare track sessions are identified by the symbol above. All sessions within the Child Welfare track are on Monday and held in the City Center.

**Waiting for Superman**

Join us for a screening of the recent movie featuring Geoffrey Canada Sunday night at 7 pm in Regency V

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Be sure to check out the exhibit tables located throughout the conference gallery areas.
Sunday March 20, 2011

Intensive Workshops — 9:00 AM – 12:00 PM

<table>
<thead>
<tr>
<th>Title</th>
<th>Presenters</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workshop 1 — Dealing with Time: Event History Analysis and its Application in Mental Health, Juvenile Justice, and Child Welfare Research</strong></td>
<td>Wei Wang, Svetlana Yampolskaya, Robert Lucio</td>
<td>Regency V</td>
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<tr>
<td><strong>Workshop 2 — School-wide Positive Behavior Support: Working Together to Implement Systems Change Across Schools, Districts, and States</strong></td>
<td>Heather George, Donald Kincaid</td>
<td>Buccaneer B</td>
</tr>
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</table>

Lunch on your own 12:00 - 1:00 PM

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

Intensive Workshops — 1:00 – 4:00 PM

<table>
<thead>
<tr>
<th>Workshop 4 — Using the CANS in a System of Care: Principles, Applications and Experiences</th>
<th>Presenters</th>
<th>Room</th>
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</thead>
<tbody>
<tr>
<td>John Lyons</td>
<td>Regency V</td>
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</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Results of a Teacher Survey of Mental Health Literacy and Capacity</td>
<td>Evans, Ferdinand, Gilpin,</td>
</tr>
<tr>
<td>2 The Effect of Cognitive-Behavioral Family Therapy on Children’s Anxiety</td>
<td>Rostami</td>
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<tr>
<td>3 The Impact of Family Education and Support Services on Caregivers and their Families</td>
<td>White, Gyamfi, Walrath-Greene, Godoy-Garrara</td>
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<tr>
<td>4 When a Need Meets an Opportunity: The Development of an Early Childhood Mental Health Consultation Project for Care Providers</td>
<td>North-Jones, Roope</td>
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<tr>
<td>5 Children’s Mental Health Services: Barriers to Engaging in or Continuing Care</td>
<td>Samuels, Schadrich</td>
</tr>
<tr>
<td>6 The Power of Relationship in Gaza: Exploring the Impact Young Adults Can Make on the Mental Health of Children</td>
<td>Bergholz</td>
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<tr>
<td>7 Understanding Provider Perspectives of System of Care Principles in a Rural Setting</td>
<td>Cohen, Cornett, Anderson</td>
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<tr>
<td>8 Rethinking Deficit-Based Portrayals of Youths-in-Care: Critical Youth Perspectives on Placement</td>
<td>Polvere</td>
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<tr>
<td>9 Factors Associated with the Transition to Middle School for African American and Caucasian Youth</td>
<td>MacKinnon-Lewis, Wienke, Totura, Lindsey</td>
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<tr>
<td>10 Parent Connectors: Developing a Theory of Change</td>
<td>Kutash, Duchnowski</td>
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<tr>
<td>11 Psychological and Pedagogical Support of Families Bringing Up the Children with Disordered Mental Health: Novosibirsk Experience</td>
<td>Vainer</td>
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<tr>
<td>12 Social Network Analysis of the ConnectFamilias Partnership in Little Havana</td>
<td>Callejas, Pagan, Mowery</td>
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<tr>
<td>13 Development of a Web-Based Performance Measurement System for an In-Home Family Intervention Program</td>
<td>Thompson, Oats</td>
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<tr>
<td>14 Assessing the Impact of Family Support Programming in a System of Care: Associations Between Type and Intensity of Support Provided and Family Outcomes</td>
<td>Johnson</td>
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<tr>
<td>15 The CANS-MA: Improving the Assessment of Cultural Considerations in Treatment with Youth</td>
<td>Karpman</td>
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<tr>
<td>16 Tailoring a School-Based Depression Reduction Intervention for Rural Adolescent Girls</td>
<td>Noel</td>
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<tr>
<td>17 Role Delineation of Peer-Parent Support – National and State Level Comparison</td>
<td>Purdy, Pelouquin</td>
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<tr>
<td>18 The Outcomes Roundtable for Children and Families (ORCF): Seeking Your Input on Projects and Products</td>
<td>Zubritsky, Obrochta</td>
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<tr>
<td>19 Depression and Stress Indicators of Caregivers for an Early Childhood Population</td>
<td>Thurston, Smith-Jones</td>
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<tr>
<td>20 A Developmental Ecological Model for Predicting Resiliency Outcomes Among Parents and Children in Home-based Visitation Programs</td>
<td>Schellenbach, Calp</td>
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<tr>
<td>21 Promoting Early Childhood Mental Health in Illinois: The Consultation Approach &amp; Early Evaluation</td>
<td>Lueck, Segall, Mulhall</td>
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<tr>
<td>22 Children’s Mental Health Organizations’ Motivations behind and Experience with Accreditation</td>
<td>Lee</td>
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<tr>
<td>23 Assessing the Impact of Family Driven Care</td>
<td>Slaton, Christopoulos, Jones</td>
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<tr>
<td>24 From Blaming to Partnering: Milestones within the Family Movement</td>
<td>Ferreira, Hodges</td>
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<tr>
<td>25 Increasing the Capacity of Primary Care to Address Mental Health</td>
<td>Anthony</td>
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<tr>
<td>26 What National Evaluation Data Tell Us About Suicide-Related Behavior in Children and Youth in Systems of Care: Next Steps for the CMHI Program</td>
<td>Fisher, Walrath, Lazear</td>
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<tr>
<td>27 Strengthening Families Program</td>
<td>Helm, Pearson</td>
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<tr>
<td>28 Use of Cognitive Question Testing Methodologies in Participant Action Research; Implementing the Three-Step Test-Interview method in Indian Country</td>
<td>Pavkov, Priest</td>
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### Conference Welcome – 8:30 – 9:00 AM

| Welcome and Overview | Mario Hernandez | Regency Ballroom |

### Monday Morning Concurrent Sessions — 9:15 – 10:45 AM

| Session Title                                                                 | Presenters                                                                 | Room     |
|                                                                            |                                                                          |          |
| Symposium: Addressing the Mental Health Needs of Parents in the System of Care: How Are We Doing? | Friesen (chair), Blau (discussant), Nicholson, Kertz-Leary                   | Regency V |
| Symposium: Innovative Mental Health Interventions for Transition Age Youth and Emerging Adults – I | Davis (chair), Sheidow (discussant), Gowan, Clochesy, Misler                     | Regency VI |
| Transition to Independence Process (TIP) System: From Pilot Project to Program Model in Maricopa County | Hunt, Choflin, Whirtlefield                                                  | Regency VII |
| Symposium: Adult System Responses to Detecting and Treating Veterans and Young Adults with Mental Illness | Delman, Ellison, McFarlane                                                  |          |
| Vulnerability Factors and Mental Health Outcomes Affecting Youth Victims within an Analytically-Identified Typology: Universally Victimized, Victims of Bullying, and Minimally Victimized | Reid                                                                        | Esplanade 1 |
| Community Center Model Preventing Child Abuse                              | Bihara Rizeq                                                               |          |
| Transitioning Youth from Group Care to Family: Lessons Learned from an Intervention | Lee                                                                          | Esplanade 2 |
| Family Involvement during the Treatment of Youth in Out-of-Home Mental Health Treatment | Robst (chair), Yegidis (discussant), Sharrock, Armstrong, Batsie, Dollard, Reader, Li, Rohrer |          |
| Collaboration among child welfare agencies, schools, and mental health providers: Does it facilitate children's access to mental health services? | Chuang, Lucio                                                               | Esplanade 3 |
| Interaction between the mental health and child welfare systems: The relationship between timing and type of placement change and psychiatric hospitalization | Fawley-King                                                                |          |
| In What Ways Do Services and Supports in Systems of Care Moderate the Effects of Adverse Childhood Experiences to Improve Outcomes for Children and Youth? | Ottz, Gaudiosi, Zikratova                                                  |          |
| Service Use and Outcomes of Children and Youth Receiving Services in Rural and Urban Systems of Care | Manteuffel, Gebreselassie                                                  |          |
| Predicting Mental Health Service Utilization in a Funded System of Care     | Brannan, Cox Pierce, Hazra                                                  |          |
| The Impact of Performance-Based Contracting on Time in Out-of-Home Care     | Hurley, Montgomery, Goldsmith                                               | Buccaneer C |
| Associations Between Frequent Residential Mobility and Adjustment Among Youth Enrolled in a System of Care | Palamara, Munsell, Stropomolis, Bargin                                     |          |
| Profiles of Children with High Utilization of State Inpatient Psychiatric Program | Yampolskaya, Mowery, Dollard                                               |          |
| Child Welfare and Children's Mental Health Decision Making                  | Burford, Pennell, Lohrbach, Baumann, Hodges                                | City Center |

### Networking Breakfast — 8:00 AM

### Monday Morning Concurrent Sessions — 11:00 AM – 12:00 PM

| Session Title                                                                 | Presenters                                                                 | Room     |
|                                                                            |                                                                          |          |
| Symposium: Examining practice and quality in group homes                   | Farmer (chair), Kurash (discussant), Murray, Ballentine, Morris          | Regency V |
| Discussion Hour: Thinking it Through: Life Skills for Young People          | Grealish                                                                | Regency VI |
| Symposium: Measuring the Quality of Services for Young Adults of Transition Age | Kerschlof (chair), Kondrat (discussant), Dreeser, Zucker, Clark, Walker | Regency VII |
| Continuous Quality Improvement (CQB) in Systems of Care: Findings from the National Evaluation | Lee, Valado, Fua, Gebreselassie                                          | Esplanade 1 |
| Moving Forward without Looking Back: Balanced Scorecards and Dashboards as Real-Time Evidenced Based Practice Tools | Thompson, Cash                                                          |          |
| Implementation and Development of Federally-funded Systems of Care over Time | Brannan, Brashers, Gyamli                                               |          |
| Differences in School Suspensions between Caucasian and Hispanic Children in Systems of Care | Azur                                                                     | Esplanade 3 |
| Examining Self-Concept Factors of Academic Achievement for African American Students and Hispanic Students | Johnson, Sutton                                                         |          |
| Early Childhood Systems of Care: Updates, Extensions, and Looking Ahead    | Whison (chair), Horen (discussant), Kaufman, Crasto, Duckworth, Thunston | Buccaneer B |
| The Impact of an Ecological Approach to School-Based Mental Health Services for At-Risk Youth in a Rural Community | Golden, Floyd                                                          | Buccaneer C |
| Impact of a Multidisciplinary Family Treatment Drug Court on Child and Family Outcomes | Pullmann, Bruns, Wiggins, Waterson                                      |          |
| Child Welfare and Children's Mental Health Disparities                      | Baumann, Haigkeit                                                       | City Center |

### Lunch on your own — 12:00 – 12:45 PM

Take a break to explore local restaurants, network, or just relax. Lunch items will be available for purchase.
### Monday Afternoon Concurrent Sessions — 2:45 – 4:15 PM

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<tr>
<th>Session Title</th>
<th>Presenters</th>
<th>RM</th>
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<tr>
<td>19 - paper: “Try to make it seem like we’re regular kids”: Young adult perspectives on out-of-home care restrictions</td>
<td>Rauktis</td>
<td>Regency V</td>
</tr>
<tr>
<td>symposium: Actualizing Empowerment: Developing a Framework for Partnering with Families in System Level Service Planning and Delivery</td>
<td>Ferreira (chair), Slanon (discussant), Hodges, Koby-Novicki</td>
<td>Regency VI</td>
</tr>
<tr>
<td>20 - paper: Innovative Mental Health Interventions for Transition Age Youth and Emerging Adults</td>
<td>Davis (chair), Korelshoff (discussant), Walker, Pullmann, Bruns, Sheidow, Hinin</td>
<td>Regency VII</td>
</tr>
<tr>
<td>symposium: Creating a Kaleidoscope of Data to Address Racial/Ethnic Disparities through Policy and Systems Change</td>
<td>Plum (chair), Hernandez (discussant), Fielding, Kelly, Reid-Rose</td>
<td>Regency VII</td>
</tr>
<tr>
<td>22 - paper: The Influence of Family Environment on Treatment Engagement among Youth Exhibiting Anti-Social Behaviors</td>
<td>Lindsey</td>
<td>Esplanade 1</td>
</tr>
<tr>
<td>paper: Interpersonal Strengths and Patterns of Delinquent Behavior among System-of-Care Youth</td>
<td>Barkdale, George, Azar</td>
<td>Esplanade 2</td>
</tr>
<tr>
<td>paper: An Exploratory Analysis of Factors Associated with Delinquency: A Focus on American Indian/Alaska Native Youth</td>
<td>Pavkov, Wang</td>
<td>Esplanade 2</td>
</tr>
<tr>
<td>23 - paper: Multiple Family Groups: An engaging mental health intervention for child welfare involved families</td>
<td>Gopalan, Bannan, McKay</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td>Discussion Hour: Using Technology to Enhance Research and Collaboration in a Multi-site Project</td>
<td>Vergon</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td>24 - paper: Initial Development of the Young Adult Strengths Questionnaire</td>
<td>Suter, Kamon, Thomas</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td>Discussion Hour: Structural and Programmatic Barriers and Facilitators to Integration of Mental Health Services in Schools</td>
<td>Massey, Burton</td>
<td>Esplanade 3</td>
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<tr>
<td>25 - paper: Modelling the determinants of children’s mental health difficulties: a multi-level study</td>
<td>Liegghio, Siao-Jarvie</td>
<td>Buccaneer B</td>
</tr>
<tr>
<td>paper: Associations between Risk of Depression, Trauma History, and Supportive Behavior in Caregivers Co-participating in Trauma Focused Cognitive Behavioral Therapy</td>
<td>Humphrey</td>
<td>Buccaneer B</td>
</tr>
<tr>
<td>26 - paper: Working with youth diagnosed with mental health issues as collaborators in research about self and family stigma</td>
<td>Liggio, Siao-Jarvie</td>
<td>Buccaneer C</td>
</tr>
<tr>
<td>paper: Early Intervention is Prevention: Changing Systems and Enhancing Outcomes through a Public Health Model of Prevention/Intervention</td>
<td>Cohen, Balles, Rahs</td>
<td>Buccaneer C</td>
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<tr>
<td>27 - symposium: Child Welfare and Children’s Mental Health Policy</td>
<td>Oppenheimer</td>
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### Monday Afternoon Concurrent Sessions — 4:30 – 5:30 PM

<table>
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<tr>
<th>Session Title</th>
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<tbody>
<tr>
<td>28 - symposium: 2010 Honoring Excellence in Evaluation (HEE) Recognition: Community Recipients Share Local and National Evaluation Efforts</td>
<td>Manteuffel (chair), Wolff (discussant), Fua</td>
<td>Regency V</td>
</tr>
<tr>
<td>29 - symposium: Creating Guidance for Replicating a Home-Based Services Model</td>
<td>Wojack (chair), Way (discussant), Friedman</td>
<td>Regency VI</td>
</tr>
<tr>
<td>30 - discussion hour: Families and Evaluation at a crossroads – building capacity for the long term</td>
<td>Thurston, Carter-Scott</td>
<td>Regency VII</td>
</tr>
<tr>
<td>31 - paper: The Role of Family, Community and Professionals in Children’s Loss and Grief in Sub Sahara Africa: The Case of Kenya</td>
<td>Rembo</td>
<td>Esplanade 1</td>
</tr>
<tr>
<td>paper: Chinese Immigrant Youth in Urban Public Schools: A qualitative examination of intercultural competence and adjustment</td>
<td>Tain</td>
<td>Esplanade 1</td>
</tr>
<tr>
<td>32 - paper: Bringing Decision Support to Scale: An Empirical Test of Implementation Strategies</td>
<td>Israel, Chan-Sew, Rommey</td>
<td>Esplanade 2</td>
</tr>
<tr>
<td>paper: Medicaid Primary Care Services to Adolescents with Drug and Alcohol Diagnoses</td>
<td>Lunn, Helfinger, Pullmann</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td>33 - paper: Health Promotion in Youth with Psychiatric Disorders in Mental Health Settings: Program Development and Initial Findings</td>
<td>Wang, Radigan</td>
<td>Esplanade 3</td>
</tr>
<tr>
<td>paper: Promoting Children's Social and Emotional Wellbeing in Childcare Settings</td>
<td>Williamson, Davis, Wiers</td>
<td>Buccaneer B</td>
</tr>
<tr>
<td>34 - discussion hour: The Road Less Traveled: Using Fluid Logic Models to Map Routes to Your Destination</td>
<td>Levison-Johnson, Meeker, Sanders</td>
<td>Buccaneer C</td>
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<tr>
<td>35 - discussion hour: Roundtable on Health Care Reform</td>
<td>Armstrong, Fenton, Worrting</td>
<td>Buccaneer C</td>
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<tr>
<td>36 - CW - discussion hour: The Intersection of Child Welfare and Children’s Mental Health</td>
<td>Blau, Pecora, Hernandez, Armstrong, Fluke</td>
<td>City Center</td>
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**Monday March 21, 2011**

<table>
<thead>
<tr>
<th>Title</th>
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<tr>
<td>Welcome to the New Frontier: The Many Challenges of Transporting Evidence-Based Practices into Foster Care</td>
<td>Sells, Holmes</td>
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<tr>
<td>Evaluative Data of a Youth Violence Prevention Program</td>
<td>Mowery, Pagan, Gil</td>
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<td>Creating Pathways for Positive Youth Development</td>
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<td>Evaluating Access and Barriers to Services in a Young Adult System of Care</td>
<td>Delaney, Suter, Kamon</td>
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<tr>
<td>Differential Factors Influencing Public and Private Child Welfare Workers' Intention to Leave</td>
<td>Auerbach, McGowan, Schudrich</td>
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<td>An Integrated Service Delivery Framework for Children and Youth with Complex Needs</td>
<td>Peterson, Morrison</td>
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<td>Community-based Participatory Research in Action—Utilizing “Photovoice” to Examine Hope and Hopelessness Among African American Adolescents</td>
<td>Harley</td>
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<td>Using evaluation to inform rural system of care development: Southeast Indiana</td>
<td>Anderson</td>
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<td>New York State Outpatient Clinic Restructure: An “On the Ground” Provider Evaluation of Effectiveness and Impact</td>
<td>Fear, Pessin, Lindy</td>
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<tr>
<td>Juvenile Recidivism: an exploration of scope, questions, definition, research design and methodology</td>
<td>Goldfarb, Gilbertson</td>
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<td>Building Fidelity in Community-Developed Programs</td>
<td>Hodges, Ferreira, Vaughn</td>
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<td>The Experience of (Dis)continuity in Children's Mental Health</td>
<td>Tobon, Reid, Brown</td>
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<td>The Effect of Gendered Work Culture on Communication Satisfaction Between Social Workers and Pediatricians</td>
<td>Lynch</td>
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<td>Pediatrician's Perceptions of ADHD in Primary Care</td>
<td>Thompson, Hinojosa, Knapp</td>
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<td>Helping Families Monitor Change: Using National Evaluation Data to Provide Individualized Family Reports</td>
<td>Peterson, Sundberg</td>
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<td>Predictors of Caregiver Disatisfaction with Their Children’s Treatment in Community-Based Mental Health Services</td>
<td>Fawley-King</td>
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<td>Improving Policy and Parity through Common Understanding of Mental Health Disorders</td>
<td>Jordan</td>
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<td>Group Music Therapy as an Effective Therapeutic Tool in the Treatment of Trauma and Development of Social Skills</td>
<td>Hussey, Layman, Reed</td>
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<td>Characteristics and Strengths of Youth in Maryland’s Wraparound and Psychiatric Residential Treatment Facilities</td>
<td>Connors, Quick</td>
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<tr>
<td>Storytelling for Social Justice: Amplifying the Voices of Children, Youth and Families in Mental Health Systems of Care</td>
<td>Markus</td>
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<td>Impact of Training and Technical Assistance (IOTTA) for Wraparound</td>
<td>Walker, Bruns</td>
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<td>HCUP Data for Pediatric Mental Health Research: The Kids’ Inpatient Database (KID)</td>
<td>Steiner</td>
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<tr>
<td>Gold Award for Outstanding Local Evaluation (Chautauqua Tapestry): How Systems of Care Can Implement a Realist Evaluation of All Services for All Youth in a County</td>
<td>Kazi</td>
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**Networking Breakfast 8:00 AM**

**Tuesday Morning Plenary Session — 9:00 – 10:30 AM**

| PL | Toward Evidence Based Systems: Research on Improving “Real World” Practice for Children and Youth | Bruns, Farmer, Chapman, West | Regency Ballroom |

**Tuesday Morning Concurrent Sessions — 10:45 AM – 12:15 PM**

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<td>37</td>
<td>&lt;strong&gt;symposium&lt;/strong&gt;: Innovations in Residential Services for Transition Age Youth</td>
<td>Fagan (chair &amp; discussant), Vorhies, Elias</td>
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<td>38</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Using Engagement to Bridge Research and Practice in School Mental Health: A National Initiative</td>
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<td>39</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Gender Differences in Trauma Treatment at 90 and 180 days of treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?</td>
<td>Craig, Sprang, Staton-Tindall</td>
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<td>40</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Opportunities and Challenges with Integrating Child Protective Services into Behavioral Health Systems of Care: One State’s Experience</td>
<td>Connell, Matlin</td>
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<td>41</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Young people and their parents/carers’ expectations of Child and Adolescent Mental Health Services (CAMHS) in Leicestershire, England</td>
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<td>42</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: A Qualitative Investigation into the Effectiveness of Cultural Competence Initiatives in a Diverse Mental Health System of Care Context</td>
<td>Weber</td>
<td>Esplanade 3</td>
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<td>43</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Perceptions of the Impact of Accreditation in Children’s Mental Healthcare: A Multiple Case Study</td>
<td>Lee</td>
<td>Buccaneer B</td>
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<td>44</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: An Evidenced Based Parenting Education Program in Illinois</td>
<td>Bensinger</td>
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<tr>
<td>45</td>
<td>&lt;strong&gt;paper&lt;/strong&gt;: Using GIS to Identify Safe, Affordable, and Accessible Housing for Youth Leaving Foster Care</td>
<td>Batsche</td>
<td>City Center</td>
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**Research Luncheon — 12:15 – 1:45 PM – Regency Ballroom**

Join your colleagues for our Research Networking Luncheon.

**Transition Track**
### Tuesday Afternoon Concurrent Sessions — 2:00 – 3:30 PM

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<td>Pires (chair &amp; discussant), Simons, Zabel</td>
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<td>48</td>
<td>Paper: Youth-Driven Community-Based Participatory Research to Overcome Barriers Low-Income Youth of Color Face when Accessing Mental Health Services</td>
<td>Ross</td>
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<td>49</td>
<td>Paper: Institutional Predictors of Developmental Outcomes among Racially Diverse Foster Care Alumni</td>
<td>Garcia, Pecora</td>
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<td>50</td>
<td>Paper: Children in foster care receiving NCTSN trauma-specific treatment</td>
<td>Moore, Lichtenstein, Oppenheim</td>
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<td>51</td>
<td>Symposium: Community-Based Participatory Research (CBPR): Culturally Competent Community Based-Approaches</td>
<td>Brixior (chair), McClain (discussant), Callejas, Pagan, Mowery</td>
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<td>52</td>
<td>Symposium: Expanding Systems of Care: Strategies for Large-Scale System Change</td>
<td>Stroul (chair), Friedman, Shipp</td>
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<td>53</td>
<td>Paper: Script-like qualities and storied turns: Understanding youth interpretations of the pathways to residential placement</td>
<td>Polvere</td>
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<td>54</td>
<td>Symposium: Mental Health and the Tennessee juvenile justice system: Recent efforts to improve the quality of care</td>
<td>Epstein (chair &amp; discussant), Kuhn, Chapman, Feix</td>
<td>City Center</td>
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### Networking Break — 3:30 - 3:45 pm — Sponsored by Ronald A. Christaldi and L. David de la Parte on behalf of AMIKids

### Tuesday Afternoon Concurrent Sessions — 3:45 – 5:15 PM

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<td>55</td>
<td>Paper: Predicting Positive Outcomes of School Success and Completion for Older Youth in Systems of Care</td>
<td>Brennan</td>
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<td>56</td>
<td>Discussion hour: Updating the System of Care Concept: Implications for Policy and Practice</td>
<td>Stoul, Blau</td>
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<td>57</td>
<td>Symposium: Continuous Quality Improvement with Transition Programs: Illustration of CQI Data Impact on Programs</td>
<td>Clark, Dresser, Zucker</td>
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<td>58</td>
<td>Symposium: Changing organization culture: Participatory evaluation and theory-based, systematic revision of wraparound implementation</td>
<td>Bertram (chair), Bruns (discussant), Schaffer, Chappelle, Clay</td>
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<td>59</td>
<td>Paper: Values Driven Systems of Care: the BC SCORES Experience</td>
<td>Wald, Zubritsky, Jaquette</td>
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<td>60</td>
<td>Paper: States, Providers, and Purveyors: Collaborating to Improve a Statewide Children's Mental Health System</td>
<td>Gerbeselasse, Stephens, Anderson</td>
<td>Regency VII</td>
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<td>61</td>
<td>Paper: Education Outcomes over Time in the Children's Mental Health Initiative</td>
<td>Franks (chair), Vanderploug, Mawasha, Bracey, Marshall</td>
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<td>62</td>
<td>Paper: Continuous Quality Improvement with Transition Programs: Illustration of CQI Data Impact on Programs</td>
<td>Haber, Burgin, Malloy, Cormier</td>
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<td>63</td>
<td>Paper: Co-parenting: Toward an inclusive national model for supporting infants and young children</td>
<td>McHale</td>
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<td>64</td>
<td>Discussion hour: The Over-reliance of Acute Psychiatric Hospitals to Treat Foster Children's Mental Health Needs</td>
<td>Winston</td>
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<td>65</td>
<td>Paper: Predictors of Parenting and Infant Outcomes for Impoverished Adolescent Parents</td>
<td>Whitson, Kaufman</td>
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<td>66</td>
<td>Discussion hour: The Role of the Education System in Supporting Recovery for Youth with Substance Use/Co-occurring Mental Health Disorders</td>
<td>Cavanaugh</td>
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<td>68</td>
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<td>Goldman, Lucio</td>
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<td>69</td>
<td>Paper: Building a Consumer Base for TF-CBT in a State System of Care</td>
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<td>70</td>
<td>Paper: Delaware's TF-CBT Effectiveness Study</td>
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<td>72</td>
<td>Paper: Do Relationships Matter? The Role of Social Capital during Emerging Adulthood</td>
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<td>73</td>
<td>Paper: Social Capital as a Critical but Neglected Factor in Research, Practice, and Policy</td>
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<td>74</td>
<td>Paper: Family Intervention for Depressed Parents and their Adolescent Children: Preliminary Randomized Evaluation of the Project Hope Prevention Program</td>
<td>Mason, Haggerty, Fleming</td>
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### Tuesday March 22, 2011

#### Networking Breakfast 8:00 AM

#### Wednesday March 23, 2011

#### Wednesday Plenary Session 9:00 - 11:30 AM — Regency Ballroom

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<th>Research on Transition-Age Youth and Emerging Adults: What’s in it for me?</th>
<th>Arnett, Koroloff, Walker, Davis, Whitney</th>
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<td>Closing Remarks</td>
<td>Mario Hernandez</td>
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### Poster Presentations & Networking — 6:00 – 7:30 PM — Regency Ballroom

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<td>Developing a Research Informed Mental Health Strategic Plan for a Large Public School Board</td>
<td>Evans, Ferdinand, Johnston, Gilpin</td>
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<td>Collaborative Helping: A Framework for Supportive Service Within a Harm Reduction Philosophy</td>
<td>Gillespie, Tatarsky</td>
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<td>Preliminary Results and Challenges on the Implementation of an Evidence-based Group Intervention (Triple P: Positive Parenting Program) in a Head Start Community Setting</td>
<td>Calderón, Fawley-King</td>
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<td>Navigating the Transition to Adulthood: Self-assessment of Service Provider Competencies</td>
<td>Brennan</td>
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<td>Comparison of Local and National System of Care Outcomes</td>
<td>Spooner</td>
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<td>Increasing the Effectiveness of Mental Health Services: A Compatibility Approach for Reducing Disparities</td>
<td>Lucio, Mowery, Hernandez</td>
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<td>Follow the (Lack of) Money: Challenges Facing Youth and Young Adults in Transition</td>
<td>Frankford</td>
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<td>Governance Structures for Systems of Care</td>
<td>Hodges, Ferreiza, Mowery</td>
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<td>The Road to Collaboration Between Primary Care Providers and Child Psychiatrists: A Needs Assessment</td>
<td>DeValk, Anderson</td>
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<td>Building a Comprehensive School Mental Health Program: Integrating PBIS and the Public Health Model</td>
<td>Balles, Cohen, Rahn</td>
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<td>The Logic Model, Dashboard, and Resources of the National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families in Systems of Care</td>
<td>Poirier</td>
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<td>Planting Seeds of Change in Alaska – Development of a Social Enterprise Model Serving Transition-Age Youth and Young Adults</td>
<td>Sobocinski</td>
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<td>Structural and Programmatic Barriers and Facilitators to Integration of Mental Health Services in Schools</td>
<td>Massey, Burton</td>
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<td>Use of the Behavioral Complexity Scale as a Clinical-Decision Making Tool for Externalizing Disorders</td>
<td>Mazza</td>
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<td>What Predicts Wraparound Fidelity? In-Depth Analysis of the National WFI-4 Dataset</td>
<td>Sather, Bruns</td>
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<td>Part Two: Strategizing with youth using a practical theory of change process</td>
<td>Pagan, Masselli, Cox</td>
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<td>Staff Uptake of Evidence-Based Practice across Multiple EBPs within a Community Setting</td>
<td>Mair, Honours Cunning</td>
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<td>Priorities for Transition to Independence: Securing Work, Youth Leadership and Family Education, Adult and Child System Policy Alignment</td>
<td>Stephan, Deschamps, Pucino</td>
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<tr>
<td>Reducing Disparity, Improving Practice, Monitoring Performance, and Saving Money: Juvenile Justice and Mental Health Collaborating in Large Urban Setting</td>
<td>Hodges, Martin</td>
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<tr>
<td>Emotional Intelligence in the Classroom: Skill Based Training for Empowering Teachers &amp; Students</td>
<td>Karimzadeh</td>
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<td>Implementation and Communication: Evidence-Based Treatments Within Systems of Care</td>
<td>Moore, Lee</td>
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<td>The Youth Guides: Tools for Empowering Youth</td>
<td>Grealish</td>
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<td>SWAT Youth Council “Theory of Change Logic Model”</td>
<td>Johnson, Powell</td>
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<td>Factors Associated with Continuity of Antidepressant Treatment Among Medicaid Covered Youth</td>
<td>Drew, Fontanella</td>
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**24th Annual Children's Mental Health Research & Policy Conference – Tampa, FL – 2011 – 9**
Sunday Morning Intensive Workshops
9:00 am – 12:00 pm

**Intensive Workshop 1 • Regency V**

*Dealing with Time: Event History Analysis and its Application in Mental Health, Juvenile Justice, and Child Welfare Research*

Wei Wang, PhD, Assistant Professor, Department of Epidemiology and Biostatistics, College of Public Health, University of South Florida; Svetlana Yampolskaya, PhD, Research Associate Professor, Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida; Robert Lucio, PhD, LCSW, Research Assistant Professor, Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida

This workshop will focus on event history (or survival) analysis – an analytic technique for longitudinal data. Event history analysis focuses on when events occur over time and allows for comparisons of the point in time that study participants experience the event of interest. The workshop will present a general introduction to the basic concepts of event history analysis and discuss the different types of event history analysis, such as Kaplan-Meier estimates, Life Tables, and Cox proportional hazards models. In addition, the workshop will emphasize the practical application of event history methods and discuss research questions appropriate for using these methods. Examples will be drawn from mental health, juvenile justice, and child welfare research areas. Step-by-step procedures, hands-on instructions on conducting event history analysis, and interpreting results will be provided. After attending the workshop, the audience is expected to have familiarity with the general application of event history analysis in social science research.

**Sunday Afternoon Intensive Workshop**
1:00 – 4:00 pm

**Intensive Workshop 4 • Regency V**

*Using the CANS in a System of Care: Principles, Applications and Experiences*

John Lyons, PhD, Professor of Psychiatry & Medicine, Feinberg School of Medicine, Northwestern University

This intensive workshop will present the use of the Child and Adolescent Needs and Strengths (CANS) within the philosophy of System of Care. Included in the workshop will be an overview of the communimetric measurement framework and the Total Clinical Outcomes Management framework in which the CANS is embedded. Applications will include the use of the CANS in child-family teams, applications for youth and parent system navigation, and using CANS information to redesign programs and systems. Experiences with implementation will be provided to describe the journey of learning to use this approach within wraparound programs and other models of care.

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Special Showing of the Feature Film

**Waiting for Superman**

7:00 – 9:00 pm

**Regency V**

Don’t miss this unique opportunity to view the film *Waiting for Superman*, featuring our Monday Keynote Speaker, Geoffrey Canada.
1. Results of a Teacher Survey of Mental Health Literacy and Capacity
Barrie Evans, PhD, Melanie Ferdinand, MSW, Michelle Gilpin, PhD, Thames Valley District School Board, London, Canada
As part of data gathering for strategic planning for school based mental health, a survey of teacher mental health literacy and capacity was undertaken. All classroom teachers were expected to participate. A total of 3,913 responses were received. This is probably the largest survey of its type ever undertaken. The total response rate was 87% (92.3% elementary; 77.8% secondary) of all teachers employed by the school district. An overview of the findings will be presented.

2. The Effect of Cognitive-Behavioral Family Therapy on Children’s Anxiety
Samira Rostami, MS, University of Science & Culture, Tehran, Iran
This study is aimed at determining the efficacy of cognitive-behavioral family therapy on children’s anxiety. In a quasi-experimental study, 120 girls of 10 and 11 years old in a school in Tehran were selected. Using the Spence Children’s Anxiety Scale, only the ones with anxiety scores of over the cutting point of 24 were enrolled. Children's mothers also filled out Spence Children's Anxiety Scale-Parent Version. Then, mothers and children were randomly assigned to control and case groups. The case group participants attended 8 sessions of cognitive-behavioral family therapy (Cool Kids). The findings of the study showed that intervention made a significant difference between the case and the control group in anxiety, general anxiety, phobia, panic and agoraphobia. All these scales were reduced in the case group. However, subscales of separation anxiety, social phobia, and obsessive-compulsive disorder did not show a significant difference in the case group. Moreover, mothers in the case group reported a significant reduction in anxiety and all subscales in their children. Based on the findings of this study, we can apply FCBT as an effective means of reducing children's anxiety.

3. The Impact of Family Education and Support Services on Caregivers and their Families
Nicole White, MPH, Phyllis Gyamfi, PhD, ICF Macro, Atlanta, GA; Christine Walrath-Greene, PhD, Lucas Godoy-Garzza, MA, ICF Macro, New York, NY
The Family Education and Support (FES) Study examines the impact of FES services (e.g. peer-to-peer support) within three community mental health settings. Caregiver assessments were based on five domain areas: social support, stress, mental health services self-efficacy, parenting skills and involvement, and parent use of mental health services. The benefits and impact on families receiving FES services, such as reduction in stress levels experienced, will be discussed.

4. When a Need Meets an Opportunity: The Development of an Early Childhood Mental Health Consultation Project for Care Providers
Peggy North-Jones, PhD, John Roope, MEd, Chaddock, Ballwin, MO
In 2003, the Illinois General Assembly responded to research on children’s mental health by passing the Children’s Mental Health Act. This mandated a comprehensive system of prevention and early intervention. The Early Childhood Mental Health Consultant role emerged to support one underserved population — childcare providers. These consultants provide a state-wide system of support available to all childcare providers, upon request. This presentation will highlight the development of the initiative, outcomes, and lessons learned from this five year project.

5. Children’s Mental Health Services: Barriers to Engaging in or Continuing Care
Judith Samuels, PhD, Wendy Schudrich, MSW, Nathan Kline Institute, Orangeburg, NY
This qualitative study analyzes barriers parents face when seeking mental health treatment for their children in a large urban setting. Emerging themes were pervasive across strata: parental lack of understanding regarding specific conditions, being unaware of available resources, daunting evaluation/diagnosis processes, perceived discounting of parental input, stress, the use of medication, and stigma associated with having a child with mental health challenges. Suggestions were provided by the authors to ameliorate barriers.

6. The Power of Relationship in Gaza: Exploring the Impact Young Adults Can Make on the Mental Health of Children
Lou Bergholz, BS, Edgework Consulting, Somerville, MA
“Eye to the Future (E2F)” is a cutting edge after-school program for Palestinian children in Gaza. “Eye to the Future” has designed its program around the powerful ability of a caring young adult to “move” children towards improved mental health. This presentation will focus on the implications of this type of intervention and on how we can leverage this relationship to enhance mental health outcomes for children.

7. Understanding Provider Perspectives of System of Care Principles in a Rural Setting
Deborah Cohen, MSW, Stacey Cornett, MSW, Community Mental Health Center, Inc., Lawrenceburg, IN; Jeffrey Anderson, PhD, Indiana University, Bloomington, IN
In spring 2010, the One Community, One Family system of care conducted a survey to examine provider attitudes. The purpose of the survey was to inform the EAB and the OCOF Governance Board about the current community attitudes related to the System of Care Core Values. Results suggest the community is moving towards commitment to the ideas of Family Guided, Individualized and Community-based and Evidenced-based, but are still working towards Youth-Guided, and Cultural and Linguistic Competence.
8. **Rethinking Deficit-Based Portrayals of Youth-in-Care: Critical Youth Perspectives on Placement**

Lauren Polvere, PhD, Concordia University, Montreal, Canada

Though research has focused on clinical characteristics and behavioral problems of youth in out-of-home mental health placement settings, few studies have examined youth perspectives of treatment. Semi-structured interviews were conducted with twelve youth participants with placement histories. The findings suggest that by eliciting critical youth perspectives on mental health placement, a “counter narrative” emerges, which complicates clinically-oriented discourses on youth with emotional and behavioral challenges. Research and practice implications are discussed.

9. **Factors Associated with the Transition to Middle School for African American and Caucasian Youth**

Carol MacKinnon-Lewis, PhD, University of South Florida, Tampa, FL; Christine Wienke Totura, PhD, Arizona State University, Phoenix, AZ; Eric Lindsey, PhD, Penn State-Berks, Reading, PA

Transition to middle school represents a major contextual shift that places some youth at risk for adjustment difficulties (e.g., misconduct, declines in self-concept, goal orientation, grades) that are predictive of school failure and dropout. However, few studies have examined factors associated with reported ethnic differences in youths’ experiences. Three waves of data were collected on 268 youth. Hierarchical regression analyses indicated differential experiences for African Americans and Caucasians. Implications of the findings will be presented.

10. **Parent Connectors: Developing a Theory of Change**

Krista Kutash, PhD, Albert Duchnowski, PhD, University of South Florida, Tampa, FL

A panel of national experts provided systematic input to refine the theoretical framework for the proposed intervention. The Parent Connectors study is aimed at developing a peer-to-peer intervention for parents of children who have emotional disturbances. This poster presents the results of consultation from an expert panel to critique and refine the theory of change that guides the project. Results supported the conclusion that expert consultation can lead to improved theory development and program implementation.

11. **Psychological and Pedagogical Support of Families Bringing Up the Children with Disordered Mental Health: Novosibirsk Experience**

Irina Vainer, Novosibirsk Regional Methodological Center of Habilitation Pedagogics, Novosibirsk, Russia

Original methods, non-standard practical tricks, and psychologic-pedagogical approaches aimed at habilitation of preschool children with disordered mental health are presented in this work. We developed the above-mentioned methods and gathered factual material working in the specialized Novosibirsk (Russia) municipal center functioning under the leadership of A.I. Borozdin. Owing to implementation of the new approaches including adequate work with parents, more than 76% of our graduates were translated from rank “uneducable” to rank “schoolable and teachable.”

12. **Social Network Analysis of the ConnectFamilias Partnership in Little Havana**

Linda Callejas, PhD, Leslie Ann Pagan, MBA, Debra Mowery, PhD, University of South Florida, Tampa, FL

A social network analysis was conducted to determine the extent and value of services and supports available to families involved with the ConnectFamilias Partnership in Miami-Dade, Florida. The goal of the partnership is to increase the quantity and quality of social supports through service coordination and a wraparound process. Desired outcomes include providing coordinated services, facilitating development of supports and strong networks (both formal and informal), and families demonstrating effective management of their environment.

13. **Development of a Web-Based Performance Measurement System for an In-Home Family Intervention Program**

Ronald Thompson, PhD, Robert Oats, MA, Boys Town, Boys Town, NE

This presentation includes a description of a web-based performance measurement system for an intensive in-home intervention. The system allows for remote access to client records and data-based reports useful for monitoring intervention implementation and outcomes. Results indicate that families presented with very diverse risk and protective factors; a variety of intervention strategies were employed, and participants made significant progress during the intervention. Implications for practice and future research will be discussed.

14. **Assessing the Impact of Family Support Programming in a System of Care: Associations Between Type and Intensity of Support Provided and Family Outcomes**

Virginia Johnson, BS, University of North Carolina at Charlotte, Charlotte, NC

A community-campus partnership is evaluating ParentVOICE, a family-run organization for caregivers and families of youth with mental, behavioral, and/or emotional health challenges. The presentation examines caregiver involvement in ParentVOICE, which is associated with greater reported ability to navigate the mental health system, and a greater capacity to advocate effectively. Early findings suggest that degree of ParentVOICE involvement relates to increased caregiver empowerment in the form of formal and informal participation.

15. **The CANS-MA: Improving the Assessment of Cultural Considerations in Treatment with Youth**

Hannah Karpman, MSW, Brandeis University, West Newton, MA

It is well documented that a child and family’s cultural makeup contributes to their resilience and the challenges that they may face. When the Child Adolescent Needs and Strengths (CANS) was implemented in Massachusetts, policy-makers made it a priority to include items related to culture in their version of the
assessment. Three years post implementation, policy makers felt that the current acculturation items did not adequately capture the complicated contributions that culture makes to the “picture” of a child and family. Led by the Children’s Behavioral Health Initiative, in collaboration with the University of Massachusetts, a process was undertaken to revise the items. The process included a review of the literature and several small and large group meetings with practitioners and researchers in the field. This presentation reviews the process, highlights major themes that arose during group discussions, and presents the revised items (now called cultural consideration).

16. **Tailoring a School-Based Depression Reduction Intervention for Rural Adolescent Girls**

La Tonya Noel, PhD, Florida State University, Tallahassee, FL

School-based intervention models that reduce depression symptoms in metropolitan (urban) adolescents and have been found to increase social and academic outcomes, need to be tailored in two major ways before they can be effectively delivered to non-metropolitan (rural) adolescents: (1) Interventions in rural areas cannot be delivered by mental health professionals or teachers due to workforce shortages and state mandates on Florida teachers, particularly in “F” schools in Florida. We refer to this as “Rethinking Intervention Facilitators”; (2) Similar depression prevention models do not appear to achieve comparable long-term outcomes in urban and rural adolescents with similar characteristics. We refer to this as “Rethinking Intervention Duration and Content Focus.”

17. **Role Delineation of Peer-Parent Support – National and State Level Comparison**

Frances Purdy, JD, National Federation of Families for Children’s Mental Health, Rockville, MD; Amy Peloquin, MS, Florida Certification Board, Tallahassee, FL

The National Federation Certification Board and Florida Certification Board will highlight the Florida, Illinois, and national professional certification programs in Florida and Illinois developed to measure competency and assure quality of peer level services for parents and teachers parenting children with emotional, mental, or behavioral health disorders. The assessment and survey results will be presented including discussion of testing mechanisms and training/curriculum requirements, certification expectations, and the resiliency and recovery issues this addresses.

18. **The Outcomes Roundtable for Children and Families (ORCF): National leadership efforts in children’s mental health services**

Cynthia Zubritsky, PhD, University of Pennsylvania, ORCF Member, Philadelphia, PA; Carol Obrochta, ORCF Member, Richmond, VA

The Outcomes Roundtable for Children and Families (ORCF), comprising consumers, family members, researchers, and providers and sponsored by the Center for Mental Health Services, SAMHSA, brings together multiple perspectives and expertise to provide leadership in children and adolescent mental health services. The mission of the ORCF is to bring together multiple perspectives and expertise to provide leadership that stimulates culturally competent and data driven improvements in policy, practice, and research for children and adolescents with emotional and behavioral health needs and their families. The ORCF has several projects and products underway, including: Issue Briefs on Evidence Based Practice Programs, Practice-Based Evidence Programs; Core Outcomes for child and adolescent Behavioral Health programs; and a Family-to-Family Information Brief.

19. **Depression and Stress Indicators of Caregivers for an Early Childhood Population**

Sarah Thurston, MA, Allegheny County Office of Behavioral Health, Pittsburgh, PA; Janell Smith-Jones, PhD, University of Pittsburgh, Pittsburgh, PA

Since 1997 when the first early childhood system of care community was funded, the research base of characteristics and outcomes of very young children and their families has grown significantly. Several Phase V early childhood communities selected assessment tools specifically for this population and implemented them in conjunction with the National Outcomes Study. This poster presentation will explore data on two caregiver risk factors, stress and depression, and discuss program implications for outreach and support.

20. **A Developmental Ecological Model for Predicting Resilient Outcomes Among Parents and Children in Home-based Visitation Programs**

Cynthia Schellenbach, PhD, Oakland University, Rochester, NY; Anne Culp, PhD, University of Central Florida, Orlando, FL

This research will promote early childhood mental health by explaining results of testing a strengths-based developmental ecological model for predicting resilient outcomes among at-risk parents and young children in home visitation programs in two states. Findings underscore the need to target multiple levels of change including societal, social, and individual levels. Results indicate that program development and evaluation should be strengths-based (not deficits-based), and that policy should be systemic and oriented toward strength identification at multiple levels.

21. **Promoting Early Childhood Mental Health in Illinois: The Consultation Approach and Early Evaluation**

Colette Lueck, MSW, Nancy Segall, MSW, Peter Mulhall, PhD, Voices for Illinois Children, Chicago, IL

In 1993, the Illinois Children Mental Health Partnership was created and a bold plan for developing, improving, and implementing mental health services was undertaken. One of the five major initiatives was new focus on early childhood mental health in multiple settings. This presentation provides an overview of the early childhood consultation project; strategies for identifying, selecting, training and evaluating the sites and consultants; and the initial evaluation results of the initiative.
22. Children’s Mental Health Organizations’ Motivations behind and Experience with Accreditation
Madeline Lee, PhD, Washington University in St. Louis, St. Louis, MO
These findings set a foundation for future studies that could begin to better inform decisions regarding whether policies should mandate or incentivize accreditation. There are implications regarding how accreditors engage agencies and how agencies engage employees in accreditation. Streamlining the accreditation standards, making them more explicitly evidence-based, and designing them to promote evidence-based practice could lead to an improved quality of services.

23. Assessing the Impact of Family Driven Care
Elaine Slaton, MSA, National Federation of Families for Children’s Mental Health, Rockville, MD; Christina Christopoulos, PhD, Alamance Allicance for Children and Families System of Care, Greensboro, NC; Libby Jones, Alamance Allicance for Children and Families System of Care, Greensboro, NC
Experienced family leaders claim to know real family involvement when they see it, but struggle to clearly define valid and reliable indicators. In his bestseller, “Blink,” Malcolm Gladwell describes this as an ability to instantly “filter the very few factors that matter from the overwhelming number of variables.” This poster will present a year-long process used to arrive at draft indicators and seek dialogue with participants about the value of the drafted indicators.

24. From Blaming to Partnering: Milestones within the Family Movement
Kathleen Ferreira, MSE, Sharon Hodges, PhD, University of South Florida, Tampa, FL
In recent years, researchers, policy makers, advocates, and providers in children’s mental health have worked to enhance the role of families in decision making at all levels of service planning and delivery. This poster will provide a visual depiction of important milestones within the family movement. Specifically, the poster will focus on perceptions and roles of families, terminology changes, political impacts, funding support and accompanying requirements, and the influence of family advocacy organizations over time.

25. Increasing the Capacity of Primary Care to Address Mental Health
Bruno Anthony, PhD, Georgetown University, Washington, DC
The majority of children with emotional and behavioral disturbances and their families, and particularly those in early stages of dysfunction where prevention of further disability is possible, receive little formal mental health care. Barriers are particularly great in rural and poor urban areas and among ethnic minority groups. Primary care providers are well situated to increase early access to mental health services, but current models for integrating mental health into primary care – based largely on Wagner and colleagues’ widely used “chronic care model (CCM)” — focus too narrowly on identifying and treating children with specific disorders. In contrast, the majority of children with mental health problems seen in primary care have significant dysfunction in the absence of a single disorder. Furthermore, current models based on the CCM, including the concept of making primary care a “medical home” for children with a variety of chronic conditions, have proven to be difficult to implement. They often call for substantial additional resources and don’t address the attitudinal, organizational, and training barriers that impede primary care providers’ adopting new roles in mental health care.

26. What National Evaluation Data Tell Us About Suicide-Related Behavior in Children and Youth in Systems of Care: Next Steps for the CMHI Program
Christine Walthall, PhD, ICF Macro, New York, NY; Kathy Lazear, MA, University of South Florida, Tampa, FL
National evaluation data from the Children’s Mental Health Initiative (CMHI) is used to describe the characteristics and clinical/behavioral outcomes of children/youth with histories of suicide-related behavior in system of care (SOC) communities. The findings yield a profile of children/youth at risk for suicide, including their service experiences and outcomes relative to suicide attempts. The historical context of suicide in SOC is explored and will inform suicide prevention, intervention, and postvention efforts in systems of care.

27. Strengthening Families Program
Scott Helm, PhD, University of Missouri-Kansas City Leadership, Kansas City, MO; Lisa Pearson, LCSW, Spofford, Kansas City, MO
Spofford’s Strengthening Families Program provides intervention to children and families exhibiting behavioral indicators of abuse and neglect. The following article details the results of a quasi-experimental evaluation of the Strengthening Families Program. Differences between the treatment and comparison groups support the ability of a school based case management program to improve the behavior of emotionally disturbed youth.

28. Use of Cognitive Question Testing Methodologies in Participant Action Research; Implementing the Three-Step Test-Interview method in Indian Country
Thomas Pavkov, PhD, Purdue University Calumet, Hammond, IN; Jacob Priest, MS, Florida State University, Tallahassee, FL
This study describes the process of using the Three Step Test Interview (TSTI) as a part of a community based participatory research project. The TSTI was used to pretest a web-based questionnaire designed to gather information from American Indian and Alaska Native (AI/AN) youth between the ages of 18 and 25. The questionnaire included items related to risk and resiliency factors, and items related to victimization and delinquency. Question testing was completed with a sample of 15 AI/AN youth living in three different regions of the United States.
Monday, March 21 Events

6:30 am  Zumba  
7:00 am  Registration opens  
8:00 am  Continental Breakfast  
8:30 am  Welcome and Overview  
9:15 am  Concurrent Sessions 1–9  
10:45 am  Networking Break  
11:00 am  Concurrent Sessions 10–18  
12:00 pm  Lunch on your own  
1:00 pm  Keynote: Geoffrey Canada  
2:30 pm  Networking Break  
2:45 pm  Concurrent Sessions 19–27  
4:15 pm  Networking Break  
4:30 pm  Concurrent Sessions 28–36  
6:00 pm  Poster Session

Join us for Zumba

6:30 – 7:30 am » City Center  
Start the morning right with an hour of Zumba in the City Center room.

Lunch on Your Own

12:00 – 12:45 pm  
Take this opportunity to connect with colleagues and friends at a Hyatt Regency restaurant or one of the many establishments just down the street. This is also a splendid chance to explore downtown Tampa on the Trolley or on foot. Lunch items will also be available for purchase.

Monday Plenary

1:00 – 2:30 pm » Regency Ballroom

Hosted by students from the University of South Florida Latino Scholarship Program: Kristen Robinson and Carolissa Salcedo

Kristen Robinson is a freshman at the University of South Florida and a recipient of the USF Latino Scholarship. Kristen, a native of the Bronx, NY was raised in Davenport, Florida where he attended Ridge Community High School. Kristen's major at USF is Secondary Mathematics Education and he hopes to join the USF football team next year while still pursuing his degree in Mathematics.

Carolissa Salcedo is a freshman at the University of South Florida and a recipient of the USF Latino Scholarship. She is double majoring in Criminology and Chemistry, and aspires to be a Forensic Chemist. Carolissa grew up in Brooklyn, NY and moved to Tampa when she was 13 years old. Carolissa is a graduate of the Law and Criminal Justice Magnet Program at Jefferson High School.

Special Introduction

Judy Genshaft, President, University of South Florida

Judy Genshaft was appointed president of the University of South Florida System in July 2000. Dr. Genshaft has been a powerful force in the community serving as chair of three critical economic development engines and has been a catalyst for economic development through USF's collaboration with local and state governments as well as regional business leaders. Dr. Genshaft has created a synergy of academia, business and community which strengthens Tampa Bay.

Today's Plenary Sponsored by
Children's Board of Hillsborough County  
Tampa Metropolitan Area YMCA  
United Way of Tampa Bay

Equal Access to Services for All Children

Geoffrey Canada, Harlem Children's Zone, NY

Since 1990, Canada has been the President and Chief Executive Officer for Harlem Children's Zone (HCZ,) which The New York Times Magazine called “one of the most ambitious social experiments of our time.”

In October 2005, Canada was named one of “America’s Best Leaders” by U.S. News and World Report. In 1997, the agency launched the Harlem Children’s Zone Project, which targets a specific geographic area in Central Harlem with a comprehensive range of services. The Zone Project today covers 100 blocks and aims to serve over 10,000 children by 2011. The New York Times Magazine said the Zone Project “combines educational, social and medical services. It starts at birth and follows children to college. It meshes those services into an interlocking web, and then it drops that web over an entire neighborhood….The objective is to create a safety net woven so tightly that children in the neighborhood just can’t slip through.” The work of Canada and HCZ has become a national model and has been the subject of many profiles in the media. Their work has been featured on 60 Minutes, The Oprah Winfrey Show, The Today Show, Good Morning America, Nightline, CBS This Morning, The Charlie Rose Show, National Public Radio’s “On Point,” as well as in articles in The New York Times, The New York Daily News, USA Today and Newsday.
Canada grew up in the South Bronx in a poor, sometimes-violent neighborhood. Despite his troubled surroundings, he was able to succeed academically, receiving a Bachelor of Arts degree from Bowdoin College and a master’s degree in education from the Harvard School of Education. After graduating from Harvard, Canada decided to work to help children who, like himself, were disadvantaged by their lives in poor, embattled neighborhoods.

Drawing upon his own childhood experiences and at the Harlem Children’s Zone, he wrote Fist Stick Knife Gun: A Personal History of Violence in America, and Reaching Up for Manhood: Transforming the Lives of Boys in America. In its review of Fist Stick Knife Gun: A Personal History of Violence in America, Publishers Weekly said, “a more powerful depiction of the tragic life of urban children and a more compelling plea to end ‘America’s war against itself’ cannot be imagined.”

For his years of work advocating for children and families in some of America’s most devastated communities, Canada was a recipient of the first Heinz Award in 1994. In 2004, he was given the Harold W. McGraw, Jr. Prize in Education and Child Magazine’s Children’s Champion Award.

Canada has also received the Heroes of the Year Award from the Robin Hood Foundation, The Jefferson Award for Public Service, the Spirit of the City Award from the Cathedral of St. John the Divine, the Brennan Legacy Award from New York University and the Common Good Award from Bowdoin College. He has received honorary degrees from Harvard University, Bowdoin College, Williams College, John Jay College, Bank Street College and Meadville Lombard Theological Seminary.

A third-degree black belt, Canada is also the founder (in 1983) of the Chang Moo Kwan Martial Arts School. Despite his busy schedule as head of HCZ, he continues to teach the principles of Tae Kwon Do to community youth along with anti-violence and conflict-resolution techniques.

In 2006, Canada was selected by New York City Mayor Michael Bloomberg as co-chair of The Commission on Economic Opportunity, which was asked to formulate a plan to significantly reduce poverty. In 2007, he was appointed co-chair of New York State Governor’s Children’s Cabinet Advisory Board.

Canada is also the East Coast Regional Coordinator for the Black Community Crusade for Children. The Crusade is a nationwide effort to make saving black children the top priority in the black community. This initiative is coordinated by Marian Wright Edelman and the Children’s Defense Fund.

Canada joined Harlem Children’s Zone, Inc. (then called the Rheedlen Foundation) in 1983, as Education Director. Prior to that, he worked as Director of the Robert White School, a private day school for troubled inner-city youth in Boston.

Response Panel

Sandra Spencer, Executive Director, National Federation of Families for Children’s Mental Health

Sandra Spencer is the Executive Director of the National Federation of Families for Children’s Mental Health, which is dedicated exclusively to helping children in the United States with mental health needs and their families achieve a better quality of life. Ms. Spencer has served in numerous advocacy roles including leading the first grassroots family-run organization in Eastern North Carolina that advocates for families and children with mental health challenges. This organization—With Every Child and Adult Reaching Excellence—eventually became the state’s statewide chapter of the National Federation of Families for Children’s Mental Health. Sandra is also the mentor and protégé for the newly emerging national youth organization, Youth M.O.V.E. (Motivating Others through Voices of Experience) National, a subsidiary of the National Federation. Other advocacy work includes being a peer mentor for SOC communities across the United States; developing a parent-involvement curriculum at East Carolina University; and helping to establish an SOC for children with serious emotional disturbances in Greenville, NC.

MaryEllen Elia, Superintendent, Hillsborough County Public Schools

MaryEllen Elia was appointed Superintendent of Hillsborough County Public Schools on July 1, 2005. A lifelong educator, Ms. Elia began her career as a social studies teacher in the state of New York in 1970. She was the district’s first magnet schools supervisor. She was promoted in 1997 to the director of non-traditional programs where she managed all magnet schools, as well alternative schools and drop-out prevention programs. Ms. Elia was appointed general director of secondary education in 2002. She was named Florida’s Superintendent of the Year by the Consortium of Florida Education Foundations in 2007. That same year, she was very instrumental in the College Board announcement that Hillsborough County Public Schools was selected to participate in the EXCELerator program, as a recipient of $2.3-million in services, training, and materials funded by the Bill & Melinda Gates Foundation. In 2008, EXCELerator was expanded into all middle and high schools in Hillsborough County.

Luanne J. Panacek, EdD, Chief Executive Officer, Children’s Board of Hillsborough County

Dr. Luanne Panacek has been with the Children’s Board of Hillsborough County since 1995 and has served the organization’s Chief Executive Officer since 1997. The mission of the Children’s Board is to promote the well being of children and families across Hillsborough County by uniting community partners, investing in innovative opportunities and leading the county in best practices so that the whole community can realize its full potential. During her thirty-plus year career she has worked as a teacher, a licensed therapist, a day treatment and residential services program director, a trainer, a consultant, a program evaluator, and a researcher within the fields of children’s mental health, special education, early childhood intervention, early childhood education, residential and day treatment, and juvenile justice.

As both a community volunteer and leader, Dr. Panacek has long focused on the benefits of collaboration among community stakeholders to more creatively address the supports and services needed by children and families. At the state level Dr. Panacek has led change efforts within the child welfare system, the children’s mental health system, the early childhood education system, and the juvenile justice system. Most recently Dr. Panacek has represented the Children’s Board as one of eight Communities of Best Practice across the country supported by the Nemours Health Foundation and the California Endowment to share strategies for comprehensive service integration and policy change. Dr. Panacek has served as the Principal Investigator on a number of federal and private foundation grants. She recently worked with the YMCA and other community partners on the “Promise Neighborhood” grant.
Welcome & Overview
8:30 – 9:00 am
Regency Ballroom

Welcome & Overview
Mario Hernandez, PhD, University of South Florida, Tampa, FL
Don’t miss this important orientation to all of the events, special tracks, and key learning opportunities available to you at the conference.

Session 1
9:15 – 10:45 am
Regency V » 90 Minute Symposium

Addressing the Mental Health Needs of Parents in the System of Care: How Are We Doing?

Chair: Barbara Friesen, PhD, Portland State University, Portland, OR; Discussants: Gary Blau, PhD, Substance Abuse and Mental Health Services Administration, Rockville, MD; Regenia Hicks, PhD, Technical Assistance Partnership, Houston, TX

This symposium features the process and findings of an exploration of System of Care (SOC) communities’ responses to the mental health needs of parents of children enrolled in SOC services who also have child welfare involvement. The study was commissioned by the Technical Assistance Partnership for Child and Family Mental Health (TAP), and funded by the Substance Abuse and Mental Health Services Administration and the federal Children’s Bureau. Presentations will include a family partner and representatives from child welfare and SOC communities.

System of Care Responses to the Mental Health Needs of Parents: Phase I

Barbara Friesen, PhD, Portland State University, Portland, OR
This presentation examines system of care (SOC) responses to the mental health needs of parents with child welfare involvement. In Phase I, Project Directors from SOC sites participated in telephone interviews about how the mental health needs of caregivers were addressed. Overall, it appears that most SOC communities do not have accessible information about this issue, and that responses to the mental health needs of this group of parents do not yet fully reflect a “whole family” approach.

Collaborative Partnerships are Essential to Meeting Parents’ Mental Health Needs in SOC

Joanne Nicholson, PhD, University of Massachusetts Medical School, Worcester, MA
Data obtained in Phase II from systems of care key informants suggest that collaborative partnerships at every level are essential to promoting a “whole-of-family” approach when parents are living with mental illness and families have child welfare involvement. Barriers to obtaining appropriate services and supports for parents with mental illness, initially identified in Phase I, are addressed in Phase II, with promising and effective strategies for overcoming barriers highlighted and elaborated in representative family scenarios.

The Importance of the Role of Family Partners

Gary Ander, Libby Jones, Alamance Alliance, Burlington, NC
Family partners play many roles in the System of Care that help to identify and address the mental health needs of parents also involved with the child welfare system. These include: providing family support; advocacy; engagement and assistance negotiating the system; and helping parents to assess their own needs. In most sites, the assessment of parent needs is informal. Sites address the issue of sustainability for their family programs through a variety of innovative strategies.

Session 2
9:15 – 10:45 am
Regency VI » 90 Minute Symposium

Innovative Mental Health Interventions for Transition Age Youth and Emerging Adults – I

Chair: Maryann Davis, PhD, Transitions Research and Training Center, UMass Medical School, Worcester, MA; Discussant: Ashli Sheidow, PhD, Family Services Research Center, Medical University of South Carolina, Charleston, SC

This symposium presents findings from research that bears on the critically important issue of accessibility of supports for transition age youth and young adults. Transition age youth are less likely to access and participate in mental health and related services than younger adolescents and mature adults. Reaching out to this age group requires special considerations of their needs and desires. The three studies presented in this symposium each provide a perspective on those special considerations.

How Young Adults Use the Internet to Access Information and Support about Mental Health

Kris Gowen, PhD, Portland State University, Portland, OR
A lack of access to more traditional sources of mental health care may cause young adults with serious mental health conditions (SMHC) to go online to access information and support. This qualitative research project examined how young adults with SMHC use the internet to address their mental health needs. Findings indicate that young adults with SMHC use the internet to obtain information vital to their health, and also go online to gain a sense of community.

Electronic Self-Management Resource Training to Improve Mental Health (eSMART-MH) for Young Adults

Melissa Pinto-Foltz, PhD, John Clochesy, PhD, Case Western Reserve, Cleveland, OH
Twenty-five percent of young adults prematurely terminate mental health treatment. eSMART-MH uses interaction with avatars to reduce barriers to self-management, enhance self-management skills, and improve engagement in mental health treatment. This study examines the feasibility, accept-
ability, and efficacy of eSMART-MH. This RCT assesses feasibility, acceptability, and efficacy of eSMART-MH on barriers to self-management, self-management skills, and mental health treatment engagement in young adults (n=40). Preliminary findings for feasibility, acceptability, and efficacy are reported.

**Treatment Retention Intervention for Transition Age Youth in Outpatient Psychotherapy**

Maryann Davis, PhD, Lisa Mistler, MD, *Transitions Research and Training Center, UMass Medical School, Worcester, MA*

Among outpatient mental health clients, dropout rates are higher, and the number of sessions attended are lower in transition age youth compared to other age groups. Outpatient psychotherapists must overcome the unique challenge of keeping transition age youth in treatment long enough to benefit. We will describe a Motivational Enhanced Therapy protocol that is under development to improve outpatient psychotherapy participation in transition age youth, and report preliminary findings of this Stage I clinical trial.

**Session 3**

9:15 – 9:45 am  

Regency VII » 30 Minute Paper  

**Transition to Independence Process (TIP) System: From Pilot Project to Program Model in Maricopa County**

Pat Hunt, Magellan Health Services, Turner, ME; Wendy Cholfin, Magellan Health Services, Phoenix, AZ; Maryjo Whitfield, Jewish Family & Children’s Service, Phoenix, AZ

The session will encompass discussion of how cross-system/interagency collaboration identified and addressed the issues to provide solutions for young people who are transition-age served by the Behavioral Health System in Maricopa County, Arizona. This success was achieved by a community approach to adopting the Transition to Independence Process (TIP) System Model – the only nationally evidence-supported practice model for transition-age youth and young adults that was developed by Hewitt B. “Rusty” Clark, PhD, BCBA, Director of the National Network on Youth Transition for Behavioral Health [NNYT], University of South Florida.

The session will include discussion of the uniqueness of operationalizing the model which is not a “bricks and mortar” approach but a community-based model tailored to the developmental needs and cultural features of young people who are transition-age. Significant to the uniqueness of the approach is a) engage the youth in their own future planning process; b) provide them with developmentally-appropriate, non-stigmatizing, culturally competent, and appealing service and supports; and c) involve youth, their families and other informal key players in a process that prepares them and facilitates their movement toward greater self-sufficiency and successful achievement of their goals related to (5) transition domains (i.e., employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning). Transition Facilitators are essential to the continuity of planning services, and supports while implementing the TIP system. Transition Facilitators work directly with the young people, their parents, and other informal and formal support people. The term Transition Facilitator is used to emphasize the function of facilitating the young person’s future, not directing it. And lastly, central to the approach discussion is understanding how youth culture utilizes the latest technology such as texting, mobile internet, facebook, twitter and myspace, and how it has been integrated into the Program.

TIP leadership from Magellan Health Services and Jewish Family & Children’s Service will present key facets of the program.

9:45 – 10:45 am  

Regency VII » 60 Minute Symposium  

**Adult System Responses to Detecting and Treating Veterans with Mental Illness**

Chair and Discussant: Jonathan Delman, JD, *Transitions Research and Training Center, UMass Medical School, Worcester, MA*

These two papers present recent research for young adults who have onset of mental illness as young adults including their needs and adult system responses. The first paper discusses the Post 9/11 G.I. Bill, which has increased opportunities for young adult veterans with PTSD to pursue education. Supported education is effective in achieving educational goals among adults with mental illness. A needs assessment was conducted using focus groups with 30+ young adult veterans from recent wars. Findings indicate a challenging context for, and the needs for, peer support, assistance with navigating a complex benefit system, flexible models of outreach to veterans, and accommodations on campus. In the second paper, the Portland Identification and Early Referral (PIER) is described. This is a population-based system of early detection and treatment for the prodrome to psychosis in people ages 12-35. The goal is to reduce the incidence of psychotic disorders. One year outcomes for 93 treated people are presented. Treated cases receive comprehensive evidence-based treatment and rehabilitation, emphasizing family psychoeducation and supported employment and supported education. Research on community-wide early detection and treatment is feasible and achieves low conversion rates.

**Understanding the Needs of Young Adult Veterans for Supported Education**

Marsha Ellison, PhD, *Transitions Research and Training Center, UMass Medical School, Worcester, MA*

The Post 9/11 G.I. Bill has increased opportunities for young adult veterans with PTSD to pursue education. Supported education is effective in achieving educational goals among adults with mental illness. A needs assessment was conducted using focus groups with 30+ young adult veterans from recent wars. Findings indicate a challenging context for reintegration, and the needs for peer support, assistance with navigating a complex benefit system, flexible models of outreach to veterans, and accommodations on campus.
Session 4  
9:15 - 9:45 am

**Esplanade 1 » 30 Minute Paper**

**Vulnerability Factors and Mental Health Outcomes Affecting Youth Victims within an Analytically-Identified Typology: Universally Victimized, Victims of Bullying, and Minimally Victimized**

Joan Reid, PhD, University of South Florida, Tampa, FL

Children and adolescents report disproportionately high rates of victimization, yet limited research has focused on youth victimization. Utilizing a nationally representative sample of 1,000 youth, an analytically-derived typology of youth victims was identified including Universally Victimized Youth, Victims of Bullying, and Minimally Victimized Youth. Parental supervision, school violence, and family adversity affected placement of youth within the analytically-derived classes. Victims of Bullying and Universally Victimized Youth reported elevated trauma symptoms and greater involvement in delinquency.

9:45 - 10:45 am

**Esplanade 1 » 60 Minute Paper**

**Community Center Model Preventing Child Abuse**

Samia Bishara Rizeq, Jordan River Foundation, Amman, Jordan

The following presentation highlights the main units which fall under the community center model (the Queen Rania Family & Child Center), one of the main areas of concentration of the Jordan River Foundation. It offers the audience an opportunity to understand the growth of the Child Safety Program while also paying close attention to the Queen Rania Family & Child Center (QRFCC). The audience is guided through the Center's description, model, approach, guiding principles and strategy.

The information contained in this presentation provides special consideration to QRFCC’s programs and services as they work to translate a child rights methodology into practice. Remaining consistent to the framework adopted by the CRC, the presentation will provide insight into QRFCC's work in promoting the three core rights which include: Survival & Development Rights, Protection Rights, and Participation Rights, by providing examples that support the implementation of each core right. Moreover it will draw attention to QRFCC's adherence to the CRC’s Guiding Principles offering concrete examples on work done with marginalized groups and advancing the rights of girls. The presentation concludes with a description of QRFCC’s various advocacy efforts in promoting a deeper child rights orientation and understanding within the context of its work.

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**Session 5**

9:15 - 9:45 am

**Esplanade 2 » 30 Minute Paper**

**Transitioning Youth from Group Care to Family: Lessons Learned from an Intervention**

Bethany Lee, PhD, University of Maryland, Baltimore, MD

This paper presents a multi-step intervention aimed to promote family care for youth currently served by child welfare in group care. The intervention was conducted in two Maryland counties. The intervention efforts- which include an administrative case review and involvement from family and community supports- will be described. Results of the effects of the intervention on subsequent placement settings will be reported. Lessons learned and family feedback from the process will be shared.

9:45 - 10:45 am

**Esplanade 2 » 60 Minute Symposium**

**Family Involvement During the Treatment of Youth in Out-of-Home Mental Health Treatment**

Chair: John Robst, PhD, University of South Florida, Tampa, FL; Discussant: Bonnie Yegidis, PhD, University of South Florida, Tampa, FL

Family engagement is often viewed as crucial to successful outcomes for youth in the child welfare system. Family engagement is associated with parent retention, family reunification, the receipt of services, family visitation, and a reduction in maltreatment. While family involvement with child welfare case workers is associated with improved outcomes, family involvement may also be important when youth removed from the home require mental health treatment. The literature has paid less attention to the role of family involvement in mental health treatment among the subset of children who receive out-of-home treatment, the majority of which are in the child welfare system.

This symposium contains three papers that examine family contacts among youth served in Florida’s Medicaid-funded Statewide Inpatient Psychiatric Program (SIPP) residential treatment setting. The papers use a unique data source, the SIPP Monthly Reporting Database, to examine patterns of family contacts during treatment. SIPP providers are required to submit monthly data for each youth at the facility. Among the required elements is a record of each family contact/visit. In particular, the relationship between the family member(s) and the youth in treatment (e.g., mother, father, siblings, grandparent), as well as the date and reason for the contact (e.g., family therapy, treatment update, visit).
Youth removed from the home for treatment have high rates of juvenile justice contacts, treatment recidivism, and other adverse outcomes. Thus, these data provide an important opportunity to examine patterns of family contacts and determine whether family contact and involvement in treatment are associated with improved outcomes. The papers in this symposium are a valuable step in this process.

The first paper examines patterns of family contact for youth in SIPP treatment. Before examining outcomes, it is valuable to understand the patterns of family contact to determine what proportion of families are involved in the treatment process, which family members are involved, and the frequency of contact.

The second paper examines the relationship between youth characteristics (e.g., age, gender, and race) and family contacts during the treatment episode. While establishing family involvement is viewed as important, it may be more difficult to engage family in some situations than others. The demographic and social characteristics of the youth and their family may be important elements when attempting to engage family.

While prior studies of the child welfare system have understandably focused on family reunification and maltreatment reports, outcomes of interest for youth with mental health needs also include youth functioning. Thus, the third paper examines whether family contact was associated with improved outcomes as measured by a shorter length of stay, higher Children’s Global Assessment Scale (CGAS), and lower Child Behavior Checklist (CBCL) score.

Getting family involved is often seen as a crucial step in the treatment process. Family contact is a necessary part of family involvement in treatment. Together these papers provide some insight into the patterns of family contact. Future work needs to carefully consider why family contact was not associated with improved outcomes.

**Family Involvement During the Treatment of Youth In Out-of-Home Mental Health Treatment**

Leokadia Rohrer, MPH, John Robst, PhD, Patty Sharrock, MSW, University of South Florida, Tampa, FL

This paper examined family contacts among youth in out-of-home mental health treatment. The focus is on youth with mental health needs who are treated in Florida’s residential treatment programs. We examined the rate of family contacts during treatment including visits to the campus and home visits by the youth. Rates of contact with specific family members and the reasons for the contact are examined, as well as the amount of time between contacts.

**Youth Characteristics and Family Contact During Treatment In Out-of-Home Mental Health Care**

John Robst, PhD, Steven Reader, PhD, Catherine Batsche, PhD, Mary Armstrong, PhD, Wenhong Li, MPH, University of South Florida, Tampa, FL

This paper examined the relationship between child characteristics and family involvement. The number of family visits and visits by specific family members were examined for youth treated in an inpatient mental health treatment program. Overall, family contact was greater when youth were younger, male, and white. In addition, this session will describe the degree and type of family involvement by select factors and characteristics.

**Is Family Contact Associated with Improved Outcomes? The Role of Family Contacts During the Treatment of Youth In Out-of-Home Mental Health Treatment**

John Robst, PhD, Leokadia Rohrer, MPH, Norin Dollard, PhD, University of South Florida, Tampa, FL

This paper examined whether family contact with youth in residential treatment was associated with improved outcomes. Total contacts with family members as well as contacts with specific family members were assessed. Propensity score matching was used to compare youth with similar pre-treatment characteristics. Overall family contacts and contacts with specific family members were not associated with shorter lengths of stay, or improved behavior symptoms and functioning.

**Session 6**

9:15 – 9:45 am

Esplanade 3 » 30 Minute Paper

**Collaboration Among Child Welfare Agencies, Schools, and Mental Health Providers: Does It Facilitate Children’s Access to Mental Health Services?**

Emmeline Chuang, PhD, Robert Lucio, PhD, University of South Florida, Tampa, FL

This paper examines how collaboration between local child welfare agencies, schools, and mental health providers influences children’s receipt of needed mental health services. Using data from a national, longitudinal study of families involved with the child welfare system, we found that person-centered practices such as cross-training or having a care coordinator position increased children’s odds of receiving school-based mental health services. In contrast, administrative ties decreased children’s odds of receiving such services. Implications are discussed.
9:45 – 10:15 am
Esplanade 3 » 30 Minute Paper

**Interaction Between the Mental Health and Child Welfare Systems: The Relationship Between Timing and Type of Placement Change and Psychiatric Hospitalization**

Kya Fawley-King, PhD, Child & Adolescent Services Research Center, San Diego, CA

This study examined the relationship between type of placement change and use of psychiatric hospitalization during foster care. Foster care placements were grouped into three categories: kinship care (least restrictive), non-relative foster care, and group care (most restrictive). The types of placement changes were “more restrictive,” “less restrictive,” and “lateral.” The findings indicate that the relationship between placement change and psychiatric hospitalization is bi-directional and is influenced by type of placement change.

10:15 – 10:45 am
Esplanade 3 » 30 Minute Paper

**Factors Influencing the Receipt of Mental Health Services by Children Investigated by Child Protection Agencies**


Current literature expresses much concern about meeting the mental health needs of children in the child welfare population. In order to support a discussion of these concerns, we share findings from exploratory research assessing the receipt of mental health services by children subject to an investigation by Child Protective Services. Such factors as demographic characteristics, types of maltreatment, source of referrals, foster care placement, child and family risk factors, and perpetrator relationships are examined.

Session 7

9:15 – 09:45 am
Buccaneer B » 30 Minute Paper

**In What Ways Do Services and Supports in Systems of Care Moderate the Effects of Adverse Childhood Experiences to Improve Outcomes for Children and Youth?**

Robert Stephens, PhD, ICF Macro, Pasig City, Philippines; Carolyn Lichtenstein, PhD, Walter R. McDonald & Associates, Inc., Rockville, MD

The CMHI national evaluation collects data on events that constitute risk factors associated with serious mental health challenges for children and youth. Caregivers reported information about adverse childhood experiences (ACE) that occurred in their child’s life. ACE scores were related to diagnosis, clinical status, and service use. Study results indicate that children/youth in systems of care improve regardless of their ACE score at intake, and that differences in service use may explain this finding.

9:45 – 10:15 am
Buccaneer B » 30 Minute Paper

**Service Use and Outcomes of Children and Youth Receiving Services in Rural and Urban Systems of Care**

Brigitte Manteuffel, PhD, Tesfayi Gebreselassie, PhD, ICF Macro, Atlanta, GA

Differences in the characteristics, service use and outcomes to 6 months of 3,722 children/youth served in rural and urban systems of care were examined. Rural and urban children differed on race/ethnicity and referral source. Rural children received more support services and wraparound; urban children had greater externalizing problems and lower strengths and received more restrictive services. Both groups improved at similar rates; children with more severe problems received wraparound and showed increased improvement.

10:15 – 10:45 am
Buccaneer B » 30 Minute Paper

**Predicting Mental Health Service Utilization in a Funded System of Care**

Ana Maria Brannan, PhD, Vanderbilt University, Nashville, TN; Alethea Cox Pierce, BS, Mohua Hazra, MPH, Pine Belt Mental Health Resources, Hattiesburg, MS

Service utilization patterns are useful for exploring the extent to which system reform efforts are meeting the goals of individualized and family focused care. This study examines service use patterns among children and families served in a federally funded system of care and compares how those service patterns differ from those of children who are not served by the system of care initiative. We also examine what child and family characteristics predict how services are used.
Session 8
9:15 – 9:45 am
Buccaneer C » 30 Minute Paper
**The Impact of Performance-Based Contracting on Time in Out-of-Home Care**
Sarah Hurley, PhD, Martha Montgomery, PhD, Tim Goldsmith, PhD, Youth Villages, Memphis, TN
The Tennessee Department of Children's Services recently implemented performance-based contracting with the goal of moving youth to permanency as quickly as possible. Reinvestment dollars were awarded to agencies that reduced care day utilization while increasing permanent exits; penalties were assessed on those who increased care day utilization. Data from one PBC provider demonstrates that reductions occurred both in total time in out-of-home care as well as total days of in-home services provided to children and families.

9:45 – 10:15 am
Buccaneer C » 30 Minute Paper
**Associations Between Frequent Residential Mobility and Adjustment Among Youth Enrolled in a System of Care**
Eylin Palamaro Munsell, MA, Melissa Strompolis, MA, Emma Burgin, BA, University of North Carolina Charlotte, Charlotte, NC
Frequent residential mobility can negatively affect youth. This study draws from data collected for the National Evaluation of Systems of Care in Charlotte, NC. The Living Situations Questionnaire (LSQ) was utilized to explore residential moves and identify types of residence. The association between number of moves, types of residence, and child adjustment and risk was explored. Analyses revealed that frequent moves were negatively associated with child adjustment. Implications for service providing systems are explored.

10:15 – 10:45 am
Buccaneer C » 30 Minute Paper
**Profiles of Children with High Utilization of State Inpatient Psychiatric Program**
Svetlana Yampolskaya, PhD, Debra Mowery, PhD, Norin Dollard, PhD, University of South Florida, Tampa, FL
This study examines the effect of child maltreatment history, mental health diagnoses on time to re-admission, and multiple admissions to Florida State Psychiatric Inpatient Programs (SIPP). Maltreatment severity and sexual abuse were the strongest predictors for re-admissions. Youth with co-morbidity were more than twice as likely to experience multiple admissions to SIPP. Having fewer days spent in SIPP during the second episode corresponded to increased likelihood for subsequent multiple admissions.

Session 9
9:15 – 10:45 am
City Center » 90 Minute Symposium
**Child Welfare and Children's Mental Health Decision Making**
Gale Burford, PhD, University of Vermont, Burlington, VT; Joan Pennell, PhD, North Carolina State University, Raleigh, NC; Suzanne Lohrbach, MS, Child Welfare, American Humane Association, Rochester, MN; Donald J. Baumann, St. Edwards University, Austin, TX; Kay Hodges, PhD, Eastern Michigan University, Ypsilanti, MI
This symposium will highlight how research contributes to understanding the complex decisions made in child welfare and mental health setting. A chief focus will be on frameworks for orienting research and evaluation and the research base associated with research translation focused on decision making in practice and policy.

10:45 – 11:00 am
Networking Break

Session 10
11:00 am – 12:00 pm
Regency V » 60 Minute Symposium
**Examining Practice and Quality in Group Homes**
Chair: Elizabeth Farmer, PhD, Penn State University, University Park, PA; Discussant: Krista Kutash, PhD, University of South Florida, Tampa, FL
Overview: Group homes are one of the most commonly used residential options for youth with mental health problems. However, they are very controversial in the field. These presentations report initial data from an NIMH-funded quasi-experimental study of group homes in a southeastern state. The presentations will provide relevant background, describe the research approach, explore variations in practice and quality across homes, and provide initial data on youth trajectories while in care.

Background: Although group homes are frequently used for youth with mental health problems, there has been a serious lack of research on this setting. However, they are very controversial in the field. These presentations report initial data from an NIMH-funded quasi-experimental study of group homes in a southeastern state. The presentations will provide relevant background, describe the research approach, explore variations in practice and quality across homes, and provide initial data on youth trajectories while in care.
negative outcomes for youth, rates of iatrogenic effects, and outcomes for youth. The study focuses specifically on a set of theoretically- and empirically-derived factors that are hypothesized to indicate better practice and relate to better outcomes.

Method: The study uses a quasi-experimental design to examine these issues. We identified the Teaching Family Model as a promising model of group home treatment. Hence, to obtain a sample of programs/homes that would show a range of values on the included measures of practice/quality, we included both Teaching Family and non-Teaching Family homes operating in the same geographic catchment areas. All TF programs in the state (n=7) and a comparable number of non-TF programs (n=7) were selected for inclusion. These 14 agencies operate approximately 45 homes. Data collection in all homes is identical: every 4 months, trained interviewers visit the homes and conduct interviews with a designated staff member and each participating youth. In addition, data are collected from agency directors, pre-admission caregivers, post-discharge caregivers, and via in-home observations.

Findings: Findings to date have described the participating agencies and homes, examined variation in implementation of key factors, and are beginning to examine trajectories of youth outcomes while in care. Overall, findings suggest considerable variation among homes. Relationships between these variations, organizational context, and youth outcomes are currently being explored.

**Background, Methods, and Sample Description**

*Maureen Murray, LCSW, Kess Ballentine, BS, Ashley Morris, BA, Duke University, Durham, NC*

This presentation will discuss the rationale, research method, and sample description. The current study uses a quasi-experimental design to examine theoretically- and empirically-derived indicators or quality and the relationship between these factors and key outcomes. This initial presentation will describe the research design, provide details on methods, and provide an overview of the participating agencies, staff, and youth.

**Initial Findings on Key Factors, Processes, and Outcomes**

*Elizabeth Farmer, PhD, Penn State University, University Park, PA*

This presentation provides in-process findings from this quasi-experimental study of group homes in a southeastern state. To date, 500 youth have been enrolled from the 14 participating programs. Data are available from interviews with agency directors, staff, and youth, as well as pre-admission and post-discharge caregivers. Data also come from record reviews and in-home observations. This presentation will highlight some of the findings on organization-level, home-level, and youth-level factors. Overall, findings show considerable differences between Teaching Family and non-Teaching Family programs, but considerable variation exists within both types of homes.
Assessing State and Local System Change: The Community Support for Transition Inventory
Janet Walker, PhD, Nancy Koroloff, PhD, Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, OR

The Community Supports for Transition Inventory (CSTI) was developed as a low-cost, easy-to-implement assessment of the extent to which community partners and relevant state agencies are working together to meet the needs of young people with serious mental health conditions. The CSTI assesses partners’ progress in developing the capacity to provide high-quality, individualized, comprehensive care without major disruptions or discontinuities across the “transition” years of late adolescence and early adulthood. This session will report on the development of the CSTI, as well as findings from this first round of data collection which was undertaken in communities that received grants under the Healthy Transitions Initiative.

Session 13
11:00 – 11:30 am
Esplanade 1 » 30 Minute Paper
Continuous Quality Improvement (CQI) in Systems of Care: Findings from the National Evaluation
Rashelle Lee, MA, Trenna Valado, PhD, Imogen Fua, MPH, Walter R. McDonald & Associates, Inc., Rockville, MD; Tesfayi Gebreselasie, PhD, ICF Macro, Atlanta, GA

The Continuous Quality Improvement (CQI) Initiative is an important component of the Comprehensive Community Mental Health Services for Children and Their Families Program, which funds communities to implement systems of care. The Initiative is intended to support funded communities in their efforts to make data-driven decisions about program improvement. The Initiative includes an evaluation designed to assess CQI efforts within funded communities. This presentation provides a comparison of major findings from two cohorts of grantees.

11:30 am – 12:00 pm
Esplanade 1 » 30 Minute Paper
Moving Forward without Looking Back: Balanced Scorecards and Dashboards as Real-Time Evidenced Based Practice Tools
Ron Thompson, PhD, Boys Town, Boys Town, NE; Scottye Cash, PhD, Ohio State University, Columbus, OH

This paper describes an in-home family services program that uses dashboards and balanced scorecards to monitor program implementation for the services they provide. The design and methodologies that were utilized to create the dashboards and draw conclusions are summarized. Multiple examples of how this type of process data has been reported and used to inform staff supervision, training, and program improvement also will be provided.

Session 14
11:00 am – 12:00 pm
Esplanade 2 » 60 Minute Paper
Implementation and Development of Federally-funded Systems of Care over Time
Ana Maria Brannan, PhD, Vanderbilt University, Nashville, TN; Freda Brashears, MSW, Phyllis Gyamfi, PhD, ICF Macro, Atlanta, GA

This study analyzed system level assessment data to describe the development of 61 federally funded systems of care in the infrastructure and service delivery domains. Systems developed over time in both the infrastructure and service delivery domains. Although infrastructure scores were generally lower than service delivery scores, greater gains were seen for the infrastructure domain. Three groups of sites were identified that differed in terms of community factors, system features, client characteristics, and development over time.

Session 15
11:00 – 11:30 am
Esplanade 3 » 30 Minute Paper
Differences in School Suspensions between Caucasian and Hispanic Children in Systems of Care
Melissa Azur, PhD, Mathematica Policy Research, Washington, DC

This study uses data from 4,870 Caucasian and Hispanic youth enrolled in systems-of-care to examine ethnic differences in in-school and out-of-school suspensions. Caregiver report of school suspensions was obtained at intake, 6, 12, and 18 months into services. Results from hierarchical logistic regressions suggest that Hispanic youth were more likely to receive out-of-school suspensions. Research is needed to determine whether Hispanic youth engage in more serious infractions or if schools disproportionately punish Hispanic youth.

11:30 am – 12:00 pm
Esplanade 3 » 30 Minute Paper
Examining Self-Concept Factors of Academic Achievement for African American Students and Hispanic Students
Sarah Johnson, MEd, Ryan Sutton, MA, Howard University, Washington, DC

Self-concept factors that influence the academic achievement of African American and Hispanic students were examined. Participants in the study were 886 African American and 649 Hispanicadolescents in the 8th, 10th, and 12th grades, who completed the Monitoring the Future Survey. Multiple regression analysis was utilized to compare various self-concept factors to the academic achievement of the participants. Findings suggest that “Feelings towards school” was the most significant predictor of
grades for African American students, while the most significant predictor of grades for Hispanic students was self-esteem. Research, policy and practice implications for mental health professionals are discussed.

Session 16
11:00 am – 12:00 pm
Buccaneer B » 60 Minute Symposium
Early Childhood Systems of Care: Updates, Extensions, and Looking Ahead

Chair: Melissa Whitson, PhD, University of New Haven, West Haven, CT; Discussant: Neal Horen, PhD, Georgetown University, Washington, DC

Early childhood is a critical period for the onset of emotional and behavioral impairments, but systems of care for children with severe emotional and behavioral difficulties have traditionally focused on the school-aged population. According to the National Center for Children in Poverty (NCCP), between 4 and 6 percent of preschoolers have serious emotional and/or behavioral disorders. Research suggests that intervening when emotional and behavioral difficulties begin to emerge significantly impacts the effectiveness of an intervention, as well as its cost. In response to these and similar findings, a number of early childhood systems of care have recently begun to be publicly supported. This symposium will present updated and extended findings from five federally funded early childhood systems of care. The first presentation provides information about the young children and families being served, including child and family characteristics, and relevant risk and protective factors that are present within these populations. The second presentation expands on the first by examining child outcomes twelve months after entry into the system of care. The final presentation utilizes the data from these five systems of care to validate some of the DC 0-3R diagnoses.

Characteristics of Children and Families Presenting to Early Childhood Mental Health Systems of Care

Joy Kaufman, PhD, Yale University School of Medicine, New Haven, CT; Christopher Duckworth, Eastern Kentucky University, Richmond, KY; Sarah Thurston, MA, Allegheny County Office of Behavioral Health, Pittsburgh, PA

Although a growing number of early childhood mental health systems of care are being supported, little is known across communities about the demographic and background characteristics of these children or their experiences. This presentation pools data from five different federally (SAMHSA) funded early childhood systems of care communities to increase the understanding of the young children, aged birth to six years, and their families being served.

An Examination of Risk and Protective Factors for Young Children’s Mental Health

Cindy Crusto, PhD, Yale University School of Medicine, New Haven, CT; Melissa Whitson, PhD, University of New Haven, West Haven, CT

This study examines mental health trajectories of young children in systems of care. Caregivers of 250 children provided data over 12 months. Multilevel modeling will be used to examine the influence of risk and protective factors on children’s behavioral and emotional functioning. It is anticipated that higher levels of protective factors (self-control, attachment) and lower levels of risk factors (trauma exposure, caregiver depression, parenting stress, substance use) are associated with more positive functioning over time.

Concurrent and Divergent Validity of the DC 0-3R: An Examination of Data from Three Early Childhood Systems of Care

Ilene Berson, PhD, University of South Florida, Tampa, FL

Using data from three federally funded early childhood systems of care communities, this presentation explores the validity of the Zero-to-Three Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised (DC:0-3R). Baseline data on the symptomatology and behavioral health functioning of children, birth to 5 years of age, were examined to discern the accuracy of classificatory assignments to the DC:0-3R diagnostic category of sensory stimulation-seeking/impulsive.

Session 17
11:00 – 11:30 am
Buccaneer C » 30 Minute Paper
The Impact of an Ecological Approach to School-Based Mental Health Services for At-Risk Youth in a Rural Community

Jeannie Golden, PhD, East Carolina University, Greenville, NC; Kim Floyd, PhD, West Virginia University, Morgantown, WV

An ecological model for enhancing school-based mental health services through community-university partnerships was developed in rural North Carolina for students in middle and high school who are at-risk for serious mental and physical health problems, pregnancy, academic failure, and school dropout. Doctoral students under faculty supervision provide individual and group counseling, provide behavioral consultation to teachers and parents, and coordinate undergraduates’ tutoring. Partners’ collaboration changed students’ lives and developed sustainable relationships.
Monday Plenary
1:00 – 2:30 pm » Regency Ballroom
Hosted by students from the University of South Florida Latino Scholarship Program: Kristen Robinson and Carolissa Salcedo

Special Introduction
Judy Genshaft, President, University of South Florida

Equal Access to Services for All Children
Geoffrey Canada, Harlem Children’s Zone, New York, NY

Presentation Followed by a Response Panel
Sandra Spencer, Executive Director, National Federation of Families for Children’s Mental Health
MaryEllen Elia, Superintendent, Hillsborough County Public Schools
Luanne J. Panacek, EdD, Chief Executive Officer, Children’s Board of Hillsborough County

2:30 – 2:45 pm
Networking Break
sponsored by Magellan Health Services

Session 18
11:00 am – 12:00 pm
City Center » 60 Minute Symposium
Disparities in Child Welfare and Children’s Mental Health
Donald J. Baumann, PhD, St. Edwards University, Austin, TX;
Jennifer Miller Haight, PhD, Chapin Hall, University of Chicago, Chicago, IL
Active and visible research on the topic of racial disproportionality and disparities in child welfare and children’s mental health has increasingly been a subject of concern. Major research questions in this area are the identification of sources of disparities, the identification of factors that interact with disparities, and evaluation of programs and approaches designed to insure service equity.
Session 19
2:45 – 3:15 pm
Regency V • 30 Minute Paper
“Try to Make It Seem Like We’re Regular Kids:” Young Adult Perspectives on Out-of-Home Care Restrictions
Mary Rauktis, PhD, The University of Pittsburgh, Pittsburgh, PA
This qualitative study examined the concept of “restrictiveness” of out-of-home placement from the youth perspective. Using focus groups, 40 youth involved or previously involved in child welfare were asked to define restriction and to describe how they have experienced it in out of home placements. The results suggest that, for youth, restriction is synonymous with “rules” which are made by adults, determining what you can do, where you can go, who you can be with, and who you can talk with. The rules/restrictions are frequently arbitrary and inconsistent and used for purposes of compliance, punishment, control, or to avoid legal responsibility. The recommendations of this study include changes in policy, identification and supervising of foster parents, and measurement implications.

3:15 – 4:15 pm
Regency V • 60 Minute Symposium
Actualizing Empowerment: Developing a Framework for Partnering with Families in System Level Service Planning and Delivery
Chair: Kathleen Ferreira, MSE, University of South Florida, Tampa, FL; Discussant: Elaine Slaton, National Federation of Families for Children’s Mental Health, Rockville, MD
The engagement of families of children and youth with Serious Emotional Disturbance as full partners in individual treatment, organizational, and system level decision making has become an important focus for the field of mental health as well as other fields that serve children and youth with emotional and behavioral challenges. In particular, policy makers and funders have emphasized the importance of families as partners in the policy making, planning, and evaluation of service systems that are designed to meet the needs of these children and youth.

In 2003, the President’s New Freedom Commission on Mental Health called for “consumer and family driven care,” noting “the direct participation of consumers and families in developing a range of community-based, recovery oriented treatment and support services is a priority.” In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) began requiring that system of care communities funded through the Comprehensive Community Mental Health Services for Children and Their Families Program demonstrate that families are partners in the planning, implementation, and evaluation of the system. Although this mandate has been clearly articulated, there is little consensus on how it is to be implemented successfully.

Attempts to implement family driven care within systems of care have revealed that most system of care leaders recognize the value of families as partners at all levels of the system, desire to have families as partners in the process, show success in engaging families in driving individual treatment level decisions, but are often quite challenged with how to make family partnerships at the system level a reality.

This symposium will describe a research study entitled Actualizing Empowerment: Developing a Framework for Partnering with Families in System Level Service Planning and Delivery. The study was designed to (a) gain a clearer understanding of the role of families in service planning and delivery decisions at the system level; (b) identify facilitators and impediments to family driven care at the system level; (c) develop a framework for implementing family driven care with systems of care; and (d) develop an accompanying rubric that outlines strategies and performance measures for assessing completion of the strategies. Implications for the application of the framework beyond systems of care will also be discussed.

Studying Family Driven Care at the System Level
Sharon Hodges, PhD, University of South Florida, Tampa, FL
This paper will provide definition, history, and background of family driven care within systems of care, describing the evolution of the family role and the important distinction between family driven care at the individual treatment/practice and system levels. Political and legislative impacts and the influences of research and advocacy related to the expanding role of families will be discussed. The paper will conclude with the problem statement and research questions that guided this study.

Research Methods for Understanding Family Driven Care in the Context of System of Care Implementation
Emily Koby-Novicki, BA, University of South Florida, Tampa, FL
The analysis of qualitative secondary data is a process that is viewed as underutilized in the qualitative research community and is receiving heightened attention. This paper will describe the methods used to examine family driven care within the study, Actualizing Empowerment. The paper will describe the collection of data within a prior study (CSSI), organization of a large qualitative dataset for use in qualitative secondary analysis (QSA), and analytic techniques used during the QSA.

A Framework for Family Driven Care at the System Level
Kathleen Ferreira, MSE, University of South Florida, Tampa, FL
This paper will describe findings from the study Actualizing Empowerment. These findings will consist of a description of the structures, processes, and relationships that facilitate or impede the implementation of family driven care within system of care communities. Highlights of the paper include a proposed framework for implementing family driven care at the system level.
Session 20
2:45 – 4:15 pm

Regency VI » 90 Minute Symposium

Innovative Mental Health Interventions for Transition Age Youth and Emerging Adults – 2

Chair: Maryann Davis, PhD, Transitions Research and Training Center, UMass Medical School, Worcester, MA
Discussant: Janet Walker, PhD, Portland State University, Portland, OR

This symposium presents research that informs interventions with transition age youth or emerging adults. The first paper examines differences in wraparound process older transition age youth and children or adolescents, and sheds light on modifications in the wraparound process that may benefit older youth. The second paper presents an adaptation of Multisystemic Therapy for emerging adults with serious mental health conditions and recent justice system involvement. The third paper describes an innovative approach to treating emerging adults with bipolar disorder and findings from the pilot randomized clinical trial. Taken together, these papers will highlight some of the modifications of evidence-based practices that are being made to tailor their use to transition age youth and emerging adults.

Is Team-Based Planning Developmentally Appropriate for Older Youth? Evidence from Data on Wraparound

Janet Walker, PhD, Portland State University, Portland, OR; Michael Pullmann, PhD, Eric J. Bruns, PhD, University of Washington, Seattle, WA

Research on adolescent development suggests that it may be difficult to fully engage youth—particularly older adolescents—in team planning processes such as wraparound, IEP, and so on. In this session, we use three data sets to examine (1) whether young people believe that their perspectives and priorities are represented in team planning, (2) whether the perspectives of young people and their caregivers are in conflict such that one “crowds out” the other during teamwork, (3) whether good teamwork and facilitation can prevent or manage parent-adolescent conflict on teams, and (4) whether any of these effects is related to youths’ age.

Multisystemic Therapy for Emerging Adults: Recidivism Reduction for Those with Mental Illness

Ashli Sheidow, PhD, Family Services Research Center, Medical University of South Carolina, Charleston, SC; Maryann Davis, PhD, Transitions Research and Training Center, UMass Medical School, Worcester, MA

Emerging adults with serious mental health conditions (SMHC) and recent justice system involvement are at elevated re-arrest risk. There are no interventions with evidence of efficacy with the emerging adult population with or without SMHC. This paper presents initial findings from a feasibility study of an adaptation of Multisystem (MST) Therapy for 17-20 year olds with SMHC. This paper presents the adaptation, fidelity measure, pilot sample characteristics, recruitment, retention and participation rates, and fidelity findings.

Reducing High-Risk Behaviors Among Youth with Bipolar Disorder who are Transitioning to Adulthood

Aude Henin, PhD, Massachusetts General Hospital, Cambridge, MA

We developed a cognitive-behavioral therapy (CBT) intervention for young adults with bipolar disorder and evaluated this novel intervention via a pilot controlled trial in which 30 participants were randomized either to the 14-week intervention or to treatment-as-usual. Participants were evaluated at baseline, and every five weeks during the study period using measures of mood symptoms, high-risk behaviors, and psychosocial functioning. Preliminary results suggest that the intervention is a promising new treatment for transition-age youth.

Session 21
2:45 – 4:15 pm

Regency VII » 90 Minute Symposium

Creating a Kaleidoscope of Data to Address Racial/Ethnic Disparities through Policy and Systems Change

Chair: Kathleen Plum, PhD, Monroe County, Rochester, NY; Discussant: Mario Hernandez, PhD, University of South Florida, Tampa, FL

In order to develop effective policies and successfully transform the public mental health system, local leaders must have a comprehensive understanding of the nature and causes of disparities within their local communities. This symposium undertakes a multidimensional view: using system of care evaluation data to test hypotheses related to rates of recovery; delving into local service utilization patterns to pinpoint sources of inequities; and illustrating how local data and socio-environmental context contribute to policy formulation.

The Affects of Race and Place on Patterns of Recovery for Youth with Serious Emotional Disturbance

Kathleen Plum, PhD, Monroe County, Rochester, NY; Stephen Fielding, PhD, Children’s Institute, Rochester, NY

The influence of youths’ place (baseline residence) and race on wellbeing is examined, as measured by residential ZIP code group and BERS-2 Strength Index. White youth show greater improvement over time than youth of color, but race is not statistically significant. Nevertheless, minorities within a geographic area have a higher probability of experiencing serious emotional disturbance. It appears that community context may be as crucial to recovery as the system of care services and supports.
Understanding Patterns of Behavioral Healthcare Disparities
Neilia Kelly, Monroe County, Rochester, NY
Service utilization data for public mental health services were used to examine racial/ethnic disparities related to access, engagement, and retention. Two primary data sources were used—a local service utilization database and adjudicated Medicaid claims. This paper presents a systematic approach to analyzing potential patterns of disparities, and presents both affirming and non-affirming findings from those analyses. Apparent differences across racial/ethnic groups in indicators of engagement and retention warrant further attention and exploration.

Using Reflected Patterns to Develop Policies and Transform Systems
Lenora Reid-Rose, MBA, Monroe County, Rochester, NY
Healthcare disparities are multidimensional and complex. Consumers and providers of services each bring their own beliefs and attitudes, their own understanding of the problem and the role of the system in “fixing” the problem. National recommendations for eliminating disparities include increasing cultural competence, promoting research into its causes, and developing effective policies. Emphasis is placed on the formulation of local policies that are community-defined, transformational, and reflect the consumer as well as the system infrastructure.

Session 22
2:45 – 3:15 pm
Esplanade 1 » 30 Minute Paper
The Influence of Family Environment on Treatment Engagement among Youth Exhibiting Anti-Social Behaviors
Michael Lindsey, PhD, University of Maryland, Baltimore, MD
Although aggressive, disruptive behavioral youth are among the most frequently referred youth to prevention intervention programming: they are more likely to prematurely end treatment or have lower levels of contact with these programs. This study examines the influence of family environment and child behavioral problems on intervention engagement among children participating in a randomized clinical trial of the Coping Power intervention, a prevention intervention targeting aggressive, disruptive behavioral youth.

3:15 – 3:45 pm
Esplanade 1 » 30 Minute Paper
Interpersonal Strengths and Patterns of Delinquent Behavior among System-of-Care Youth
Crystal Barksdale, PhD, Preethy George, PhD, University of Maryland School of Medicine, Innovations Institute, Baltimore, MD; Melissa Azur, PhD, Mathematica Policy Research, Inc., Washington, DC
This study used Latent Class Analysis and Latent Class Regression to describe patterns of youth-reported delinquent behavior among 2,396 youth in systems of care, and to determine how interpersonal strengths are associated with those patterns of delinquency. Fit statistics suggest a 3-class model, characterizing low delinquency, moderate non-violent delinquency, and severe-violent delinquency classes, best fits the data. Results from the regression suggest interpersonal strengths are significantly related to class membership. Implications of these results will be discussed.

3:45 – 4:15 pm
Esplanade 1 » 30 Minute Paper
An Exploratory Analysis of Factors Associated with Delinquency: A Focus on American Indian/Alaska Native Youth
Thomas Pavkov, PhD, Institute for Social and Policy Research, Hammond, IN; Ching Tung Wang, PhD, Prevent Child Abuse America, Chicago, IL
There has been minimal research examining AI/AN youth as a separate group within the victimization and delinquency research. This paper details the exploratory analysis of the Youth Risk Behavior Surveillance Survey (YRBSS) on specific variables associated with delinquency behaviors among American Indian/Alaska Native (AI/AN) youth. Results show that AI/AN youth present with a unique pattern compared to the other groups in certain variables: specifically age, marijuana use, alcohol use, and involvement with sexual intercourse.

Session 23
2:45 – 3:15 pm
Esplanade 2 » 30 Minute Paper
Multiple Family Groups: An Engaging Mental Health Intervention for Child Welfare Involved Families
Geetha Gopalan, PhD, William Bannon, PhD, Mary McKay, PhD, Mount Sinai School of Medicine, New York, NY
The Multiple Family Group (MFG) model to reduce childhood disruptive behavior may be successful at engaging child welfare families. Although child welfare families reported greater barriers to treatment attendance, average number of sessions attended and attendance rates over time did not differ significantly from those of non-child welfare families. Preliminary findings
suggest that MFG program participation is associated with reduced child behavior problems and parent stress, and increased child social skills among child welfare families.

3:15 – 4:15 pm
Esplanade 2 » 60 Minute Discussion Hour

Using Technology to Enhance Research and Collaboration in a Multi-site Project

Keren Vergon, PhD, University of South Florida, Tampa, FL
The Trauma Recovery Initiative (TRI) is a NCTSN/SAMHSA grant that provides Trauma-Focused Cognitive Behavioral Therapy to youth who are at-risk or are in out-of-home care. TRI serves part of the Florida panhandle and involves collaboration with the University of South Florida (USF) in Tampa, FL, which conducts the evaluation. The project uses a variety of technology-based tools to assist in communication and collaboration. This presentation will review current technology tools and discuss how they contribute to project progress and goals.

Session 24
2:45–3:15 pm

Initial Development of the Young Adult Strengths Questionnaire

Jesse Suter, PhD, Delaney Thomas, PhD, University of Vermont, Burlington, VT
This study describes the development of the Young Adult Strengths Questionnaire (YASQ) and a preliminary examination of its internal consistency. Based on the Circle of Courage framework, current findings show early support for two of the domains (Belonging and Independence) and less for two others (Mastery and Generosity). Next steps include making more explicit connections to Positive Youth Development’s framework for developmental assets, item revisions, and reliability and validity studies.

3:15 – 4:15 pm
Esplanade 3 » 60 Minute Discussion Hour

Structural and Programmatic Barriers and Facilitators to Integration of Mental Health Services in Schools

O. Tom Massey, PhD, Donna Burton, EdM, University of South Florida, Tampa, FL
This presentation will explore structural and programmatic barriers to integration of mental health services in schools. A brief overview on translational research and outcomes from a survey of school services staff on implementing, integrating and sustaining mental health services will be provided. The majority of the hour will be for participants to discuss barriers and opportunities for implementation of mental health services in schools, and integration and sustainability of EBPs in schools.

Session 25
2:45 – 3:15 pm

Buccaneer B » 30 Minute Paper

Working with Youth Diagnosed with Mental Health Issues as Collaborators in Research About Self and Family Stigma

Maria Liegghio, PhD, Wilfrid Laurier University, Waterloo, Canada; Katherine Sdao-Jarvie, PhD, Peel Children’s Centre, Mississauga, Canada
With detrimental consequences, the stigma of mental illness is implicated as a reason youth diagnosed with mental health issues, and their caregivers may not access mental health treatment. In this paper, we present a study based on a participatory action research framework in which we work with youth diagnosed with mental health issues as collaborators in research about self and family stigma. The project is proposed as a model for combatting and resisting stigma.

3:15 – 3:45 pm

Buccaneer B » 30 Minute Paper

Modelling the Determinants of Children’s Mental Health Difficulties: A Multi-Level Study

Neil Humphrey, PhD, University of Manchester, Manchester, England
For this study, we modelled the determinants of mental health difficulties (MHD) at child and school levels using hierarchical modelling on a dataset of 627 children (aged 6-11) drawn from 37 primary (elementary) schools. The majority of explained variance in MHD resided at the child level (88%), with significant predictors including their self-awareness, self-regulation, social skills, and motivation/resilience. A further 11.5% was explained at the school level, with significant predictors including attainment, personal development/well-being, and (marginally).

3:45 – 4:15 pm

Buccaneer B » 30 Minute Paper

Associations between Risk of Depression, Trauma History, and Supportive Behavior in Caregivers Co-participating in Trauma Focused Cognitive Behavioral Therapy

Ilana Berman, BA (ABT), University of Delaware, Newark, DE
Past studies have found that children who receive TraumaFocused Cognitive Behavioral Therapy (TF-CBT) tend to have better outcomes when their caregivers co-participate and support them in therapy. Given that caregiver support may be an important and modifiable facilitator for children's progress in treatment, this paper further examined its relationship to the sociodemographic characteristics, depression symptoms, and reported trauma histories of caregivers that participated in a treatment effectiveness trial of TF-CBT.
Session 26
2:45 – 3:15 pm
Buccaneer C » 30 Minute Paper

Incorporating Caregiver and Youth in Developing Measures of Client Satisfaction for Continuous Quality Improvement

Pam Schaffer, MSW, Systems of Hope, Houston, TX; Eileen Chappelle, BSN, Houston Federation of Families, Houston, TX

Family voice and choice represents a core value in the Systems of Care principles. In keeping with this central tenant, Systems of Hope (SOH) took a unique approach of incorporating caregivers into continuous quality improvement (CQI). In doing so, the SOH CQI committee has created a caregiver satisfaction survey, developed and implemented by family members, and focused on improving program services. This paper presents the process of instrument development.

3:15 – 3:45 pm
Buccaneer C » 30 Minute Paper

Assessing the Accuracy of Parent-Report Measures with Very Young Children: Does a Mother’s Mental Health Affect Her Ability to Assess Her Child’s Functioning?

William Monro, MSW, University of Southern California, Los Angeles, CA

Psychometric measures that assess the functioning of very young children often rely solely on parent report. Based on evidence that maternal depression can affect the perception of her child’s functioning, we assessed the level of agreement between parent report and clinician diagnosis with a group of depressed and non-depressed mothers. We found significant differences between the two groups.

3:45 – 4:15 pm
Buccaneer C » 30 Minute Paper

Early Intervening is Prevention: Changing Systems and Enhancing Outcomes through a Public Health Model of Prevention/Intervention

Sylvia Cohen, PhD, John Balles, PhD, Kathleen Rahn, EdS, Scottsdale Unified Schools, Scottsdale, AZ

This session will present an overview of one district’s efforts to implement a public health model of tiered interventions for academic and mental health needs. The model is flexible to address the diversity of students and contexts represented from building to building, with the goals of supporting academic development, fostering social emotional development, and reducing the need for special education through school-based prevention and early intervening efforts.

Session 27
2:45 – 4:15 pm
City Center » 90 Minute Symposium

Child Welfare and Children’s Mental Health Policy

Liz Oppenheim, Walter R. McDonald & Associates, Washington, DC; Svetlana Yampolskaya, PhD, University of South Florida, Tampa, FL

This symposium on Child Welfare and Children’s Mental Health Policy will bring in aspects of children’s mental health and child welfare. It will highlight the intersections among the areas, as well as bring to light areas for innovation that come from the application of knowledge from one area to another.

4:15 – 4:30 pm
Networking Break

Session 28
4:30 – 5:30 pm
Regency V » 60 Minute Symposium

2010 Honoring Excellence in Evaluation (HEE) Recognition: Community Recipients Share Local and National Evaluation Efforts

Chair: Brigitte Manteuffel, PhD, ICF Macro, Atlanta, GA; Discussant: Jessica Wolff, MPH, ICF Macro, Eden Prairie, MN; Imogen Fua, MPH, Walter R. McDonald & Associates, Inc., Rockville, MD

This symposium showcases the funded system of care grantee communities honored during the Honoring Excellence in Evaluation (HEE) event held at the Georgetown Training Institutes in Washington, DC in July, 2010. The HEE initiative recognizes outstanding achievement in both local and national evaluation activities conducted by site evaluation teams in concert with youth, families, community members, and technical assistance partners. Representatives from honored communities will share outstanding features of honored evaluation projects and products.
Session 29
4:30 – 5:30 pm
Regency VI » 60 Minute Symposium

Creating Guidance for Replicating a Home-Based Services Model

Chair: Matt Wojack, MSW, Impact, Ingham County System of Care, Lansing, MI; Discussant: Al Way, MSW, Impact, Ingham County System of Care, Lansing, MI

The innovative home-based services program operating in Michigan under the auspices of Family Guidance Service (FGS) of the Community Mental Health Authority of Clinton-Eaton-Ingham (CEI) counties has long been recognized for the values of the program, the manner in which it operates, the program staff at multiple levels, and the data on its effectiveness. The purpose of the program is to reduce out-of-home placements and increase child and family functioning in families with children who are at risk for out-of-home placements because of mental illness or severe emotional/behavioral disorders. At the request of FGS and the Michigan Department of Community Health, the University of South Florida and Michigan State University initiated a study of this program to determine its readiness for replication in other communities in Michigan and to provide direction for such replication, should it be deemed appropriate, by identifying the important features of the program that would need to be in place for its effective replication. This symposium will present an overview of:

• the evolution and characteristics of an effective home-based services program and the contextual factors that are relevant to the development of replication guidance for other communities;
• the evaluation approach and findings used to confirm that the home-based services program was indeed an excellent program and worthy of replication in other communities; and
• the core components of replication guidance and the essential elements for both program and replication success.

The symposium will highlight the importance of an outcome-driven organizational culture and climate to the pursuit of program effectiveness and to generating information that is needed for replication efforts. Symposium participants will have the opportunity to discuss the characteristics of outcome-driven and adaptive organizational cultures in contrast to the evidence-based practice approach.

The Context: Evolution of an Effective Home-Based Services Program

Al Way, MSW, CEI-Community Mental Health, Lansing, MI

This presentation will describe the evolution and characteristics of an effective home-based services program and the contextual factors that are relevant to the development of replication guidance for other communities. Those contextual factors will highlight the importance of an outcome-driven organizational culture and a supportive learning environment that promotes thoughtful risk taking and clinical creativity.

An Evaluation Approach for Assessing Replication Readiness

Robert Friedman, PhD, University of South Florida, Tampa, FL

While a randomized clinical trial, the gold standard of research to establish programs as being “evidence-based” and worthy of replication, is not always feasible, there are alternative approaches to program evaluation that can be used and have much to offer. This presentation will describe the evaluation approach and findings used to confirm that the home-based services program was indeed an excellent program and worthy of replication in other communities.

The Core Components of Replication Guidance and the Essential Elements for Replication Success

Matt Wojack, MSW, Impact, Ingham County System of Care, Lansing, MI

This presentation will describe the core components of a training guide for replicating a model home-based services program, as well as the essential elements for program and replication success. The replication guide provides not only important information for communities developing and/or improving home-based services, but also offers a framework for those seeking to establish an effective children’s mental health program as worthy of replication.

Session 30
4:30 – 5:30 pm
Regency VII » 60 Minute Discussion Hour

Families and Evaluation at a Crossroads — Building Capacity for the Long Term

Sarah Thurston, MA, Aurelia Carter-Scott, Allegheny County Office of Behavioral Health, Pittsburgh, PA

Through the family-focused values of system of care, there is a responsibility to provide families with the tools and knowledge to participate in a meaningful way, and find or create ongoing opportunities where families can use and explore new skills. Allegheny County has developed several unique program elements for families to learn about and expand their experience in evaluation and community research: Community Evaluation Team, Off the Charts Workshop, and My Life Video Project.
Session 31
4:30 – 5:00 pm
Esplanade 1 » 30 Minute Paper

**The Role of Family, Community and Professionals in Children’s Loss and Grief in Sub Sahara Africa: The Case of Kenya**

Dorothy Rombo, PhD, University of Wisconsin-Stout, Menomonie, WI

With increased occurrence of death, the purpose of the paper is to examine and consolidate the role of family, schools and communities in children’s grief and loss in sub Sahara Africa. This is done through literature review and content analysis of the Kenya school and teacher training syllabi to establish the role of schools in responding to needs of children who have experienced loss and grief.

5:00 – 5:30 pm
Esplanade 1 » 30 Minute Paper

**Chinese Immigrant Youth in Urban Public Schools: A Qualitative Examination of Intercultural Competence and Adjustment**

Jennifer Taub, PhD, Boston Chinatown Neighborhood Center, Boston, MA

This paper reports findings from a CBPR designed qualitative interview study to understand the lived experiences of Chinese immigrant youth (ages 15-24) in urban public schools, and factors related to acquisition of intercultural competence, resilience, and adjustment. This pilot project was developed from a Community-University research partnership that has been funded through the Tufts Clinical Translational Science Institutes (CTSI), program for Community Based Participatory Research (CBPR).

Session 32
4:30 – 5:00 pm
Esplanade 2 » 30 Minute Paper

**Bringing Decision Support to Scale: An Empirical Test of Implementation Strategies**

Nathaniel Israel, PhD, Sai-Ling Chan-Sew, LCSW, Stephanie Romney, PhD, San Francisco Department of Public Health, San Francisco, CA

This study examined three initiatives undertaken to implement the Child and Adolescent Needs and Strengths (CANS) tool in an ethnically diverse urban public mental health system. The study found statistically significant differences in the effect of in-person versus online CANS training on rater reliability; higher ratings of clinical relevance for parent versus professional-directed CANS implementation training; and meaningful differences in client outcomes by provider. Implications for implementation science and practice are discussed.

5:00 – 5:30 pm
Esplanade 2 » 30 Minute Paper

**Medicaid Primary Care Services to Adolescents with Drug and Alcohol Diagnoses**

Laurel Lunn, MS, Craig Anne Heffinger, PhD, Vanderbilt University, Nashville, TN; Michael Pullmann, PhD, University of Washington, Seattle, WA

This study applied multilevel modeling of Tennessee Medicaid data to compare medical care providers to behavioral health care providers in identifying and treating adolescents with substance abuse problems. Results indicated that individual- and community-level factors predict the type of provider making the diagnosis, and that youth diagnosed by medical providers were much less likely to receive a follow-up service within one month when compared to those diagnosed by specialty providers.

Session 33
4:30 – 5:00 pm
Esplanade 3 » 30 Minute Paper

**Health Promotion in Youth with Psychiatric Disorders in Mental Health Settings: Program Development and Initial Findings**

Rui Wang, MS, Marleen Radigan, DPH, New York State Office of Mental Health, Albany, NY

NYSOMH developed a health indicator program to monitor the physical health of youth with psychiatric disorders treated in particular NYSOMH settings. This paper presents the first year of programs implementation and screening results for these youth. Obesity (n, %) and low activity (n, %) were highly prevalent. Correlations between risk indicators were also found. Intervention and structured programs to improve the wellness of youth treated in mental health settings are highly needed.

5:00 – 5:30 pm
Esplanade 3 » 30 Minute Paper

**Promoting Children’s Social and Emotional Wellbeing in Childcare Settings**

Lara Williamson, MPH, Elise Davis, PhD, Elizabeth Waters, DPhil, University of Melbourne, Melbourne, Australia

Childcare providers are well placed to promote children’s social and emotional wellbeing. Formal childcare situated carer’s homes, known as Family Day Care, is a key form of childcare internationally. Their workforce is motivated to promote children’s mental health but may be challenged by limited qualifications, high job demands, and isolated work environments. This stage of the Thrive project will describe the knowledge, willingness, and actions of carers to promote children’s social and emotional wellbeing.
Session 34
4:30 – 5:30 pm
Buccaneer B » 60 Minute Discussion Hour

The Road Less Traveled: Using Fluid Logic Models to Map Routes to Your Destination

Jody Levison-Johnson, LCSW, Coordinated Care Services, Inc., Rochester, NY; Elizabeth Meeker, PsyD, Monroe County Office of Mental Health, Rochester, NY; Becca Sanders, PhD, Kalamazoo Wraps, Kalamazoo, MI

Through utilization of an inclusive, iterative, and data-guided process, communities can create a locally credible roadmap to guide system planning, implementation, and evaluation activities. This session will offer a framework for developing the roadmap (theory of change and logic model), examples from local communities on use of the framework within systems of care, and conclude with discussion regarding the importance of adaptation which sets the stage for Continuous Quality Improvement (CQI) and data-informed decision making.

Session 35
4:30 – 5:30 pm

Roundtable on Health Care Reform

Mary Armstrong, PhD, University of South Florida, Tampa, FL; Richard Fenton, Division of Health Services, American Public Human Services Association, Washington, DC; Jim Wotring, MSW, Georgetown University, Washington, DC

The Mental Health Parity and Addiction Equity Act (2008) requires equality for mental health and substance abuse treatment services with medical/surgical services in treatment limitations (number of visits, days of coverage), financial requirements (deductibles, co-payments, out-of-pocket expenses), and in/out of network benefits. The Patient Protection and Affordable Care Act of 2010 will provide health care benefits to individuals with incomes up to 400% of poverty. A combination of Medicaid expansion up to 133% of poverty, changes to State Children’s Health Insurance Program (SCHIP) and the development of new health exchanges provide the foundation for this expansion in insurance options. This roundtable focuses on the opportunities and the challenges for children’s mental health services related to parity and health care reform.

Session 36
4:30 – 5:30 pm
City Center » 60 Minute Discussion Hour

The Intersection of Child Welfare and Children’s Mental Health

Gary M. Blau, PhD, Substance Abuse and Mental Health Services Administration, Rockville, MD; Peter Pecora, Casey Family Programs and the University of Washington, Seattle, WA; Mario Hernandez, PhD, Mary Armstrong, PhD, University of South Florida, Tampa, FL; John Fluke, PhD, American Humane Association, Denver, CO

This discussion on Child Welfare and Children’s Mental Health will briefly highlight the intersections among the areas of children’s mental health, maternal and child health, and child welfare. It will engage participants in discussing established or promising innovations in each of the areas, including cross-cutting applications of knowledge. Participants from all arenas, particularly those involved in public policy in these areas, are encouraged to come and contribute to ideas for innovative areas for intervention. The content will be organized to focus on this key question: What will the intersection of child welfare, mental health look like in 2015 or 2020?
Poster Presentations & Networking Reception

6:00 - 7:30 pm  »  Regency Ballroom

1. **Welcome to the New Frontier: The Many Challenges of Transporting Evidence-Based Practices into Foster Care**

Scott Sells, PhD, Parenting with Love and Limits, Kansas City, MO; Valerie Holmes, Brevard C.A.R.E.S., Rockledge, FL

Foster care agencies and their mental health service providers have had difficulty adapting to the demand for use of evidence-based models (EBM). This is known as “transportability” or ease of which a foster care agency can take the concepts of an evidence-based model and integrate them into the real world with real families. This presentation will provide eight recommended criteria or “laws of transportability” that can be applied to any agency along with actual video examples and case studies.

2. **Evaluative Data of a Youth Violence Prevention Program**

Debra Mowery, PhD, Leslie-Ann Pagan, MBA, Lauren Gil, BA, University of South Florida, Tampa, FL

This study examined the efficacy of the Dawn Center’s Primary Prevention Program through the use of pre-test and post-test surveys administered to a sample of K-8 schools, middle schools, and a high school in Hernando County, Florida. The Dawn Center’s Primary Prevention Program is an effort to reduce both bullying and dating violence through elementary, middle, and high school curricular-based interventions, mentor/mentee relationships between students and community partners, and community-wide outreach efforts.

3. **Creating Pathways for Positive Youth Development**

Mary Spooner, PhD, Northwestern University, Chicago, IL

Bronfenbrenner’s concept of child development explains how youth-level characteristics and psychosocial and environmental factors interrelate to impact children’s development. The study examined the relationships between select psychosocial and environmental factors, youth characteristics, and functioning as measured by the Children’s Global Assessment Scale (CGAS). The findings suggest that systems surrounding youth impact their lives as much as their mental health disorders. Thus, the importance of thorough assessment of youth and families and linkage to effective services.

4. **Evaluating Access and Barriers to Services in a Young Adult System of Care**

Thomas Delaney, PhD, Jesse Suter, PhD, University of Vermont, Burlington, VT

In evaluating the Vermont Young Adult System of Care, we collaborated with a community-based evaluation advisory group (the E-Team) to design our local evaluation. One result was the Access and Barriers Survey, a brief (approximately 10 minute) structured interview that assesses a broad range of factors impacting a young person’s participation in a system of care. Preliminary results suggest this may be an effective tool for proactively identifying mental health care access issues.

5. **Differential Factors Influencing Public and Private Child Welfare Workers’ Intention to Leave**

Charles Auerbach, PhD, Yeshiva University, New York, NY; Brenda McGowan, PhD, Fordham University, New York, NY; Wendy Schudrich, MSW, Nathan Kline Institute, Orangeburg, NY

This study is designed to understand differential factors that may contribute to worker retention and turnover in both public and private child welfare agencies. Both bivariate analysis and Structural Equation Modeling were used to analyze data obtained from both private and public agencies. Workers employed at private agencies indicated stronger intentions to leave despite higher levels of investment. The key factor predicting private workers’ intention to leave was dissatisfaction with level of pay.

6. **An Integrated Service Delivery Framework for Children and Youth with Complex Needs**

Patricia Peterson, EdD, William Morrison, PhD, University of New Brunswick, Fredericton, Canada

To address the need for timely assessment and intervention supports for children and youth who have complex social, emotional and/or mental health needs, the Government of New Brunswick (Canada) has committed to adopting an integrated service delivery framework across four departments: Education, Social Development, Health, and Public Safety. The designers of the framework will discuss the processes involved in engaging multiple departments, as well as the challenges and opportunities related to implementing this interdisciplinary team approach to service delivery in the school, home, and community contexts.
7. **Community-based Participatory Research in Action - Utilizing “Photovoice” to Examine Hope and Hopelessness Among African American Adolescents**

Dana Harley, PhD Candidate, MSW, Ohio State University, Columbus, OH

This presentation discusses a combined grounded theory and photovoice (participatory action research method involving the use of photography by research participants to capture images and construct knowledge about such images) research methodology to explore and better understand how feelings of hope and hopelessness are perceived and experienced by impoverished African American adolescents between ages 13 and 16, and to generate a theory about this developmental process.

8. **Using Evaluation to Inform Rural System of Care Development: Southeast Indiana**

Jeffrey Anderson, PhD, Indiana University, Bloomington, IN; Deborah Cohen, MSW, Julia Rupp, PhD, Community Mental Health Center, Inc., Lawrenceburg, IN

Rural systems of care have not been well studied. Using classical content and constant comparative analyses, this study analyzed interview data collected from key stakeholders in a multi-county rural system of care. While respondents voiced high hopes that the system of care would lead to fundamental changes in children's social services, including authentic family involvement, findings also uncovered formidable obstacles to the realization of a well-functioning system of care in these rural communities.


Jessica Fear, MA, Neil Pessin, PhD, David Lindy, MD, Visiting Nurse Service of New York, Bronx, NY

The New York State Office of Mental Health (NYS OMH) has undertaken a multi-year initiative to restructure the way the State governs and reimburses publicly supported mental health outpatient clinic treatment services. The Visiting Nurse Service of New York (VNSNY) operates a child and adolescent outpatient clinic in the South Bronx that will be impacted by the OMH initiative. This presentation will assess the effectiveness of the implementation of Clinic Restructuring from a provider perspective.

10. **Juvenile Recidivism: An Exploration of Scope, Questions, Definition, Research Design and Methodology**

Pnina Goldfarb, PhD, Stephen Gilbertson, MS, Wraparound Milwaukee, Milwaukee, WI

Recidivism data is considered a fundamental concept to measuring the success of any intervention initiative related to juvenile justice. However, this research is complete with design and methodological challenges. This presentation will highlight the essential elements of recidivism research and the questions that must be addressed. These elements include operational definitions of recidivism, the clear delineation of the purpose and scope of any investigation, research design, collection methodologies, and inherent barriers to collecting meaningful data.

11. **Building Fidelity in Community-Developed Programs**

Sharon Hodges, PhD, Kathleen Ferreira, PhD, Bobbie Vaughn, PhD, University of South Florida, Tampa, FL

Community-developed interventions often involve numerous individuals and community groups in program development and implementation. Although this contributes significantly to a program's adaptability and responsiveness to local need, the resulting implementation context is more complex than a linear relationship between a single source of intervention and implementation information and its targeted destination. This poster reports on an investigation of community context and infrastructure of program implementation and provides a multi-level implementation framework that resulted from the analyses.

12. **The Experience of (Dis)continuity in Children’s Mental Health**

Juliana Tobon, Graham Reid, PhD, Judith Brown, PhD, University of Western Ontario, London, Canada

Continuity of care, the way in which individuals experience care over time as coherent and linked, is considered an ethical principle of care, yet discontinuity of care in children's mental health has been a concern for 20 years. Qualitative interviews with 36 families and professionals involved with the mental health “system” all revealed problems with continuity, particularly during transitions, yet attempts to bridge gaps in care via relational, informational, and management continuity were also described.

13. **The Effect of Gendered Work Culture on Communication Satisfaction Between Social Workers and Pediatricians**

Sean Lynch, PhD, University of Maryland, Baltimore, MD

Although research suggests that primary care physicians are dissatisfied with communication with mental health clinicians (MHCs), MHCs’ views have rarely been included in the studies. Using qualitative interviews, this study investigated communication satisfaction between social workers and pediatricians who deliver mental health services in primary care. The results suggested that access to mental health services, time, and money were factors related to communication satisfaction. Overall, social workers were very satisfied with communication with pediatricians.
14. Pediatrician’s Perceptions of ADHD in Primary Care
Lindsay Thompson, MD, Melanie Hinojosa, PhD, Caprice Knapp, PhD, University of Florida, Gainesville, FL
The majority of children with Attention Deficit Hyperactivity Disorder (ADHD) receive their diagnosis and on-going treatment in the office of their primary care provider despite the complexities of the disease, common co-morbidities, and its management. Our survey results reveal the need for information to improve family knowledge and identified culture as an important aspect of ADHD management, an important finding given the racial and ethnic disparities that exist in the diagnosis and treatment of ADHD.

15. Helping Families Monitor Change: Using National Evaluation Data to Provide Individualized Family Reports
Terrance Peterson, PhD, Lawrence Sundberg, BS, STARS for Children’s Mental Health, Monticello, MN
STARS for Children’s Mental Health developed and implemented an individualized family report based on information from the Systems of Care required National Evaluation Protocol. This poster will present information on the involvement of parents in the development of the report, details on the electronic process used for production of the report, and an example of the individualized family report. Data detailing parent responses to the report will also be presented.

16. Predictors of Caregiver Dissatisfaction with Their Children’s Treatment in Community-Based Mental Health Services
Kya Fawley-King, PhD, Child and Adolescent Services Research Center, San Diego, CA
The present study examined predictors of caregiver dissatisfaction with the treatment their child received from a large community-based mental health system. Approximately 1573 caregivers participated in the study and 23% were dissatisfied. Predictors of dissatisfaction included ethnicity, funding source for treatment, length of treatment, and type of treatment received.

17. Improving Policy and Parity through Common Understanding of Mental Health Disorders
Elaine Jordan, PhD, Western New Mexico University, Gallup, NM
There is a nationwide crisis in mental health care in the United States. The World Health Organization (WHO) estimates that by year 2020, childhood neuropsychiatric disorders will rise over 50% internationally. In addition, there is a serious disconnect between many professionals defining early markers of mental disorders. Many indigenous communities identify children with poor control and self-regulation as experiencing disharmony and intergenerational stressors from enforced acculturation to western beliefs and values.

18. Group Music Therapy as an Effective Therapeutic Tool in the Treatment of Trauma and Development of Social Skills
David Hussey, PhD, Kent State University, Kent, OH; Deborah Layman, MM, Anne Reed, NMT, Beech Brook, Pepper Pike, OH
The creative arts offer innovative and potentially effective avenues for addressing trauma-related sequelae in therapy. Prior to a six-week partial hospitalization music therapy group intervention, preadolescent subjects were rated in their traditional partial hospitalization group therapy sessions. Analysis of data, collected through the use of an innovative group assessment tool, indicated that children were uniformly more on target in displaying and practicing important social skills in the music therapy condition.

19. Characteristics and Strengths of Youth in Maryland’s Wraparound and Psychiatric Residential Treatment Facilities
Elizabeth Connors, BA, Henrietta Quick, MSW, University of Maryland, Baltimore, MD
As an evaluation component of the Maryland Mental Health Transformation State Incentive Grant (MH-TSIG), this study examined the characteristics and strengths of 78 youth receiving either Wraparound or PRTF services. Caregiver interviews and administrative data using the NOMs and BERS-2 revealed no group differences on demographics or overall strengths. Higher Intrapersonal Strengths and School Functioning were found for the PRTF group. Results confirm the high probability of EBD in this population, congruent with service eligibility.

20. Storytelling for Social Justice: Amplifying the Voices of Children, Youth and Families in Mental Health Systems of Care
Susie Markus, MS, Wyoming Health Council and University of Wyoming, Cheyenne, WY
History is often passed down through generations via storytelling. Too often, however, the most common stories are a part of a master narrative that has been developed and perpetuated by dominant culture, diminishing the voices of vast majorities of people from diverse cultures, resulting in marginalization and educational and health care disparities. This presentation will provide a summary of the presenter’s research in storytelling, and engage participants in a storytelling community for children’s mental health.
21. **Impact of Training and Technical Assistance (IOTTA) for Wraparound**

Janet Walker, PhD, Portland State University, Portland, OR; Eric J. Bruns, PhD, University of Washington, Seattle, WA

Wraparound programs frequently rely on outside experts for the training and technical assistance they need to support implementation. But how satisfied are stakeholders with the help they receive, and what is the longer-term impact? This poster reports on an assessment that is being developed and tested by the National Wraparound Initiative called the Impact of Training and Technical Assistance (IOTTA) for Wraparound. IOTTA assesses stakeholder perceptions of immediate and longer-term benefits in areas that research has linked to effective implementation and practice change.

22. **HCUP Data for Pediatric Mental Health Research: The Kids’ Inpatient Database (KID)**

Claudia Steiner, MD, Agency for Healthcare Research and Quality, Cambridge, MA

This presentation will introduce the Healthcare Cost and Utilization Project (HCUP) databases and tools, with particular focus on Kids’ Inpatient Database (KID) – the only source of national-level pediatric hospital data designed specifically for pediatric research. The KID, a sample of pediatric discharges from the HCUP state-level databases, is well-suited for research on children’s mental health. The KID is available for 1997, 2000, 2003, 2006, and 2009 (May 2011 release). The KID data are recognized as a valuable resource in the pediatric research field and support cutting-edge health services research and policy analyses. This presentation will provide instruction on the KID sampling design, identifying pediatric cohorts of interest, conducting statistical analyses, and applying HCUP software tools to data subsets. Examples of how health services researchers have used the KID will be provided, including examples of peer-reviewed articles published in Pediatrics, JAMA, and NEJM. The course will also introduce the Nationwide Emergency Department Sample (NEDS), a vital source of data on pediatric ED utilization, cost, and quality.

23. **Gold Award for Outstanding Local Evaluation (Chautauqua Tapestry): How Systems of Care Can Implement a Realist Evaluation of All Services for All Youth in a County**

Mansoor Kazi, PhD, University at Buffalo (SUNY), Buffalo, NY

Realist evaluation strategies can be applied in the evaluation of 100% natural samples in agencies that are providing mental health and other services to youth and families. Mental health agencies routinely collect data that is typically not used for evaluation purposes. This presentation includes new data analysis tools drawn from both the efficacy and epidemiology traditions to investigate patterns in this data in relation to outcomes, interventions and the contexts of practice.
Tuesday, March 22 Events

6:30 am  Zumba
7:00 am  Registration opens
8:00 am  Continental Breakfast
9:00 am  Plenary
10:30 am  Networking Break
10:45 am  Concurrent Sessions 37 – 45
12:15 pm  Research Luncheon
2:00 pm  Concurrent Sessions 46 – 54
3:30 pm  Networking Break
3:45 pm  Concurrent Sessions 55–63
6:00 pm  Poster Session

Join us for an Hour of Zumba
City Center
6:30 - 7:30 am
Start the morning right with an hour of Zumba in the City Center room.

Research Luncheon
Regency Ballroom
12:15 - 1:45 PM
Conference attendees are welcome to enjoy lunch on us! A buffet-style meal will be provided, allowing opportunities for networking with fellow attendees and presenters.

Tuesday Plenary
9:00 - 10:30 am » Regency Ballroom

toward evidence based systems:
research on improving “real world” practice for children and youth

Eric J. Bruns, PhD, University of Washington, Seattle, WA;
Elizabeth Farmer, PhD, Penn State University, University Park, PA;
Gabrielle Chapman, PhD, Vanderbilt University, Nashville, TN;
Mark Weist, PhD, University of South Carolina, Columbia, SC

Children’s mental health has gone through several paradigm shifts over the past three decades. During this time, we have seen the focus on building and transforming systems challenged by concerns that we need to pay more attention to what works in treatment. In turn, the movement to implement evidence-based treatments has been confronted by an increasing awareness of the limitations of taking such practices to scale in “real world” systems. Our current task is to reconcile these paradigms in a way that will yield the best quality of care and outcomes for the largest number of children and youth. This includes all systems that impact children and youth, with cross-sector focus to include child welfare, juvenile justice, mental health in schools, primary care, and other systems.

In this plenary, we will hear from four researchers whose work focuses on elevating the level of overall practice within programs and systems that serve the majority of youths with emotional and behavioral problems.

Dr. Elizabeth Farmer of Pennsylvania State University will present research on the effects of increasing training, consultation, and other resources for supervisors and treatment parents in usual care treatment foster care.

Dr. Gabrielle Chapman of the Peabody Research Institute at Vanderbilt University, will describe her work with Dr. Mark Lipsey to translate meta-analyses of “what works” in interventions for juvenile offenders into a standardized protocol for improving the quality and outcomes of states’ juvenile justice systems.

Dr. Mark Weist of the University of South Carolina, will present ideas for overcoming challenges to effective practice and in building research and policy agendas in the growing school mental health field.

Dr. Eric J. Bruns of the University of Washington will introduce and moderate the panel. Dr. Bruns will describe current trends in improving child serving systems’ capacity to deliver evidence-informed mental health treatments to youth in need.
Session 37
10:45 – 12:15 pm

Regency V x 90 Minute Symposium

Innovations in Residential Services for Transition Age Youth

Chair & Discussant: Marc Fagan, PsyD, Thresholds Psychiatric Rehabilitation Centers, Chicago, IL

“Emerging adulthood” is recognized as an important developmental stage between adolescence and adulthood. In general, little is known about the experiences of emerging adults or transition age youth with disabilities, such as serious mental illness, residing in institutional settings or if programs designed to assist these individuals are effective. Transition age youth with serious mental illness in residential settings possess complex needs and functional issues in multiple arenas, including mental disorder comorbidity, substance use, histories of trauma, criminal activity, compromised social support networks, and vocational and educational challenges. As a result, residential providers must meet these ever growing challenges with new, innovative philosophies and evidence based treatment modalities.

This symposium will provide an (1) overview of the characteristics, needs, and challenges that youth with serious mental illness face during the transition to adulthood both from program data and a qualitative study findings; (2) a description of clinical services and programmatic innovations aimed at improving the outcomes of transition age youth with serious mental illness, including a discussion of the adaptation of an evidence-based practice (DBT) for this population and preliminary study findings; and (3) a discussion of the theoretically-informed treatment of complex trauma and how services designed for adolescents and young adults with disabilities in residential care can become trauma informed. Fifteen minutes at the end of the symposium will be reserved for questions.

The Thresholds Young Adult Program (YAP) in Chicago, IL provides residential care for approximately 60 youth ages 16 to 21 who possess at least one Axis-I recognized DSM-IV mental disorder (e.g. Bipolar Disorder or PTSD). The symposium addresses the program's foundation in the TIP (Transition to Independence Process) and its usefulness in bridging young adults' lives from institutional settings to the community. Results of a longitudinal interview study documenting the progress and outcomes of a cohort of young people (n=16) transitioning from the program to community living will be presented.

Informed by theory and evidence based practice research, the structure and variation of services and living arrangements at YAP allows for the individualization of treatment. Residential settings include group homes and individual apartments, while a central location houses all clinical, case management, educational, and vocational services. The symposium will provide an overview of structural and clinical adaptations made to Dialectical Behavior Therapy (DBT), an evidence-based practice designed for the outpatient care of voluntary adults, to meet the unique needs and challenges of a younger and institutionalized population. Intervention fidelity, organizational and treatment challenges, and pilot study results will be discussed.

Due to the high rates of trauma exposure reported by YAP participants, research, practice, and theories of trauma were integrated into YAP service development. Included in the symposium is a discussion of the impact of complex trauma on the transition process and suggested best practices for making residential services trauma informed in order to improve transition outcomes. Future implications for intervention adaptation and evaluation will be provided. Understanding the populations' complex needs and challenges and continually evaluating and adapting services are essential to increasing the likelihood of success of a successful transition to adulthood.

Launching Out: Understanding Transition for Young Adults with Serious Mental Illness

Vanessa Vorhies, MSSW, Marc Fagan, PsyD, Thresholds Psychiatric Rehabilitation Centers, Chicago, IL

Outcomes for emerging adults in the child welfare system are poor in a number of areas (e.g. education and employment). Little is known about the experiences of young adults with serious mental illness that age out of the child welfare system from institutional settings. This presentation discusses programmatic data and a three-year qualitatively designed longitudinal study of 16 young adults with serious mental illness transitioning, revealing the complex challenges faced by these youth impacting their social networks and support, service access, residential continuity, and educational and vocational attainment.

Dialectical Behavior Therapy: Adaptations for Residential Care

Allison Elias, LCSW, Vanessa Vorhies, MSSW, Thresholds Psychiatric Rehabilitation Centers, Chicago, IL

Dialectical Behavior Therapy (DBT), an evidence-based practice for adults with borderline personality disorder, consists of group and individual sessions that teach coping skills and has been found to be helpful with depressed and suicidal adolescents. The Thresholds Young Adult Program has adapted DBT to meet the needs of young adults ages 16 to 21 with serious mental illness residing in group homes. DBT was adapted on both the micro level, including clinical methods and homework assignments, and macro level, such as structural changes involving staff and administrative roles. A mix-method pilot study reveals the impact of DBT on mindfulness and distress tolerance for transition age youth with serious mental illness in a residential setting.

Why Is It So Hard to Move On? The Impact of Trauma on Transitioning Youth

Allison Elias, LCSW, Thresholds Psychiatric Rehabilitation Centers, Chicago, IL

The experience of complex trauma, that is, exposure to repeated traumatic events over an extended period of time, is a concept that has captivated the attention of researchers and mental health professionals alike. This paper includes a review of the vast body of research which now exists regarding the impact of complex trauma on adaptive functioning, and specifically how it affects older adolescents in their development. By focusing on how the behavior of those who have experienced complex trauma served a survivalistic purpose at one
time, yet gets in the way at transition, attention is brought to bare on the underlying dynamics at play. Solutions for ways that professionals can address these dynamics head on, and pave the way for a much smoother transition with this particularly challenging population, are offered.

Session 38
10:45 – 11:15 am
Regency VI » 30 Minute Paper
Using Engagement to Bridge Research and Practice in School Mental Health: A National Initiative
Ian Manion, PhD, Ontario Centre of Excellence for Child and Youth Mental Health, Ottawa, Canada; Bruce Ferguson, PhD, The Hospital for Sick Children, Toronto, Canada
In 2009 the Mental Health Commission of Canada commissioned a comprehensive project to identify models, barriers, and implementation issues in School-Based Mental Health and Substance Abuse (SBMHSA). This project placed an emphasis on engaging the field so that there is both momentum and support to put knowledge into practice. This presentation highlights the engagement work of the SBMHSA Consortium, the methodology behind each of its four core activities, and key findings to date.

11:15 am – 12:15 pm
Regency VI » 60 Minute Discussion Hour
Implementing Promotion Interventions: A Key Component of a Public Health Approach to Children’s Mental Health
Joyce Sebian, MSEd, Georgetown University, Washington, DC; Richard Shepler, PhD, Kent State University, Kent, OH; Terre Garner, Ohio Federation of Families for Children’s Mental Health, Cincinnati, OH
This session will present an Intervention Model, part of a framework for a public health approach to children’s mental health. Participants will explore how the model builds upon the 2009 IOM on “Prevention of Mental, Emotional and Behavioral Health Disorders” and how it further advances promotion. The session will explore how states are implementing “reclaiming,” hope and resiliency focused initiatives, identification of key research questions, lessons learned, implications for systems of care, challenges, and shared themes.

Session 39
10:45 – 11:15 am
Regency VII » 30 Minute Paper
Gender Differences in Trauma Treatment at 90 and 180 Days of Treatment: Do Boys and Girls Respond to Evidence-Based Interventions in the Same Way?
Carlton Craig, PhD, Ginny Sprang, PhD, Michele Staton-Tindall, PhD, University of Kentucky, Lexington, KY
Objective: This study examines the effectiveness of two trauma-informed evidence-based practices (EBPs) in a sample of children ages 7-19. Methods: Baseline data on children with three-month and six-month repeated measures were assessed using paired t-testing and independent t-testing on the UCLA PTSD. Results: Significant decreases in PTSD symptoms along with significant gender differences were found. Implications: Results may suggest a need for special attention to gender differences throughout the course of trauma-informed EBP’s treatment.

11:15 am – 12:15 pm
Regency VII » 60 Minute Discussion Hour
Key Developmental Assets for Children and Young People in Foster Care or Residential Care
Leon Fulcher, PhD, iCRIF & Fostering First International, Dunfermline, Scotland; Marc Mannes, PhD, iCRIF, Chicago, IL
Every out-of-home care placement presents a unique set of opportunities and challenges. Key Developmental Assets help monitor a daily life approach to caring whilst nurturing developmental outcomes. Developmental achievements equip young people to become healthier, more emotionally and physically resilient adults. Sponsored by iCRIF (International Center for Research and Innovation in Fostering) KDAs use electronically submitted weekly recordings with 2,000+ placements in ten countries. Reliability and validity testing, and first-year results will be discussed.

Session 40
10:45 – 11:15 am
Esplanade 1 » 30 Minute Paper
Opportunities and Challenges with Integrating Child Protective Services into Behavioral Health Systems of Care: One State’s Experience
Christian Connell, PhD, Samantha Matlin, PhD, Yale University, New Haven, CT
Systems of care have become a critical means of reform in children’s behavioral health and increasingly state child welfare agencies are adopting this approach for families. Despite overlap in system of care principles and child welfare reform, such ef-
forts are not without challenge. This presentation focuses on the experiences of a state that expanded its children’s behavioral health system of care to serve families at-risk for, or actively engaged in, the child protection system.

11:15 am – 12:15 pm
Esplanade 1 » 60 Minute Discussion Hour
Using National Protocols to Capture Youth Voice in Evaluation
Sarah Goan, MPP, Hornby Zeller Associates, South Portland, ME; Briaenne Masselli, BA, Thrive System of Care, Lewiston, ME; Doug Patrick, JD, Children’s Behavioral Health Services, Augusta, ME
Do the national System of Care evaluation protocols capture youth voice? THRIVE, Maine's system of care, set out to discover the answer. Evaluators engaged youth participants on the questions they would like to learn from the evaluation. Based on the answers provided, evaluators reviewed the various instruments and questions contained in the national evaluation youth interview protocol to identify any relevant measures. The resulting crosswalk and data findings were presented back to youth as well as to various stakeholders. This session presents the questions, the data elements, and the results.

Session 41
10:45 – 11:15 am
Esplanade 2 » 30 Minute Paper
Young People and their Parents/Carers’ Expectations of Child and Adolescent Mental Health Services (CAMHS) in Leicestershire, England
Pablo Ronzoni, MD, University of Leicester, Leicester, England
Research indicates that there is a lack of clear understanding about specialist CAMHS, and the outcomes that children and their parents hope to achieve from treatment differ. We aim to explore children and parents’ expectations of CAMHS in Leicestershire. Internalizing items seem more important for parents/carers than children, whom in contrast hoped for improvement in externalising factors. Attention to children and parents’ expectations of services is needed to improve therapeutic relationship and engagement.

11:15 am – 12:15 pm
Esplanade 2 » 60 Minute Discussion Hour
Substance Abuse and Cultural Competence When Working with the Lesbian, Gay, Bi-sexual and Transgender (LGBT) Community Uncovering Hidden Facts in the LGBT Community: Determine Best Practice Approaches for Youth
Robert Hess III, BSW, Maricopa County LGBT Consortium, Phoenix, AZ
This presentation will review the Maricopa County LGBT Consortium’s 2009 needs assessment findings and recommendations regarding substance abuse and community organizing within the LGBT serving behavioral health community. This discussion will highlight recommendations and strategies to target this invisible community in prevention messaging while providing advanced cultural competency training on the needs and internal social dynamics of the community.

Session 42
10:45 – 11:15 am
Esplanade 3 » 30 Minute Paper
A Qualitative Investigation into the Effectiveness of Cultural Competence Initiatives in a Diverse Mental Health System of Care Context
Melissa Weber, MS, Children’s Institute, Inc., Rochester, NY
Quantitative assessments based on a priori conceptual frameworks and constrained by pre-defined response categories have yielded little useful insight regarding the effectiveness of our system of care cultural and linguistic competence initiatives. In response, our site incorporated qualitative open-ended questions to elicit a deeper, more authentic understanding of cultural competence and the meaning this concept holds for a diverse population of families, with the ultimate goal of informing practice in ways that will better meet families’ complex needs.

11:15 am – 12:15 pm
Esplanade 3 » 60 Minute Discussion Hour
Opportunities for Leveraging Systems of Care in Cities to Prevent Violence: Knowledge Exchange and Lessons Learned from Urban Networks to Increase Thriving Youth (UNITY)
Richard Puddy, PhD, Neil Rainford, MA, Centers for Disease Control & Prevention, Atlanta, GA; Xavier Morales, PhD, Prevention Institute, Oakland, CA
In this discussion hour, we will explore ways to apply the Systems of Care model to prevent community violence and improve violence-related outcomes for youth and families. We will
present key lessons from Urban Networks to Increase Thriving Youth (UNITY), including a model for building partnerships at the local, state, and national levels to increase cities’ violence prevention capacity. We will also exchange research and practice-based findings on comprehensive, coordinated, and community-based mental/behavioral health approaches.

**Session 43**

10:45 – 11:15 am

Buccaneer B » 30 Minute Paper

*Perceptions of the Impact of Accreditation in Children’s Mental Healthcare: A Multiple Case Study*

**Madeline Lee, PhD, Washington University in St. Louis, St. Louis, MO**

Accreditation is an organizational intervention with the potential to improve the effectiveness of mental health care, yet the evidence-base for accreditation is sparse. This multiple case study explored children’s mental health agencies’ perceptions of how the Council on Accreditation process may spur change. Most of the changes stemmed from quality improvement requirements, though what this entailed varied. Overall, improved client outcomes were not always prominent. Future studies need to rigorously evaluate the impact of accreditation.

11:15 am – 12:15 pm

Buccaneer B » 60 Minute Discussion Hour


**Rodhri Evans, Cathy Dandy, BA, Jennifer deMunnik, BA, Sandra Cunning, PhD; Kinark Child and Family Services, Markham, Canada; Sarah Canon, Sylvia Naumovski, Bev Sirrs, Parents for Children’s Mental Health, Toronto, Canada**

Parents for Children’s Mental Health (PCMH) and Kinark Child and Family Services (Kinark), funded through the Ministry of Children and Youth Services of Ontario, are working collaboratively to develop a model of family support for families accessing and receiving children’s mental health (CMH) services. The development of the Family Support Provider service was driven by identified family needs and two recent Ministry of Children and Youth Services (MCYS) policy documents: A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health, and Realizing Potential: Our Children, Our Youth, Our Future.

The purpose of the model is to: enhance service provision, decrease stigma, and improve accountability through a family-centered approach that focuses on meeting the needs of both clients and families. Additional requirements from the funder were that the model be sufficiently flexible to address geographic and economic differences and be applicable across systems. Such a model is essential in ensuring that all parents are supported in their understanding of and movement through the CMH and related systems (e.g., education and health).

The project has been divided into three phases: (1) Planning and model development; (2) Piloting of model; and 3) Full Implementation. The focus of this symposium is to describe in detail the process and findings from the Phase 1: Planning and Model Development. This phase itself was broken into 3 separate components: (1) The Partnership and planning component involved the development of the partnership between PCMH and Kinark and securing of funds. (2) The second component involved an extensive examination of both peer reviewed and grey literature as well as existing models and programs. From this review, a Family Support Provision model was developed to meet the policy requirements while utilizing research evidence and principles of family support. (3) The third component involved the development and implementation of two, separate on-line focus groups of parents and service providers in an effort add to the literature and to inform further development of the model.

The symposium will include three presentations: (1) A description by of the Partnership and Planning delivered by key stakeholders from PCMH and Kinark; (2) A summary of the literature and description of the Models and Principles presented by an M.S.W. student leading this component; and (3) The methodology and results of the on-line focus groups reflecting Family and Service Provider voices will be presented by a research analyst intern specializing in this methodology.

**Session 44**

10:45 – 11:15 am

Buccaneer C » 30 Minute Paper

*An Evidenced Based Parenting Education Program in Illinois*

**Katharine Bensinger, MS, LCPC, Community Counseling Centers of Chicago, Chicago, IL**

The Parenting Education Program (PEP) is an evidence-based positive parenting program of the Community Counseling Centers of Chicago (C4). PEP is a multi-component program that includes group-based parent education and skill training sessions, home visits, comprehensive referral services, a children’s art group, and an on-going parent support program. Three of PEP’s components were evaluated in a study and found to be evidenced-based, and relevant concerning acceptability, transportability, and culturally competent.
Family-Based Recovery: A Home-based Treatment for Families Affected by Parental Substance Abuse

Karen Hanson, MSSA, Jean Adnopoz, MPH, Yale University, New Haven, CT; Jeffrey Vanderploeg, PhD, J.P. Behavioral Health Consulting, West Hartford, CT

Young children with substance abusing caregivers are at elevated risk for maltreatment and foster care placement. However, traditional treatment approaches have high dropout rates and limited effectiveness. The Family Based Recovery program (FBR) is an innovative treatment model that integrates adult substance abuse treatment with attachment-based family intervention. This presentation will review the FBR model and share evidence supporting its effectiveness for reducing substance abuse and allowing children to remain in their homes and communities.

Using GIS to Identify Safe, Affordable, and Accessible Housing for Youth Leaving Foster Care

Catherine Batsche, PhD, University of South Florida, Tampa, FL

Geographic Information System (GIS) was used to evaluate rental properties best suited to support the educational goals and independent living needs of youth exiting foster care at age 18. The project included two inclusion criteria (affordability, public bus access), three exclusion criteria (areas of high crime, high rates of prostitution, and proximity to residences of sexual predators) and three suitability criteria (proximity to health care providers, mental health care providers, and youth serving organizations).

Adapting and Implementing IPS Supported employment for Transition Age Youth

Susan Kaiser, MPH, Rochelle Frounfelker, MSSW, Marc Fagan, PsyD, Thresholds Institute, Chicago, IL

Transition age youth (TAY) with SMI or SED are multiply challenged to successfully navigate the educational and employment worlds. Identification of evidence-based interventions that assist TAY in achieving employment and educational goals is paramount. This presentation describes a feasibility study of adapted IPS supported employment being conducted at Thresholds Young Adult Program as part of a larger NIDRR RTC grant. Presenters will describe the components of the adapted IPS model and share information about its implementation.

A Multi-site Evaluation of RENEW Model Implementation in North Carolina

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

Although models for providing comprehensive supports for transition-age youth exist, few data are available on...
the quality of implementation of specific components of these models, and whether better implementation of these components relates to improvement among youth. This paper describes a multi-site evaluation of one such model, RENEW, that includes separate assessments of the quality of implementation of the model components of futures planning and team development, and examines relationships between their implementation and outcomes.

**Transition Age Youth and Young Adult (TAYYA) Men and Women with Serious Mental Health Conditions and Vocational Rehabilitation**

Rosalie Torres Stone, PhD, Transitions Research and Training Center, UMass Medical School, Worcester, MA

The Latino population particularly recent immigrants and those younger than 17 are less likely to utilize mental health services. This study will identify: 1) programmatic factors from the consumer perspective that are shared across employment support approaches that facilitate participation in vocational programs for non-Latino and Latino TAYYA; 2) cultural, developmental and contextual factors that facilitate participation in vocational programs; 3) the common factors in questions #1 and #2 that differentiate Latino and non-Latinos.

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**Session 47**

2:00 – 3:30 pm

**Regency VI » 90 Minute Symposium**

**Care Management Entities: A National Quality Collaborative**

Chair and Discussant: Sheila Pires, MPA, Human Service Collaborative, Washington, DC

This symposium focuses on a multi-state national demonstration of the Care Management Entity (CME) model to improve the quality and cost of care for children with serious behavioral health challenges. The Federal Centers for Medicare and Medicaid Services (CMS) is funding this CME Quality Learning Collaborative as one of ten child health quality grants authorized by the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA). It is the only grant focusing solely on this population, with policy and practice implications for national health reform, including use of the CME model as a “health home.”

**Care Management Entities: Implications for National Health Reform**

Sheila Pires, MPA, Human Service Collaborative, Washington, DC

This presentation will describe: the Care Management Entity (CME) model; the variation in its application in different states; outcomes from early implementers; the structure and intended outcomes of the CME Quality Collaborative that the Federal Centers for Medicare and Medicaid (CMS) is funding; and the potential of the CME model to serve as a “health home” for children and youth with serious behavioral health challenges.

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**Session 48**

2:00 – 2:45 pm

**Regency VII » 45 Minute Paper**

**Youth-Driven Community-Based Participatory Research to Overcome Barriers Low-Income Youth of Color Face when Accessing Mental Health Services**

Laurie Ross, PhD, Clark University, Worcester, MA

This paper describes an 18-month community-based participatory research (CBPR) project to address youth-identified issues in Worcester, MA’s mental health system. The process consisted of youth and adults working separately and together to analyze data and create alternatives. The resulting model integrates mental health counselors into community-based youth organizations where the majority are low-income youth of color. This case suggests that “blending” mental health support into these organizations overcame stigma and other barriers underserved youth encounter.
Youth-Based Participatory Research: Lessons Learned from a Transition to Post-Secondary Education Study

Myra Rosen-Reynoso, PhD, University of Massachusetts Boston, Boston, MA

Transitions to postsecondary education for youth with disabilities, special health care needs, or both are often challenging. In this paper, we report on how youth can enhance transition interventions and research. Youth representing a variety of community-based organizations served as co-researchers in a randomized controlled study called OPT4College; a program providing postsecondary education transition support for these youth. This youth-based participatory approach used an iterative process that is quite different from the traditional research study flow.

Institutional Predictors of Developmental Outcomes among Racially Diverse Foster Care Alumni

Antonio Garcia, PhD, San Diego State University, San Diego, CA; Peter Pecora, PhD, Casey Family Programs and the University of Washington, Seattle, WA

This paper presentation highlights “institutional” responses to prepare youth of color in foster care to successfully transition into adulthood. Data from the Casey National Foster Care Alumni study shows that agency preparedness to leave care and access to services across systems of care impact Latino, African American, and Caucasian foster care alumni’s developmental outcomes differently. These findings should be considered when developing and implementing culturally sensitive, evidence-based services and intervention programs.

Understanding the Effect of Waiting Time on Children’s Mental Health Service Use and Discharge Outcomes

Anna Westin, MS, Crystal Barksdale, PhD, Jennifer Mettrick, MS, University of Maryland School of Medicine Innovations Institute, Baltimore, MD

This study examined effects of waiting time on service use and discharge outcomes of 429 youth/families referred to an evidence-based practice (EBP). Existing literature is inconsistent with regard to how waiting time affects outcomes. Logistic regression analyses suggest that while waiting time is not associated with treatment refusal or discharge outcomes, it is significantly associated with treatment termination due to poor engagement (OR = 1.01, 95%CI:1.01-1.03). Implications for EBP implementation and utilization are discussed.

Children in Foster Care Receiving NCTSN Trauma-Specific Treatment

Kurt Moore, PhD, Walter R. McDonald Associates, Denver, CO; Carolyn Lichtenstein, PhD, Liz Oppenheim, JD, Walter R. McDonald Associates, Rockville, MD

Children in foster care have usually experienced trauma. The National Child Traumatic Stress Network (NCTSN) is funded through the Emergency Mental Health and Traumatic Stress Services Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. This presentation describes NCTSN-treated foster children, and examines relationships among trauma types, amounts, durations, and the outcomes of trauma-specific treatment. These outcomes include improvement trajectories and changes in clinical and functional problems.

Modifying Evidence-Based Practices to Increase Cultural Competence

Wendy Schudrich, MSW, Judith Samuels, PhD, Nathan Kline Institute, Orangeburg, NY; Deborah Altschul, PhD, University of New Mexico, Department of Psychiatry, Center for Rural and Community Behavioral Health, Albuquerque, NM

The Nathan Kline Institute for Psychiatric Research in Orangeburg, New York, has published a Toolkit for Modifying Evidence-Based Practice to Increase Cultural Competence. The Toolkit provides mental health professionals with a structured, comprehensive method for considering modifications to evidence-based mental health practices for culturally diverse consumers. An overview of the methodology will be presented along with a detailed case study to demonstrate the use of the Toolkit in a practice setting.
2:30 – 3:00 pm  
Esplanade 2 » 30 Minute Paper  
**Outcomes of Peer Supervision across Multiple EBPs within a Community Setting**  
Susan Stern, PhD, University of Toronto, Toronto, Canada; Sandra Cunning, PhD, Jonathan Golden, PhD, Kinark Child and Family Services, Markham, Canada  
To improve the efficacy and efficiency of clinical services, Kinark Child and Family Services has implemented an agency-wide change process. A key component of this process has been the development of the Peer Feedback Questionnaire, assessing key aspects of peer supervision in EBP. Questionnaire data is now being used to improve implementation of EBP's in a continuous quality improvement cycle and ensure fidelity to practice and process across the agency.

3:00 – 3:30 pm  
Esplanade 2 » 30 Minute Paper  
**Exploring Children’s Assertive Community Treatment and Home and Community-Based Treatment: Results of a Pre – Post Study of Service and Cost Outcomes**  
James Yoe, PhD, Maine Department of Health and Human Services, Augusta, ME; Douglas Robbins, MD, Maine Medical Center, Portland, ME; Lindsey Tweed, MD, Maine Department of Health & Human Services, Augusta, ME  
Service utilization and expenditures pre and post treatment were compared in two community-based treatments for children with SED in Maine: Assertive Community Treatment (ACT) and Home and Community-based Treatment (HCT). Preliminary results showed that ACT recipients had greater previous service utilization. Both interventions significantly reduced psychiatric hospital, crisis, and emergency room use over the study period. The use of the results to inform service planning and policy direction are discussed.

Session 51  
2:00 – 2:30 pm  
Esplanade 3 » 30 Minute Paper  
**Reforming Mental Health Services for Children and Youth in Foster Care: The Role of Child Welfare Class Action Lawsuits and Systems of Care**  
Elizabeth Oppenheim, JD, Rashelle Lee, MA, Carolyn Lichtenstein, PhD, Walter R. McDonald and Associates, Rockville, MD  
Implementation of systems of care and child welfare class action lawsuits have been common, often parallel, strategies used to improve the provision of mental health services. This presentation examines the extent to which the key guiding principles of the system of care approach are represented in a selected set of consent decrees and implementation plans resulting from child welfare litigation. Implications for improving mental health services for children / youth in foster care are discussed.

2:30 – 3:30 pm  
Esplanade 3 » 60 Minute Symposium  
**Community-Based Participatory Research (CBPR): Culturally Competent Community Based-Approaches**  
Chair: Richard Briscoe, PhD, University of South Florida, Tampa, FL; Discussant: Gwendolyn McClain, MA, R.I.S.E. Consultants, Plant City, FL  
Community-Based Participatory Research (CBPR) is an applied social process addressing social problems that involves a partnership between trained researchers, community stakeholders that are primary users of a program, program implementers, and decision makers. In a community-based approach, the role of community members is fundamental during problem framing, planning, action, observation, and reflection in order to structure all aspects of the research. This type of research is based on information gathered within the community data to generate interventions that are designed to solve community challenges. The research process relies heavily on community members to identify social justice issues and create workable solutions that are effective in addressing local priorities. Participatory research ideally gives an equal control to the community participation in the research process, which can build resiliency in solving problems and increase the use of research findings to promote the community’s well-being.

CBPR should contribute to cultural competence through developing greater understanding of community strengths, resources and challenges, and identifying the most appropriate service system reforms. While this multiple perspective should be responsive to the cultural background of families and communities, strategies that are developed must ensure that all
dimensions of research and service delivery are culturally competent; other critical components are fundamental to enhancing CBPR. This presentation will describe a framework of critical components and guidelines for the development of a culturally competent approach when partnering with families and communities. These components and guidelines can be implemented to enhance the development, refinement and effectiveness of meaningful relationships with community members, human service agencies, planning bodies, foundations, universities and colleges, and community organizations. Examples of three culturally competent community based projects were conducted and will be described. These three presentations focus on the development of the projects to achieve cultural competence and the context of CBPR.

**Maintaining University Community partnerships: Cultivando Conexiones en la Comunidad**

**Linda Callejas, PhD, Leslie-Ann Pagan, MBA, Debra Mowery, PhD,** University of South Florida, Tampa, FL

Over the years, evaluations have been designed to determine the extent and value of services and supports available to families involved with the ConnectFamilias Partnership in Miami-Dade, Florida. The goal of the partnership is to increase the quantity and quality of social supports through service coordination and a wraparound process. Desired outcomes include providing coordinated services, facilitating development of strong formal and informal networks, improving system navigation, developing leadership abilities, and demonstrating safety and wellbeing.

**Improving Youth Outcomes in a Violence Prevention Program: Combining Qualitative and Quantitative Perspectives**

**Debra Mowery, PhD, Leslie-Ann Pagan, MBA,** University of South Florida, Tampa, FL

This study examined the efficacy of the Dawn Center’s Primary Prevention Program through the use of pre-test and post-test surveys administered to a sample of K-8 schools, middle schools, and a high school in Hernando County, Florida. The Dawn Center’s Primary Prevention Program is an effort to reduce both bullying and dating violence through elementary, middle, and high school curricular-based interventions, mentor/mentee relationships between students and community partners, and community-wide outreach efforts.

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**Session 52**

2:00 – 3:30 pm

**Buccaneer B » 90 Minute Symposium**

**Expanding Systems of Care: Strategies for Large-Scale System Change**

**Chair: Beth Stroul, MEd, Management & Training Innovations, McLean, VA; Robert Friedman, PhD, University of South Florida, Tampa, FL; Jackie Shipp, LPC, Oklahoma Dept. of Mental Health and Substance Abuse Services, Oklahoma City, OK**

As part of the national evaluation of the federal system of care grant program, a study is being conducted to learn about strategies that states have used successfully to sustain systems of care and to expand them more broadly throughout their states. The goal of this research is to provide information and resources that will assist other states, tribes, territories, and communities in their efforts to achieve the systemic changes needed to accomplish the expansion of systems of care. This symposium will present the overall results of the study, emphasizing effective strategies for large-scale system change, and will highlight the strategies used by one state included in the sample.

The study uses a case study methodology that involved selecting a sample of states to study in depth. Based on specific criteria, nine states were selected for participation — Arizona, Hawaii, Maine, Maryland, Michigan, New Jersey, North Carolina, Oklahoma, and Rhode Island. Telephone interviews with key informants are the primary method of obtaining information, using a semi-structured interview guide. The information targeted addresses the use of a range of strategies for expanding systems of care and specific examples of how funded, graduated, and other communities are used strategically in expansion efforts. In addition, barriers to taking systems of care to scale and strategies for overcoming barriers are explored, as well as technical assistance that is needed to support these efforts. Key informants in each state include state children’s mental health directors, local system of care leaders, family leaders, and any other individuals identified as having critical perspectives on system of care expansion.

The interviews explore specific strategies in areas including:

1. Implementing policy, administrative, and/or regulatory changes
2. Expanding services and supports, care management, an individualized approach, family involvement, and cultural and linguistic competence
3. Providing training, technical assistance and coaching
4. Generating support and an advocacy base
5. Creating or improving financing strategies

Study findings will inform ongoing work to expand system of care implementation. The symposium will review findings from this study, identify effective strategies and lessons learned for wide-scale system change, and demonstrate how federally funded, graduated, and other communities can be resources and partners in expansion efforts.
In addition, one site in the sample, Oklahoma, will highlight effective strategies used in that state, including providing money to counties to establish local collaboratives to promote systems of care, providing training and technical assistance, monitoring their implementation of systems of care, and promoting a family-driven approach. Oklahoma also routinely collects data on system performance that are used both for purposes of continuous quality improvement and to present to key stakeholders in order to gain and maintain their support for systems of care. A discussant who is a family leader will comment on effective strategies for promoting family-driven, youth-guided systems of care.

The symposium will offer practical strategies to guide the expansion efforts of states and communities that are supported by research. In addition to presenting findings, the symposium will provide an opportunity to discuss effective strategies used by participants.

Session 53
2:00 – 2:30 pm
Buccaneer C » 30 Minute Paper
Script-Like Qualities and Storied Turns: Understanding Youth Interpretations of the Pathways to Residential Placement
Lauren Polvere, PhD, Concordia University, Montreal, QC, Canada
This qualitative study explores how adolescents with histories in residential care understand their pathways and transitions regarding placement. Findings from semi-structured interviews (n=14) revealed “scriptlike” commonalities across the narratives regarding significant life events, such as the experience of multiple placements, inpatient hospitalization, and school and family conflicts. Diverse “storied” evaluations and interpretations emerged, as the participants reflected upon and narrated past events. Implications for practitioners and researchers will be discussed.

2:30 – 3:30 pm
Buccaneer C » 60 Minute Paper
Meeting the Mandate, Improving Quality of Care, and Increasing Workforce Morale
Kay Hodges, PhD, Eastern Michigan University, Ann Arbor, MI; James Wotring, MSW, Georgetown University, Washington, DC
This paper discusses steps in implementing performance measurement at an organizational or state level. Building capacity to measure performance requires embedding processes and structures. We will present a conceptual model, a summary of the empirical literature, and a case study of a successful implementation, along with lessons learned. Some advantages include: facilitating EBT implementation, knowing effectiveness by type of intervention, using the data to improve practice and outcomes, and providing useful information to practitioners.

Session 54
2:00 – 3:30 pm
City Center » 90 Minute Symposium
Mental Health and the Tennessee Juvenile Justice System: Recent Efforts to Improve the Quality of Care
Chair and Discussant: Richard Epstein, PhD, Vanderbilt University, Nashville, TN
This 90-minute symposium brings together clinicians, researchers and policymakers who are actively involved in efforts to improve the provision of mental health services to youth in the Tennessee juvenile justice system. The symposium is motivated by innovative responses to several recent policy changes in Tennessee that affect youth involved with the juvenile justice system. Recent policy changes include changes to the financing and structure of juvenile court ordered mental health services and legislation requiring that services provided to these young people and their families be evidence-based. Symposium papers include a blend of policy description and analysis, program development, and quantitative research.

The symposium will include three 20-minute presentations “sandwiched” between a 5-minute introduction and 10-minute discussion. An additional 15 minutes is allotted following the overall discussion for an interactive question-and-answer session between symposium presenters and attendees. Papers focus on efforts to: (a) Build connections with local juvenile court personnel to support the development and implementation of effective evidence- and community-based mental health services via presentation of two innovative outpatient programs at Vanderbilt University (Dr. Tarah Kuhn); (b) Classify the mental health services provided by Tennessee treatment providers according to the Standardized Program Evaluation Protocol (SPEP) model (Dr. Gabrielle Chapman); and (c) Evaluate the impact of and respond to state-level policies that change the financing and structure of juvenile court ordered mental health services (Dr. Jeff Feix).

The symposium can serve as a model to administrators, practitioners, and researchers of the need for and importance of collaborative relationships between child-serving systems and their local academic partners to improve the quality of care for juvenile justice system-involved youth. Dr. Epstein (Symposium Chair and Discussant) will focus on the need for and promise of these collaborative relationships to support the development and implementation of effective mental health policy for this traditionally underserved population of youth.

Collaborative Programming with Juvenile Justice Youth and Families: Benefits and Barriers
Tarah Kuhn, PhD, Vanderbilt University, Nashville, TN
Recent legislation requires the state of Tennessee to provide youth involved in the juvenile justice system evidence-based services in the least restrictive setting. In response to this legislation, Vanderbilt University has developed two innovative outpatient programs that combine provision of evidence-
based treatment and active collaboration with supervision and court monitoring for youth with mental health needs who are engaged with juvenile court.

**Impact of Legislative Changes on Juvenile Court Ordered Forensic Evaluations in Tennessee**

**Jeff Feix, PhD, Tennessee Department of Mental Health, Nashville, TN**

Tennessee’s system of providing juvenile court-ordered mental health evaluations was transformed between June of 2008 to July of 2009 from a predominantly inpatient service to a predominantly outpatient service through a combination of judicial, legislative, and executive branch action. With the support of federal grants, the Department of Mental Health coordinated efforts with numerous other state agencies and stakeholders to improve the quality of and access to community-based services.

**Bridging the Gap Between Research and Practice in Juvenile Justice Intervention and Treatment Programs in Tennessee**

**Gabrielle Chapman, PhD, Vanderbilt University, Nashville, TN**

Meta-analyses have identified features of effective juvenile offender programs. A Standardized Program Evaluation Protocol was developed to evaluate existing programs against this established knowledge base. The Protocol consists of a rating scheme that assigns points for treatment characteristics based on their relationship to recidivism outcomes. The approach has been validated and utilized in three states. The challenges of data collection, categorization, calculation of treatment elements, and program improvement strategies will be discussed for one state.

**3:30 – 3:45 pm**

**Networking Break**

*Sponsored by Ronald A. Christaldi and L. David de la Parte on behalf of AMIKids*

**3:45 – 4:15 pm**

**Session 55**

**Regency V » 30 Minute Paper**

**Predicting Positive Outcomes of School Success and Completion for Older Youth in Systems of Care**

**Eileen Brennan, PhD, Portland State University, Portland, OR**

Using data from the national evaluation of systems of care, we report a secondary analysis exploring factors predicting positive education outcomes for young people 17-22 years of age enrolled in mental health services for at least a year. Results indicate that culturally relevant and effective mental health services, increased youth confidence in their own school functioning, and support for attendance are possible contributors to positive education outcomes.

**4:15 – 5:15 pm**

**Regency V » 60 Minute Discussion Hour**

**Updating the System of Care Concept: Implications for Policy and Practice**

**Beth Stroul MEd, Management & Training Innovations, McLean, VA; Gary M. Blau, PhD, Substance Abuse and Mental Health Services Administration, Rockville, MD**

The system of care concept was first published in 1986, articulating a definition for a system of care and a framework and philosophy for implementation. Re-examination of this concept has led to an updated version, as well as clarification of its intended use and areas needing greater emphasis in addressing children’s mental health in the future. This session will present the updated concept and offer an opportunity to discuss its implications for the field.

**Session 56**

**3:45 – 4:15 pm**

**Regency VI » 30 Minute Paper**

**Values Driven Systems of Care: The BC SCORES Experience**

**Holly Wald, PhD, HPW Associates, LLC, Pittsburgh, PA; Cynthia Zubritsky, PhD, University of Pennsylvania, Philadelphia, PA; Nancy Jaquette, LSW, Beaver County Behavioral Health, Beaver Falls, PA**

The BC SCORES system of care (SOC) designed and implemented a Core Values Survey to collect information about changes stakeholders’ values. The survey addressed the three core values of SOC: youth and family driven; culturally competency; and community-based services. This presentation will describe: (1) the process undertaken to design and implement the survey, using a stakeholder process; (2) the results of the survey; and 3) the implications from the results for the SOC.

**4:15 – 5:15 pm**

**Regency VI » 60 Minute Symposium**

**Changing Organization Culture: Participatory Evaluation and Theory-Based, Systematic Revision of Wraparound Implementation**

**Chair: Rosalyn M. Bertram, PhD, University of Missouri-Kansas City, Kansas City, MO; Discussant: Eric J. Bruns, PhD, University of Washington, Seattle, WA**

A National Wraparound Initiative (NWI) study has identified less examined program elements influencing wraparound implementation. This symposium presents program evaluation, adjustments, and initial results in addressing these critical, less examined elements in Houston’s systems of care grant, (Systems
of Hope) including: theory of change (team composition, structure, assessments and interventions), theory base, and administrative structures and practice including caseload and integration of model-pertinent documentation in revised coaching.

Three papers provide summaries and examples from participatory evaluation, through participatory development of program revisions, to participatory evaluation of initial results from revised wraparound implementation. These revisions were systematically designed to support model fidelity and efficiency in achieving child and family outcomes. These revisions also altered an organization culture that had previously been both bureaucratic and relational as manifest in the nature and focus of supervision at all program levels.

The National Implementation Research Network suggests that implementation is a two to four year process. When this symposium is presented, Systems of Hope’s revised wraparound implementation will be one year into this process. Their sincere efforts and initial results offer a valuable, in-depth qualitative examination of key elements of wraparound implementation that have been less examined in the literature. Lessons shared may help other programs and researchers better appreciate and address the complexity of organizational change necessary to support fidelity, efficiency, and effectiveness of wraparound implementation, as well as their direct influence on work with families in community and school settings.

Participatory Evaluation of Wraparound Implementation

Rosalyn M. Bertram, PhD, University of Missouri-Kansas City, Kansas City, MO; Pam Schaffer, PhD, Eilleene Chappelle, RN, Systems of Hope, Houston, TX

A National Wraparound Initiative (NWI) study identified less examined program elements influencing wraparound implementation. Paper one presents a participatory program evaluation of these critical, less examined elements in Houston’s systems of care grant, including: theory of change (team composition, structure, assessments and interventions), as well as administrative structures and practice including caseload, documentation, and supervision.

Systematic Theory-Based Revision of Wraparound Implementation

Rosalyn M. Bertram, PhD, University of Missouri-Kansas City, Kansas City, MO; Lareatha Clay, MBA, Pam Schaffer, PhD, Systems of Hope, Houston, TX

Paper two presents program adjustments derived from participatory evaluation of Systems of Hope wraparound implementation. Staff responsibilities were clarified. Caseloads were reduced. Staff assignments and coaching were reorganized. Two theory bases were introduced in a three-day intensive training with accompanying revisions in documentation to improve team composition, structure, assessments and interventions. Revisions designed to increase staff support and accountability to improve fidelity and efficiency in achieving family outcomes are presented.

Wraparound Implementation Revision: Initial Results

Pam Schaffer, PhD, Eilleene Chappelle, RN, Lareatha Clay, MBA, Systems of Hope, Houston, TX

Systems of Hope explored and adapted revisions to wraparound implementation from July 2009 through March 2010. Systematic, theory-based revisions were initiated in April 2010. Program outcomes from initial implementation took over three months to emerge requiring adjustments to supervisor and administrator consultation. By September 2010, the evaluation team formally reviewed patterns of implementation that had emerged since April. Paper 3 presents the identified program improvements as well as implementation patterns demanding further attention.

Session 57

3:45 – 4:15 pm
Regency VII » 30 Minute Paper
Measurement of Education Outcomes over Time in the Children’s Mental Health Initiative

Tefsay Gebresellassie, PhD, Robert Stephens, PhD, ICF Macro, Atlanta, GA; Jeffrey Anderson, PhD, Indiana University, Bloomington, IN

The current study used data from the longitudinal outcome study of the national evaluation of the Children’s Mental Health Initiative (CMHI) to examine the extent to which educational outcomes varied among youth served in funded systems of care communities and the kinds of characteristics that predict variation in educational outcomes over time. Findings suggest that positive change in educational outcomes were associated with ethnicity, referral source, and changes in clinical functioning.

4:15 – 5:15 pm
Regency VII » 60 minute Symposium
States, Providers, and Purveyors: Collaborating to Improve a Statewide Children’s Mental Health System

Chair: Robert Franks, PhD, Child Health and Development Institute, Farmington, CT

Collaborations between state agencies, service providers, and intermediary organizations (pervenors) are increasingly being recognized as a powerful vehicle for systems change in children’s mental health. This symposium will bring together a panel of experts from the Connecticut Department of Children and Families and the Child Health and Development Institute to review the outcomes of three projects that have significantly contributed to the quality of children’s mental health services statewide: Emergency Mobile Psychiatric Services, Trauma-Focused Cognitive Behavioral Therapy, and Wraparound. This symposium will end with a discussion of implications and lessons learned from these system improvement initiatives and a discussion with attendees about their similar efforts.
“Going Mobile:” Year One Performance Measurement Findings of Emergency Mobile Psychiatric Services

Jeffrey Vanderploeg, Child Health and Development Institute, Farmington, CT; Joann Mawasha, Yale University School of Medicine, New Haven, CT

Connecticut’s Emergency Mobile Psychiatric Services (EMPS) provides crisis stabilization, referral, and linkage services by deploying teams of trained clinicians to homes, schools, emergency departments, and other community locations. The EMPS Performance Improvement Center (PIC) directs performance measurement and quality improvement activities that promote effective service delivery among all providers. This presentation will review the PIC’s contributions to significant practice improvements on such indicators as service volume, mobility rates, response times, and clinical outcomes.

Statewide Dissemination of Trauma-Focused CBT Using Learning Collaboratives

Robert Franks, PhD, Child Health and Development Institute, Farmington, CT

Connecticut was among the first states to use Learning Collaboratives in the dissemination of TF-CBT to 16 community mental health agencies statewide from 2007-2010. Data and outcomes from over 200 clinicians and 1,000 children will be presented, and discussion of qualitative and quantitative factors related to successful implementation will be discussed. Local Learning Collaborative adaptations will be discussed, including family involvement, a TF-CBT Fellowship program, and an annual conference to support sustainability.

Wraparound and the System of Care: Lessons Learned from Dissemination in Urban and Non-Urban Communities

Jeana Bracey, PhD, Yale University School of Medicine, New Haven, CT; Tim Marshall, MSW, Connecticut Department of Children and Families, Hartford, CT

The Connecticut Wraparound Initiative, a SAMHSA-funded Mental Health Transformation – State Incentive Grant (MHT-SIG) demonstration project, was implemented in two communities in Connecticut over two years. The project involved intensive strategic planning, training, coaching, quality assurance, leadership development, parent engagement, youth coordination, and sustainability planning activities. This paper presentation will present findings on the fidelity of Wraparound implementation and its impacts on enhancing the system of care to meet the needs of children and families.

Session 58

3:45 – 4:15 pm

Esplanade 1 » 30 Minute Paper

Continuous Quality Improvement with Transition Programs: Illustration of CQI Data Impact on Programs

Hewitt B. (Rusty) Clark, PhD, University of South Florida, Tampa, FL; Karyn Dresser, PhD, Stars Behavioral Health Group, Oakland, CA; Peter Zucker, PhD, Stars Behavioral Health Group, Long Beach, CA

Programs that engage in continuous quality improvement (CQI) with TAYYA participating can boost focus, morale, and positive results. Audience participants will see examples of CQI processes, tools, and data focused specifically on transition programs and be able to reflect on features of CQI that produce gains. A sampling of recent quality improvement (QI) projects is presented across five distinct TAYYA programs. Two programs’ recent cycles with QI projects and results are presented in depth.

4:15 – 4:45 pm

Esplanade 1 » 30 Minute Paper

RENEW in New Hampshire and North Carolina: Advancements in a Promising Model for Improving Transition Outcomes and Leadership of Youth

Mason Haber, PhD, Emma Burgin, BA, University of North Carolina at Charlotte, Charlotte, NC; JoAnne Malloy, MSW, University of New Hampshire, Concord, NH; Gail Cormier, BA, North Carolina Families United at the Center for Youth, Family, and Community Partnerships, Greensboro, NC

RENEW is one of the few models that have been developed for coordinating services and supports for transition to adulthood of youth with mental health issues. This paper details advancements in implementation and evaluation of RENEW, developed through recent work at six sites in two states, including collection of pilot data for instruments for assessing fidelity of implementation, and new data on outcomes of the model.

4:45 – 5:15 pm

Esplanade 1 » 30 Minute Paper

Co-Parenting: Toward an Inclusive National Model for Supporting Infants and Young Children

James McHale, PhD, University of South Florida St. Petersburg, St. Petersburg, FL

This paper updates plenary addresses delivered to Zero To Three and to World Association for Infant Mental Health audiences. It advocates a new inclusive national coparenting paradigm for supporting families of infants and young children, if our aim is to maximize environments that provide a healthy start for
all infants and toddlers. Relevant research on co-parenting and child development in diverse family systems is summarized and a beginning blueprint for such an initiative proposed.

Session 59
3:45 – 4:45 pm
Esplanade 2 » 90 Minute Discussion
The Over-Reliance of Acute Psychiatric Hospitals to Treat Foster Children’s Mental Health Needs
Leslie Winston, MSW, The Legal Aid Society, New York, NY
The focus of this discussion will be on foster children who are hospitalized in acute care psychiatric hospitals. Discussion will be encouraged around the topic of foster children inappropriately psychiatrically hospitalized, psychiatrically hospitalized for too long and the inability of child welfare agencies to find appropriate least restrictive placements. Participants will also reflect on these questions: What are some of the reasons for the over-reliance on acute psychiatric hospitalization of foster children? What are some of the results of this over-reliance? What are some strategies to address this problem? What are some of the challenges of implementing these strategies?

Session 60
3:45 – 4:15 pm
Esplanade 3 » 30 Minute Paper
Predictors of Parenting and Infant Outcomes for Impoverished Adolescent Parents
Melissa Whitson, PhD, University of New Haven, West Haven, CT; Joy Kaufman, PhD, Yale University, New Haven, CT
For a sample of 172 pregnant/parenting adolescents, the present study examined the impact of risk and protective factors (age, maternal depression, and social support) during pregnancy on parenting outcomes (parenting stress, child abuse potential), mother’s school achievement, and the infant’s development at 6 months post partum. Results suggest that maternal depression and social support during pregnancy are significantly related to parenting and infant outcomes. In light of the findings, appropriate targets of prevention and intervention programs are discussed.

4:15 – 5:15 pm
Esplanade 3 » 60 Minute Discussion Hour
The Role of the Education System in Supporting Recovery for Youth with Substance Use/Co-Occurring Mental Health Disorders
Doreen Cavanaugh, PhD, Georgetown University, Washington, DC
In 2010 the Office of National Drug Control Policy, the Department of Education and the Substance Abuse and Mental Health Services Administration sponsored meetings exploring the education system’s role in supporting youth in recovery from substance use/co-occurring disorders and their families. Dr. Cavanaugh, co-facilitator of both the secondary school and higher education meetings will present the findings from those meetings and use the material as a catalyst for engaging conference participants in furthering the discussion.

Session 61
3:45 – 4:15 pm
Buccaneer B » 30 Minute Paper
A Transactional Model of Poverty and Clinical Symptoms in Children and Adolescents: Is Poverty a Moderator?
Russell Carleton, PhD, Phyllis Gyamfi, PhD, ICF Macro, Atlanta, GA
Research has shown that poverty may interact with stress to lead to psychological symptoms in children and adolescents. This study investigated these links further using a transactional model. In a clinical sample drawn from the National Evaluation of the Children’s Mental Health Initiative, poverty was associated with slower treatment progress for externalizing symptoms. Reciprocal effects in which stress and symptoms augmented each other were also found. Implications for the systems of care model are discussed.

4:15 – 5:15 pm
Buccaneer B » 60 Minute Discussion Hour
Current Issues in School Mental Health: Where Do We Go From Here?
Eliot Goldman, PhD, Turnaround for Children, Inc., New York, NY; Robert Lucio, PhD, University of South Florida, Tampa, FL; Ken Gaughan, EdD, Hillsborough County School District, Tampa, FL
The proposed discussion hour will foster a free ranging review of innovative practices and interventions to promote school mental health including intervention best practices, implementation issues and current research. These include efforts to enhance capacity to identify students at-risk for emotional and behavioral difficulties, implementation and adaptation of evidence based interventions, administrative structures to organize a response to students’ emotional and behavioral needs and strategies for effective linkage with community mental health resources.
Session 62

3:45 – 4:15 pm
Buccaneer C » 30 Minute Paper

Building a Consumer Base for TF-CBT in a State System of Care

Ilana Berman, BA (ABT), University of Delaware, Newark, DE

This paper explores steps taken to build consumer demand for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in Delaware’s public service system for children. These steps were taken in tandem with a study of TF-CBT’s effectiveness as a state-contracted service. Outreach efforts were mostly targeted at clinicians from the state’s crisis network and caseworkers from the state’s divisions of child welfare and youth rehabilitation. In addition, strategies were implemented to engage families and maintain them in treatment.

4:15 – 4:45 pm
Buccaneer C » 30 Minute Paper

Delaware’s TF-CBT Effectiveness Study

Charles Webb, PhD, Delaware’s Children’s Department, Wilmington, DE

Multiple studies find that Trauma Focused–Cognitive Behavioral Therapy (TF-CBT) is more efficacious than non-directive and other supportive interventions for child Posttraumatic Stress Disorder (PTSD), but the intervention’s effectiveness in community implementation trials is not established. Since August 2007, Delaware’s Division of Prevention and Behavioral Health Services has studied TF-CBT’s effect on children in its public mental health system. This paper reports on 72 cases that completed some outpatient treatment and one year of follow-up.

4:45 – 5:15 pm
Buccaneer C » 30 Minute Paper

How Families Make Meaning of Child Mental Health Problems: Toward Understanding Caregiver Strain and Caregiver Help-Seeking

Lindsay Satterwhite Mayberry, MS, Craig Anne Heflinger, PhD, Vanderbilt University, Nashville, TN

We present results from a qualitative study of 22 interviews with caregivers of children with severe emotional disturbances. Through a family stress lens, we explored the conceptualizations caregivers had about their children’s mental health problems. Two distinct understandings emerged, each with different patterns of caregiver strain and caregiver help-seeking behaviors. These conclusions can shape how we view caregivers’ beliefs about mental health and aid in understanding caregivers’ support seeking strategies without pathologizing the caregiver.

Session 63

3:45 – 4:15 pm
City Center » 30 Minute Paper

Do Relationships Matter? The Role of Social Capital during Emerging Adulthood

Lynn Gonsalves, PhD, Policy Edge, Newton, MA

Many have argued that relationships are a soft science whose value can not be measured quantitatively. This presentation debunks this myth by applying data from the National Study of Adolescent Health to create first order and second order theoretical bridging (external relationships) and bonding (familial) social capital scales. These scales are then used to study the effects of social/relational capital on alcohol use, depressive symptoms and perceived health during adolescence and emerging adulthood.

4:15 – 4:45 pm
City Center » 30 Minute Paper

Social Capital as a Critical but Neglected Factor in Research, Practice, and Policy

David Leake, PhD, University of Hawaii at Manoa, Honolulu, HI

Social capital refers to the resources that emerge from social relationships, such as emotional support or referrals for employment. Social capital is a prerequisite for self-determination and empowerment, but is lacking for many youth and families served by systems of care. However, social capital is seldom a focus of system of care practice or policy. Greater attention to social capital could help youth and families develop stronger social support networks and experience improved outcomes.

4:45 – 5:15 pm
City Center » 30 Minute Paper

Family Intervention for Depressed Parents and their Adolescent Children: Preliminary Randomized Evaluation of the Project Hope Prevention Program

W. Alex Mason, PhD, Boys Town, Boys Town, NE; Kevin Haggerty, MSW, Andrew Fleming, PhD, University of Washington, Seattle, WA

Adolescent depression and substance use often co-occur. Co-occurrence is difficult to treat; thus, prevention programs are needed. This study pilot tests Project Hope, a program for depressed parents of adolescents to improve parenting and family interactions and prevent youth depression and substance use. Thirty families were randomly assigned to either Project Hope (n=16) or wait-list control (n=14) conditions. Project Hope had hypothesized effects on the family depression experience, family interactions, parenting, and youth refusal skills.
1. **Developing a Research Informed Mental Health Strategic Plan for a Large Public School Board**

Barrie Evans, PhD, Melanie Ferdinand, MSW, Jeanette Johnston, MEd, Michelle Gilpin, PhD, Thames Valley District School Board, London, Ontario, Canada

An overall vision and common philosophy for school based mental health has been developed in a 5 year strategic plan. It draws from work done by Dr. Krista Kutash and associates and the Provincial Centre of Excellence in Child and Youth Mental Health as well as other recent publications. Empirical data collected for the plan included: mapping current programs and services; survey of teacher capacity and mental health literacy; and a qualitative analysis of 20-30 focus group sessions.

2. **Collaborative Helping: A Framework for Supportive Service Within a Harm Reduction Philosophy**

Kevin Gillespie, MHSA, Integrated Services of Appalachian Ohio, Athens, OH

An Alternative Response is planned at the invitation of six Ohio counties. Integrated Services of Appalachian Ohio is developing a principled approach called Collaborative Helping, along with Dr. William Madsen and Dr. Andrew Tatarsky. Collaborative Helping offers a more supportive stance with county referred families. Since substance use problems are common and often intermingled with mental illness, a Harm Reduction philosophy helps to provide relevant supports for life change at all levels of motivation.

3. **Preliminary Results and Challenges on the Implementation of an Evidence-based Group Intervention (Triple P- Positive Parenting Program) in a Head Start Community Setting**

Nancy Calderón, Kya Fawley-King, PhD, UCSD/Child & Adolescent Services Research Center, San Diego, CA

The purpose of the present study was to examine the relation between parenting styles and child emotional/behavior problems in low income, predominantly Latino families participating in Head Start and completing the group component of the Triple P- Positive Parenting Program. Preliminary results indicate that over-reactive parenting is related to maladaptive emotional and behavior problems children.

4. **Navigating the Transition to Adulthood: Self-assessment of Service Provider Competencies**

Eileen Brennan, PhD, Portland State University, Portland, OR

Working with a community of practice including young people with mental health difficulties, family members, researchers, and service providers, we developed a set of competencies, and a curriculum designed to prepare providers to deliver services to young people with mental health difficulties. A self-assessment of competencies was developed and tested as an evaluation tool for transition preparation. Results are discussed in light of the training needs of service providers working across complex systems.

5. **Comparison of Local and National System of Care Outcomes**

Mary Spooner, PhD, Northwestern University, Chicago, IL

Systems of care philosophy advocate, among other things, the use of evidence-based practices and outcomes driven continuous quality improvement process. This poster provides an overview of the evidence-based practices and continuous quality improvement process used in achieving outcomes for youth with serious emotional disorders. It compares the outcomes of a Northwestern Illinois system of care with the outcomes of the Phase V cohort using data from the inception of services up until August 10, 2010.

6. **Increasing the Effectiveness of Mental Health Services: A Compatibility Approach for Reducing Disparities**

Robert Lucio, PhD, Debra Mowery, PhD, Mario Hernandez, PhD, University of South Florida, Tampa, FL

A conceptual model of organizational cultural competence for use in mental health services resulted from a comprehensive review of the research literature. The model identified factors associated with cultural competence in mental health services (community context, cultural characteristics of local populations, organizational infrastructure, and direct service support) and redefined cultural competence as the degree of compatibility among these factors. Strategies identified as contributing to organizational cultural competence are the basis for a planning guide.

7. **Follow the (Lack of) Money: Challenges Facing Youth and Young Adults in Transition**

Evelyn Frankford, MSW, Frankford Consulting, Brookline, MA

This policy brief outlines observations based on field research carried out with four focus groups of young adults with mental health challenges who are transitioning to adulthood. In response to questions about their school experiences, young adults described not only a lack of supportive interventions to help them succeed in school, but constant financial difficulties and lack of funds for basic necessities, in spite of many federal and state policies that support a community-based system. Policy and service implications result directly from youth voice.
8. **Governance Structures for Systems of Care**  
Sharon Hodges, PhD, Kathleen Ferreira, PhD, Debra Mowery, PhD, University of South Florida, Tampa, FL  
This poster will describe models of interagency governance used by systems of care funded in Phase IV of CMHI. A qualitative analysis of secondary data, including community funding proposals and data collected as part of the CMHI National Evaluation’s System of Care Assessment, was used to identify primary models of interagency governance. Key characteristics of these models will be presented including membership, roles and responsibilities, decision-making authority, and fiscal organization.

9. **The Road to Collaboration Between Primary Care Providers and Child Psychiatrists: A Needs Assessment**  
Marcia DeValk, MS, Amherst H. Wilder Foundation, St. Paul, MN; Lindsay Anderson, MS, College of Saint Benedict/Saint John’s University, Saint Joseph, MN  
Barriers impeding children’s access to mental health services are well documented. A Needs Assessment was conducted to identify barriers experienced by Primary Care Providers (PCPs) referring children for child psychiatric services and to investigate the interest of PCPs in developing collaborative relationships to reduce these barriers. Findings identified specific barriers and supported the need to address issues of access, communication and collaboration between PCPs and child/adolescent psychiatrists. Discussion of initial implementation of recommendations will be provided.

10. **Building a Comprehensive School Mental Health Program: Integrating PBIS and the Public Health Model**  
John Balles, PhD, Sylvia Cohen, PhD, Kathleen Rahn, MA, Scottsdale Unified School District, Scottsdale, AZ  
This presentation will present one school district’s ongoing program implementing a comprehensive Mental Health System for all K-12 students. This program includes the overarching philosophy of a three tiered interventions system, a public health model, and linkages with community providers. System level strategies for training all district staff in this model will be presented as will attempts to establish partnerships with community providers in an effort to identify and increase services available for children.

11. **The Logic Model, Dashboard, and Resources of the National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families in Systems of Care**  
Jeffrey Poirier, MA, American Institutes for Research, Washington, DC  
This presentation will share the national workgroup logic model, grounded in findings from the research literature, best practices, and program efforts. It includes the workgroup’s vision, challenges and underlying principles, strategies for its efforts, and anticipated goals and outcomes. We will include a dashboard and other resources that communities can apply and research-based strategies that communities are implementing to enhance the cultural and linguistic competence of supports for youth who are LGBTQI2-S and their families.

12. **Planting Seeds of Change in Alaska – Development of a Social Enterprise Model Serving Transition-Age Youth and Young Adults**  
Michael Sobocinski, PhD, University of Alaska Anchorage, Anchorage, AK  
Alaska Seeds of Change is a community-university collaboration that will employ transition-age youth in a social enterprise business. Youth will participate in all aspects of a greenhouse operation, and acquire the skills needed for competitive employment. The program will integrate elements of The Food Project of Boston, with the Transition to Independence Process (TIP) Model. The adoption of a social enterprise model is seen as furthering both the programmatic and financial viability of the effort.

13. **Structural and Programmatic Barriers and Facilitators to Integration of Mental Health Services in Schools**  
O. Tom Massey, PhD, Donna Burton, EdM, University of South Florida, Tampa, FL  
This presentation will explore structural and programmatic barriers to integration of mental health services in schools. A brief overview on translational research and outcomes from a survey of school services staff on implementing, integrating and sustaining mental health services will be provided. The majority of the hour will be for participants to discuss barriers and opportunities for implementation of mental health services in schools and integration and sustainability of EBPs in schools.

14. **Use of the Behavioral Complexity Scale as a Clinical-Decision Making Tool for Externalizing Disorders**  
Jessica Mazza, MSPH, University of Illinois at Chicago, Chicago, IL  
The purpose of this presentation is: (1) to present results of a psychometric validation study of the Behavioral Complexity Scale, (2) to highlight comorbidity rates of ADHD and CD in a sample of 7,435 individuals entering substance abuse treatment, and (3) to propose the scale as an instrument for clinical decision-making. The scale was psychometrically valid, and comorbidity of disorders was high. Results suggested a dimensional measure could be used as an alternative to categorical diagnoses.
15. **What Predicts Wraparound Fidelity?**

*In-Depth Analysis of the National WFI-4 Dataset*

April Sather, MPH, Eric J. Bruns, PhD, *University of Washington, Seattle, WA*

The Wraparound Fidelity Index, Version 4 is a tool designed to measure adherence to the principles and specific activities of wraparound, gathered through interviews with facilitators, caregivers, youth, and team members. This poster will present findings from data analysis of the national WFI-4 database, evaluating what factors are associated with fidelity, including variables such as team membership, length of enrollment, custody status, Family Partner involvement, interview duration, and type of interviewer.

16. **Part Two: Strategizing with youth using a practical theory of change process**

Leslie-Ann Pagan, MBA, *University of South Florida, Tampa, FL; Brianne Masselli, BS, Thrive System of Care, Lewiston, ME; Michael Cox, MA, CPC-Rural Children’s Initiative, Plainview, TX*

This poster presentation illustrates how creating a youth guided theory of change with youth alongside evaluators can improve and ease planning and implementation of youth-guided principles to support youth development, leverage funds, and sustain youth voice and programming. Examples of how systems of care coordinators of youth experiencing behavioral health issues can implement strategic, action-focused activities to develop youth voice in their community, and engage youth to support and impact system transformation.

17. **Staff Uptake of Evidence-Based Practice across Multiple EBPs within a Community Setting**

Lindsay Muir, Honours BA, Sandra Cunning, PhD, *Kinark Child and Family Services, Markham, Canada*

To improve the efficacy and efficiency of clinical services, Kinark Child and Family Services has implemented an agency-wide change process. A key development of this process has been the development of the Staff Experience Questionnaire, assessing key aspects of EBP adoption. Questionnaire data is now being used to improve implementation of EBP’s across the agency, as well as inform implementation teams of EBP uptake.


Sharon Stephan, PhD, *University of Maryland, Baltimore, MD; Ann Deschamps, EdD, TransCen Inc., Rockville, MD; Diana Pucino, National Alliance for the Mentally Ill, Frederick, MD*

This poster will illustrate Maryland’s efforts to address critical strategies for advancing supports and services to transition age youth and young adults. Specifically, the following priority areas will be reviewed: securing paid employment before graduation; enhancing youth leadership in managing their care, planning for their future, and engaging and educating families as youth transition to independence; and improving and aligning policies in child and adult systems of care to support transition youth.


Kay Hodges, PhD, *Eastern Michigan University, Ann Arbor, MI; Lisa Martin, PhD, University of Michigan, Ann Arbor, MI*

This poster describes how the Wayne County (Detroit) juvenile justice system, in partnership with mental health, identifies the needs of its youth, while still carrying out their judicial responsibilities. The successful collaboration among judges, prosecutors, providers, correctional staff, and mental health providers lead to the creation of a diversion program that prevents the youth’s penetration into the judicial system. In addition, adherence to performance measurement contributes to accountability and sustainability and demonstrates meaningful results.

20. **Emotional Intelligence in the Classroom: Skill Based Training for Empowering Teachers & Students**

Mansoureh Karimzadeh, PhD, *Islamic Azad University, Tehran, Iran*

This research is experimental design which comprises two programs [social-emotional skills training for the teachers (18 female teachers and 16 male teachers), and social-emotional skills training for their primary students (513 female and 525 male)] in order to enhance social-emotional skills in the students of which was integrated into their existing weekly curricula by their teachers. The results indicated significant effect in increasing social emotional skills in the teachers and their students, also a significant correlation between the emotional intelligence and academic achievement.
21. Implementation and Communication: Evidence-Based Treatments within Systems of Care
Kurt Moore, PhD, Walter R. McDonald and Associates, Inc., Denver, Co; Rashelle Lee, MA, Walter R. McDonald and Associates, Inc., Rockville, MD
In recent years, factors affecting the effective implementation of evidence-based treatments (EBTs) have been the basis for much discussion and research. This presentation shares findings from two substudies of the Evidence-Based Practice Study of the Children's Mental Health Initiative national evaluation. One addresses research questions related to system, provider, and consumer-level perceptions about the implementation of EBTs; the other addresses caregivers' experiences with service providers’ explanations about the research base addressing their child's treatment.

22. The Youth Guides: Tools for Empowering Youth
Mary Grealish, MEd, Community Partners, Inc., Pittsburgh, PA
This presentation, for youth, young adults, and the people who work with them, will feature discussion about the content of the Youth Guide to Wraparound (published by SAMHSA), the draft Youth Guide to Treatment Planning (in press) and the other volumes in the Youth guide series. Participants' input and feedback will be gathered and considered for inclusion in the Youth Guides to increase their relevance and utility for interested young people.

23. SWAT Youth Council “Theory of Change Logic Model”
Jerard Johnson, BA, Annette Powell, Monroe County ACCESS, Rochester, NY
Monroe County ACCESS is a funded system of care community in Rochester, NY. A youth council, Spreading Wellness Around Town (SWAT) was developed to ensure youth voice was cultivated and promulgated throughout the system of care. As a part of SWAT’s ongoing evolution, the Council decided that they needed to have a clearly articulated intent behind their activities, as well as a formal mechanism to organize and prioritize their various actions. This poster will articulate the resulting Theory of Change Logic Model.

24. Factors Associated with Continuity of Antidepressant Treatment Among Medicaid Covered Youth
Hilary Drew, MSW, Cynthia Fontanella, PhD, Ohio State University, Columbus, OH
Continuity of care is a critical indicator of quality of care and key to effective antidepressant medication management in children and adolescents. Using population based Medicaid data this study seeks to identify demographic, clinical, and contextual factors associated with adequate follow-up care for depressed youth. The results suggest that adolescents, disabled children, and youths living in rural areas are at higher risk for poor continuity of care. Implications for clinical practice and policy are discussed.
Wednesday, March 23 Events

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<tr>
<td>6:30 am</td>
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Join us for Zumba
City Center
6:30 - 7:30 am
Start the morning right with an hour of Zumba in the City Center room.

Wednesday Plenary
9:00 – 11:15 am » Regency Ballroom

Research on Transition-Age Youth and Emerging Adults: What’s In It for Me?

Jeffrey Arnett, PhD, Clark University, Worcester, MA; Nancy Koroloff, PhD, Janet Walker, PhD, Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, OR; Maryann Davis, PhD, Jennifer Whitney, Transitions Research and Training Center, UMass Medical School, Worcester, MA

The transition to adulthood encompasses the period when movement into adult roles and responsibilities accelerates. Typically, this transition begins in mid-adolescence, when young people begin to assert their independence and explore their identity, particularly in the areas of love and work. Transition continues until identity stabilizes and the young person makes commitments to adult roles and responsibilities. During the last half century, this transition period has changed radically, with young people taking far longer to reach the developmental milestones associated with adulthood. This plenary begins with a presentation by Dr. Jeffery Arnett, who has won national recognition for coining the term “emerging adulthood” to describe the stage of life that begins in late adolescence and continues up to about age thirty. Dr. Arnett will draw on research findings to show how this is an exceptionally full and intense period of life, but also an exceptionally unstable and challenging one. The plenary then turns its focus on transition for adolescents and emerging adults with serious mental health conditions (SMHC). Dr. Nancy Koroloff will moderate a panel with Janet Walker, PhD and Maryann Davis, PhD, who represent two federally funded national research centers focusing on young people in transition, and two emerging adults.

For adolescents and young adults with serious mental health conditions, the challenges of transition are often particularly pronounced. As they move from minor to adult status, their system involvement can shift from special education, child welfare, juvenile justice, child mental health and developmental disabilities to vocational rehabilitation, addictions, homeless/housing, adult mental health, and criminal justice. It is crucial for the voices of young people to shape the services and our research in this area. How well are the services and supports we offer during the transition years preparing them for success as they assume new roles and relationships? What are barriers to, and facilitators of, offering these supports? The presenters address these questions, using their lived experience, and available research to describe the characteristics of programs and interventions that are—or are likely to be—effective in meeting their needs as adolescents and emerging adults, and the system characteristics that support provision of these programs. If your work or life involves adolescents or adults with SMHC, this plenary will provide a solid grounding in the cutting edge research in this field.

11:15 – 11:30 am » Regency Ballroom

Closing Remarks

Mario Hernandez, PhD, Professor and Chair, Department of Child & Family Studies, University of South Florida, Tampa, FL

11:30 am » Conference Adjourns
Kids Oneida, Inc. is an innovative not for profit organization that provides individualized home and community based wraparound services to the most at risk youth with social, emotional, and behavioral challenges in Upstate New York. Kids Oneida strives to inspire hope in the children and families served by empowering them to face life’s obstacles and keep their families together.

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Save the Date: Monday, April 25
Community Applications of Behavior Analysis
This event is hosted each Spring for students to share their different applications of Behavior Analysis in our community. Visit our website for more information.

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- Master of Science in Public Health (MSPH) Concentration in Behavioral Health
- Masters of Social Work/Masters of Public Health Dual-Degree Program (MSW/MPH) Behavioral Health Concentration
- Doctor of Public Health (DrPH) Concentration in Behavioral Health
- Doctor of Philosophy (PhD) Concentration in Behavioral Health

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