



Welcome

Welcome to Tampa and the 23rd Annual Children's Mental Health

Research & Policy Conference! We are thrilled to have you with us and hope your time here will both inform and inspire you.

For over two decades, the Research and Training Center (RTC) for Children's Mental Health has hosted a research conference in Tampa to share research and evaluation findings about what works and how "things" work in child-serving systems throughout the nation. This year's conference will be hosted by the University of South Florida Department of Child & Family Studies (CFS) and represents an exciting step forward to sustaining the RTC quest to provide a national forum for constructive dialogue about key innovations in the field of children's mental health research and policy.

When we began our Center efforts in 1984, little did we expect that the system of care concept would now be used in every state in the country, that there would be a large federal grant program supporting systems of care, and that attitudes, values, and practices would have changed so dramatically. Significant accomplishments occurred in the field during the Center's 25 years and five funding cycles, and although the Center's funding cycle is complete, the staff of the Department of Child & Family Studies (CFS), in which the RTC resides, remains committed to broadening the knowledge base for improving child-serving systems through research-informed policies and practices. We believe that in partnership with our collaborators we have helped change the children's mental health field in important ways that will benefit many children and families for years to come. As part of our plenary presentations, we will take a look back to celebrate accomplishments and examine challenges that have occurred over the past 25 years. Special sessions focused on the 25th anniversary are highlighted throughout the agenda. We will also look ahead and discuss next steps in addressing the needs of youth with mental health challenges and their families. We are very excited about our Monday session on how to develop, sustain and evaluate community coalitions from one of the most experienced and informed individuals in the country on community engagement and ongoing participation.

We look forward to the engaged and spirited discussions that typically characterize this conference. By promoting new ideas informed by research, families, youth and communities, the 23rd Annual Children's Mental Health Research and Policy Conference aims to enhance the effectiveness of services, systems and policies for children and youth with mental health challenges and their families.

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THE 23RD ANNUAL Children's Mental Health Research & Policy Conference

OVERVIEW

Sunday, March 7, 2010	
6:30 – 7:30 AM	Yoga Stretch
8:30 AM	Registration Opens
8:30 AM	Networking Breakfast
9:30 AM – 12:30 PM	Intensive Workshops #1, 2, 3
12:30 – 2:00 PM	Lunch on Your Own
2:00 – 5:00 PM	Intensive Workshops #4, 5
6:00 – 7:30 PM	Poster Session <i>Sponsored by RTI</i>
Monday, March 8, 2010	
6:30 – 7:30 AM	Yoga Stretch
7:30 AM	Registration Opens
7:30 AM	Networking Breakfast <i>Sponsored by Magellan</i>
8:30 – 10:00 AM	Opening Plenary: Frances Dunn Butterfoss
10:15 – 11:45 AM	Concurrent Sessions
11:45 AM – 1:00 PM	Lunch on Your Own
1:00 – 2:30 PM	Concurrent Sessions
2:30 – 2:45 PM	Networking Break <i>Sponsored by RTI</i>
2:45 – 4:15 PM	Concurrent Sessions
4:15 – 4:30 PM	Networking Break
4:30 – 5:30 PM	Concurrent Sessions
Tuesday, March 9, 2010	
6:30 – 7:30 AM	Yoga Stretch
7:30 AM	Registration Opens
7:30 AM	Networking Breakfast <i>Sponsored by Magellan</i>
8:30 – 10:30 AM	Plenary <i>Sponsored by ICF Macro</i>
10:45 AM – 12:15 PM	Concurrent Sessions
12:15 – 1:30 PM	Research Luncheon
1:30 – 3:00 PM	Concurrent Sessions
3:00 – 3:15 PM	Networking Break <i>Sponsored by ICF Macro</i>
3:15 – 4:15 PM	Concurrent Sessions
4:15 – 4:30 PM	Networking Break
4:30 – 5:30 PM	Concurrent Sessions
6:00 – 7:30 PM	Poster Session
Wednesday, March 10, 2010	
6:30 – 7:30 AM	Yoga Stretch
8:00 AM	Networking Breakfast
9:00 – 9:45 AM	Plenary: Gary M. Blau
9:45 – 11:15 AM	Lessons Learned: Brigitte Manteuffel
11:15 – 11:30 AM	Closing Remarks: Mario Hernandez

Sunday, March 7, 2010

Intensive Workshops — 9:30 AM – 12:30 PM		
Title	Presenters	Room
<i>Workshop 1 — Putting the Pieces Together to Sustain Youth Voice</i>	Brianne Masselli, Leslie-Ann Pagan, Raphaelle Richardson	Regency V
<i>Workshop 2 — Using the System of Care Practice Review (SOCPR) as an Evaluation and Fidelity Tool</i>	Keren Vergon, John Mayo	Regency VI
<i>Workshop 3 — Reducing Mental Health Disparities for Children and Youth Who are Lesbian, Gay, Bisexual, Transgendered, Questioning, Intersex, 2-Spirit (LGBTQI2-S) and Their Families: Research Findings and Best Practices</i>	Kathy Lazear, Sylvia Kay Fisher, Jeffrey M. Poirier	Regency VII
Lunch on your own 12:30 - 2:00 PM		
Take a break to explore local restaurants, network, or just relax.		
Intensive Workshops — 2:00 – 5:00 PM		
<i>Workshop 4 — De-Identifying Data Sets Using SPSS and R Statistical Applications</i>	Matthew Lambert	Regency V
<i>Workshop 5 — Using the Building Bridges Toolkit: Data Driven Practices for Integrated Community and Residential Systems</i>	Robert E. Lieberman, Richard H. Dougherty	Regency VI

Be sure to check out the exhibit tables located throughout the conference gallery areas.

Poster Presentations & Networking — 6:00 – 7:30 PM — Regency Ballroom
Sponsored by RTI

	Title	Presenters
1	Residential Treatment Outcomes with Maltreated Children Who Experience Serious Mental Health Disorders	Stewart, Leschied, Currie
2	Development and Evaluation of a Training Intervention to Improve Joint Work between Child Mental Health and Education Services in the UK	Vostanis
3	Believe in All Your Possibilities: A Community-Based Participatory Approach to Substance Use	Alfonso, McDermott, Reynolds
4	Indications of Intensified Stigma of Mental Illness among African Americans	Helmuth, Lewis
5	A Systems Approach to a Systemic Problem: Implementing a School-Based Diversion Initiative	Hayling, Vanderploeg
6	Using the Medicaid "Rehabilitation Option" to Treat Children with Autism Spectrum Disorders	Kossor
7	Lessons and Progress Using Standardized Developmental and Social-Emotional Screening in Child Welfare	McCrae
8	Adoption and Implementation of Cognitive Behavioral Intervention for Trauma in Schools: Findings from Interviews with Four NCTSN Centers	Pica
9	Access to Mental Health Services and Family Impact of Rural Children with Emotional Health Problems	Lambert
10	Use of Mental Health Services among Adolescents with Autism Spectrum Disorders	Narendorf, Shattuck
11	Linking Policy and Performance Measures for Transforming Children's Mental Health Services	Callahan, Smith
12	Statewide Reporting of Youths Dealing with Juvenile Justice, Mental Health and/or Substance Abuse	Haynes
13	A Formative Assessment of Partnerships and Collaboration within a Tribal System of Care	Stroupe, Tarazon
14	Developing, Implementing, and Evaluating Training Curricula for Family-Run Organizations	Slaton, Tucker, Brashears
15	Risk Factors in Predicting Recidivism of Juvenile Offenders in Juvenile Detention Diversion Programs	Stevens, Perez, Davis-White
16	Community Circle of Care Interactive Logic Model	Cook
17	Assessing Strengths and Challenges: A Tool for Formative Assessment	Brinkley, Saarnio
18	WE Know Systems of Care are Effective, but What Do Caregivers Think?	Brinkley, Saarnio
19	The Impact of Child and Family Team Composition on Perceptions of Team Functioning	Palamaro Munsell, Strompolis
20	Difficulties and Education Needs of Child Psychiatric Nurses in Japan	Nosaki
21	Social Support Networks among Former System Youth with Psychiatric Difficulties	Kim, Munson, Tracy
22	Comparing Day Treatment and School Based Programming in Children's Mental Health	Kuhn
23	Qualitative Assessment of the System of Care Treatment Effectiveness Study and EBT Implementation	Seagle, Richman, Fruh
24	Organizational and Provider Readiness for Implementing Trauma-Focused Cognitive Behavioral Therapy	Lopez, Ren, Spence
25	"Is My Child Getting Better?"—A Pilot Study of the Use of Outcomes Information in Child Mental Health Treatment	Stein
26	Youth with Serious Mental Health Needs in Guam's Juvenile Justice System	Brandt, Laygo
27	Perceptions of Improved Youth Functioning and Satisfaction with Life Relative to System of Care Effectiveness	Spooner, Lewis, Schroll
28	Predictors of Treatment Outcome in a Child and Adolescent Psychiatry Clinic	Gordon, Antshel, Lewandowski
29	"I really didn't feel like it was made for me"—Participants' Accounts of the Effectiveness of a Faith-Based Residential Treatment Facility	Drumm, Crumley
30	Predictors of Clinical Outcomes in Child Inpatient Hospitalization: A Daily Acuity Rating Approach	Leon, Dunleavy, Lyons
31	Reducing Runaways and Stabilizing Foster Placements for Adolescents: Study Findings and Best Practice Model	Crosland, Clark
32	Innovative Approaches to Research, Evaluation and Performance Measurement in Complex Settings: Research on Organizational and/or System Effectiveness	Cunning, Sheridan
33	Correlates of Pregnancy among Youth Aging Out of Foster Care	Oshima, McMillen

Networking Breakfast 7:30 AM Sponsored by Magellan			
Monday Plenary Session – 8:30 – 10:00 AM			
Gwen Iding Brogden Distinguished Lecture Series: Coalitions and Partnerships: Maximizing Community Potential		Fran Butterfoss	Regency Ballroom
Networking Break 10:00 - 10:15 AM			
Monday Morning Concurrent Sessions — 10:15 – 11:45 AM			
Session	Title	Presenters	RM
SS1	<i>conversation hour</i> : Coalitions and Partnerships: Maximizing Community Potential – Discussion and Book Signing	Fran Butterfoss	Buccaneer Suite A
1	<i>symposium</i> : Cultural Competence: Gains Made, Challenges Ahead	Huang (discussant), Cross (chair)	Buccaneer Suite B
2	<i>symposium</i> : Research and System Change: Making It Real	Bickman, Sexton, Atkins, Stroul (chair), Slaton (discussant)	Regency V
3	<i>symposium</i> : The State of Our National Data Infrastructure for Children's Mental Health	Green, Ringeisen (chair), Goldstrom & Pringle (discussants)	Regency VI
4	<i>symposium</i> : Transition in Three Service Systems: Similarities and Differences	Wagner, Unruh, Geenen, Powers, Koroloff (chair), Heflinger (discussant)	Regency VII
5	<i>paper</i> : Mental Health Service Use Pathways of Former System Youth with Psychiatric Difficulties	Munson, Smalling, Kim	Esplanade I
	<i>paper</i> : Diagnostic and Medication Overload of Older Youth in Treatment Foster Care: Initial Findings of a Psychiatric Nurse Review	Narendorf, McMillen	
	<i>paper</i> : Integrated Co-Occurring Treatment for Adolescents: From Model Development to Implementation	Shepler, Hussey	
6	<i>paper</i> : How Do Medication Use, Prescribing Providers and Treatment Patterns Affect Clinical Outcomes among Children with Mental Health Challenges in System of Care Communities?	Drilea, Brooks, Fisher	Esplanade II
	<i>paper</i> : Trends in Psychoactive Medication Use among Children and Youth with Mental Health Challenges in Systems of Care: 1999-2008	Gebreselassie, Riehman, Fruh	
	<i>paper</i> : Strategies for Using Psychopharmacology Data to Improve Quality of Care in Children's Mental Health: The Maine Experience	Yoe, Freeman, Tweed	
7	<i>symposium</i> : Impact of a Multi-State HCBS Waiver on Children's Functional Status	Graff-Hendrixson, Plotner, Urdapilleta (chair), George, Moran (discussant)	Esplanade III
Lunch on your own — 11:45 – 1:00 PM			
Take a break to explore local restaurants, network, or just relax. Box lunches will be available for purchase.			
Monday Afternoon Concurrent Sessions — 1:00 – 2:30 PM			
Session	Title	Presenters	RM
8	<i>symposium</i> : Researchers, Evaluators and Practitioners: Using Data to Develop and Strengthen Systems of Care	Manteuffel, Bruns, Pullmann, Rotto, Effland, Friedman (chair)	Buccaneer Suite B
9	<i>symposium</i> : Advocacy on Behalf of Children and Families Needing Mental Health Care	Kloker Young (chair), Behar, Dendy, Rodriguez	Regency V
10	<i>paper</i> : Using Evaluation for Program Improvement: The Joys and Trials of Creating a Feedback Loop	Hoffman, Chapman, Rogers	Regency VI
	<i>paper</i> : Increasing Accessibility and Collaboration within Systems of Care by Using a Common, Frontline Assessment Tool	K. Hodges, King	
	<i>paper</i> : Development and Evaluation of Child Mental Health Services for Vulnerable Children in the UK	Vostanis	
11	<i>symposium</i> : Perspectives on Transition Support Services	Haber, Cook, Kilmer, Wilkniss, Vorhies, Yao, Davis (chair), Frounfelker	Regency VII
	<i>paper</i> : The Perspectives of Young Adults with Severe Mental Illness Transitioning to Adulthood	Davis, Vorheis, Fagan, Elias	
12	<i>symposium</i> : The Family Journey Assessment: Tracking the Impact of Family Support	Anthony, Serkin	Esplanade I
	<i>paper</i> : Innovation in Child Welfare: The Adoption and Implementation of Family Group Decision Making in Pennsylvania	Rauktis	
13	<i>paper</i> : Generating a True Measurement of Cultural Competency in Systems of Care: Reconciling Individual and System Level Data	Bledsoe, Gyamfi, Brashears	Esplanade II
	<i>paper</i> : Welcome to the New Frontier: The Many Challenges of Successfully Transporting Evidence-Based Practices into Community Mental Health Settings	Sells	
	<i>paper</i> : Results of the Statewide Evaluation of Michigan's Infant Mental Health Model of Infant/Toddler-Parent Psychotherapy	Abbey, Liesman	
14	<i>symposium</i> : The Impact of Conflict on System Effectiveness	Evans (chair), Boustead, Boothroyd (discussant), Blanch, Aderton	Esplanade III
	<i>paper</i> : Giving Voice to Children and Families through a Measurement Feedback System (MFS)	Bickman	

Networking Break — 2:30 - 2:45 PM Sponsored by RTI			
Monday Afternoon Concurrent Sessions — 2:45 – 4:15 PM			
Session	Title	Presenters	RM
15	<i>symposium:</i> The Role of Interagency Collaboration in Systems of Care	Katz-Leavy (chair), Pires, Zabel	Buccaneer Suite B
16	<i>paper:</i> Family-Driven, Youth-Guided Practices in Residential Treatment: Findings from a National Survey of Residential Treatment Providers	Brown, Barrett, Allen	Regency V
	<i>paper:</i> Program Evaluation and Survey Analysis of NYC Community Residential Program	Caldwell, Levy, Radigan	
	<i>paper:</i> Residential Care: It's Everyone's Business!	Hunt	
17	<i>paper:</i> Walking the Tightrope: Supporting Families in Crisis While Maintaining Appropriate Boundaries in Data Collection	Weber, McAndrews	Regency VI
	<i>paper:</i> Turning Data into Action: Using Data to Drive Service Programs	Yoe, Patrick	
	<i>paper:</i> Improving Academic Outcomes: Building the Case for High Quality, Evidence-Based Mental Health Strategies in Schools	Anthony, Sebian	
18	<i>symposium:</i> Three Innovative School-Based Mental Health Programs: Initial Results	Stein (chair), Dogin, Jaycox, Stephan, Faran, Whitsett, Weist (discussant)	Regency VII
19	<i>symposium:</i> Implementing a Youth and Family Center Model to Decrease Juvenile Justice Involvement: From "Front Porch" to "Back Yard"	Wenz-Gross (chair), Dubrino, Irsfeld, Hernandez (discussant)	Esplanade I
	<i>paper:</i> Demonstrating High-Fidelity Wraparound and System of Care Enhancement: The Connecticut Family & Community Partnership Wraparound Initiative	Franks, Plant, Schroeder, Marshall, Hawke	
20	<i>paper:</i> Patterns of Medicaid Disenrollment for Youth with Mental Health Problems in Transition	Satterwhite, Pullman, Heflinger	Esplanade II
	<i>paper:</i> Safe Schools Healthy Students: Supported Implementation of Evidenced-Based Programs in a Large Urban School District	Wright, McClinton	
	<i>paper:</i> A National Look at the Post-High School Outcomes and Service Use of Young Adults with Emotional/Behavioral Disorders	Wagner	
21	<i>symposium:</i> Wraparound Implementation in Indiana: Essential Components and Results	Walton, McIntyre, Effland (chair), Duda (discussant)	Esplanade III
Networking Break 4:15-4:30 PM			
Monday Afternoon Concurrent Sessions — 4:30 – 5:30 PM			
Session	Title	Presenters	RM
22	<i>discussion:</i> Setting the Research Agenda for a Public Health Approach to Children's Mental Health	Horen, Sebian, Ciano	Buccaneer Suite B
23	<i>symposium:</i> Using Geospatial Techniques to Conduct Program Evaluation and Inform Service Delivery	McCormick, Vogel, Green (chair), Warner (discussant)	Regency V
24	<i>symposium:</i> Culture-Based Wraparound	Vang, De La Torre-Pena, Palmer (chair)	Regency VI
25	<i>discussion:</i> SNAP in a New Age of School Mental Health: Mobile and Section Services	Dermenjian, Brown, deMarco	Regency VII
26	<i>discussion:</i> Towards Eliminating Mental Health Disparities: The Role of Families	Katana, Oguntomilade, Bhardwaj	Esplanade I
27	<i>symposium:</i> What It Takes to Succeed: Core Components and Results across Multiple Systems of Care	Effland (chair), Rotto (discussant), Klein	Esplanade II
28	<i>symposium:</i> Implementation and Outcomes of Wraparound in a "Real World" System: Results of a Randomized Study	Bruns (chair), Sather, Brinson, Ramey, Friedman (discussant)	Esplanade III

Networking Breakfast 7:30 AM Sponsored by Magellan			
Tuesday Morning Plenary Session — 8:30 – 10:30 AM — Regency Ballroom Sponsored by ICF Macro			
PL	panel presentation: 25 Years of Excellence in Systems of Care: Historical Perspectives/New Directions	Friedman, Cross, Friesen, Heflinger, Huff, Katz-Leavy, Lourie	Regency Ballroom
Networking Break 10:30 - 10:45 AM			
Tuesday Morning Concurrent Sessions — 10:45 AM – 12:15 PM			
Session	Title	Presenters	RM
29	symposium: School-Based Mental Health: Some Current Perspectives	Epstein, Kutash, Duchnowski (chair)	Buccaneer Suite B
30	symposium: Early Childhood Systems of Care: What Have We Learned? What Are the Next Steps?	Kaufman (chair), Whitson, Crusto, Berson, Fisher (discussant)	Regency V
31	symposium: Examination of Adverse Childhood Experiences in Two Populations of Children Receiving Mental Health Services	Stephens, Manteuffel, Gyamfi, Brooks, Gilford, Moore, Geng, Lichtenstein (chair), Walrath (discussant)	Regency VI
32	paper: Prevention Support System for the Dissemination and Implementation of Evidence-Based Prevention	Bumbarger	Regency VII
	paper: Managing Utilization of Out of Home Placement Using Statistical Process Control Methods	Endress, Curtis, Milch	
	paper: State and Tribal Infrastructure to Monitor Early Identification, Referral and Follow-up of Youth at Risk for Suicide in Schools	Reid	
33	symposium: Creating Effective Child and Family Team Meetings: What Does the Research Say?	Hemphill, Kilmer, Haber, Cook (chair), Connell (discussant)	Esplanade I
	paper: Community-Defined Protective Factors in Native American Youth	Gowen, Bandurraga, Friesen	
34	symposium: Financing Strategies that Support Effective Systems of Care: Study Findings and a Case Study	Armstrong (chair), Pires (discussant), Stroul, Rotto, Van Deman	Esplanade II
35	paper: Clinical and Functional Outcomes for Ethnically/Racially Diverse Youth with Co-morbid Mental and Physical Illnesses	Laygo, Brandt, Hoppe-Cruz	Esplanade III
	paper: Prevalence of Co-Occurring Disorders among Adolescents Referred for Substance Abuse	Robbins	
	paper: Functional Family Therapy (FFT) in the Real World: Evaluation of Clinical Outcomes for Substance Using Adolescents	Holliman	
Research Luncheon — 12:15 – 1:30 PM — Regency Ballroom			
Join your colleagues for our Research Networking Luncheon.			
Tuesday Afternoon Concurrent Sessions — 1:30 – 3:00 PM			
Session	Title	Presenters	RM
36	symposium: Family and Youth Roles in the System of Care: The Evolution of Influence	Huff, Spencer, Reid, Friesen (chair), Gehring (discussant)	Buccaneer Suite B
37	symposium: Measuring Child Maltreatment: Multi-National Perspectives on Surveillance	Black, Tonmyr, Cappa, Casillas, Fluke (chair)	Regency V
38	symposium: Exposure to Trauma in Children Served by Behavioral Health Services	Crusto, Kaufman, Whitson (chair), Fisher (discussant)	Regency VI
39	symposium: Bringing about Systems Changes through Class-Action Lawsuits	Behar (chair), Groves, Tucker	Regency VII
40	symposium: Justice-Involved Youth with Mental Health Needs: We Know More Than We Think	Robst, Armstrong (chair), Dollard, Montes De Oca, Pires (discussant)	Esplanade I
	paper: Measuring Effective Design and Implementation of an Innovative Community Mental Health System	Fear, Pessin, Lindy	
41	paper: Mental Health Services to Rural and Non-Rural Hawaiian Children and Adolescents: Patterns of Access and Delivery	Heflinger, Shaw, Brannan	Esplanade II
	paper: Serving Transition Age Youth with Dual Diagnoses	Jivanjee, Koroloff	
	paper: Children's Mental Health Information at Work	Buchanan	
42	symposium: Theoretical Foundation and Implications for Practice	VanDenBerg (chair), Rast (discussant), Beckel	Esplanade III
Networking Break Sponsored by ICF Macro — 3:00 - 3:15 PM			

Tuesday Afternoon Concurrent Sessions — 3:15 – 4:15 PM			
Session	Title	Presenters	RM
43	<i>paper</i> : Training Family Members as Researchers	Painter, Perry, Rose	Buccaneer Suite B
	<i>paper</i> : Family-Driven Evaluation: Using National Evaluation Data to Provide Individualized Family Reports	Peterson, Sundberg	
44	<i>discussion</i> : From Revolution to Evolution: Changes in Practice in Children's Mental Health over 25 Years	Stroul, Lourie, Bruns, Penn, Walker	Regency V
45	<i>paper</i> : Understanding Trauma: Its Impact on Child and Family Outcomes	Goan, Hornby	Regency VI
	<i>paper</i> : A Trauma Informed Approach to Systems Transformation	Moore, Perez	
46	<i>symposium</i> : Outcomes, Lessons Learned, and Efforts to Promote Sustainability of an Evidence-Based Practice: Findings from the Implementation of TF-CBT in Central Massachusetts	Foss-Khuu, Griffin (chair), Thompson (discussant)	Regency VII
47	<i>paper</i> : Prevalence, Trajectories, and Risk Factors for Depression among Caregivers of Young Children Involved in Child Maltreatment Investigations	Ringeisen, Casanueva, Cross	Esplanade I
	<i>paper</i> : State Case Study of Infant and Early Childhood Mental Health – What Works?	Lyman	
48	<i>discussion</i> : Culturally Congruent Approach to Best Practice Selection and Analysis of Evidence-Building Processes: The Compendium of Best Practices for American Indian/Alaska Native and Pacific Island Indigenous Populations	Echo-Hawk, King	Esplanade II
49	<i>symposium</i> : From Model to Practice: Connecticut Emergency Mobile Psychiatric Services	Plant, Vanderploeg, Schroeder, Meyers (chair), Wotring (discussant)	Esplanade III
Networking Break 4:15 – 4:30 PM			
Tuesday Afternoon Concurrent Sessions — 4:30 – 5:30 PM			
50	<i>discussion</i> : From Research to Practice: Knowledge Transfer Directly to Families and Youth	Buchanan, Rimas	Buccaneer Suite B
51	<i>discussion</i> : Designing a Recovery-Oriented Care Model for Adolescents and Youth with Substance Use/Co-occurring Mental Health Disorders	Cavanaugh, Zabel, Friesen	Regency V
52	<i>discussion</i> : Insights on Resiliency: Using Family-Based Evidence to Inform Policy and Practice	Shepler, Garner	Regency VI
53	<i>paper</i> : The Heart of the Matter: Supporting Families through Kinship Care	Hunt	Regency VII
	<i>paper</i> : How Americans Think about Child Mental Health: Bridging the Science-Policy Gap	Kendall-Taylor	
54	<i>discussion</i> : Bringing It into Focus: Using Logic Models as the Lens for SOC Implementation and Evaluation	Levison-Johnson, Mesmer-Ludwig, McCormick	Esplanade I
55	<i>symposium</i> : 2009 Honoring Excellence in Evaluation (HEE): Recognition of Communities—Recipients Share Their Work and Reflections	Moore, Lee, Fisher (chair)	Esplanade II
56	<i>discussion</i> : Non-Resident Fathers in Child Welfare	Edwards, Veazquez	Esplanade III

Tuesday March 9, 2010

Poster Presentations & Networking — 6:00 – 7:30 PM — Regency Ballroom		
	Title	Presenters
1	How Family Organizations Translate Research into Practice	Anderson
2	Inside Wraparound's Black Box: Service Effects of Less Examined Implementation Components	Bertram, Joiner
3	Criteria for Staff Selection: A Less-Examined/Less-Described Wraparound Implementation Driver	Bertram, Li, Walker
4	Where Am I Going and How Do I Get There?	Walters, Finck
5	Using the Learning Collaborative Approach for TF-CBT Training	Sigrest, Brannan, Wilson
6	Using Outcomes Management to Transform Systems of Care and Evaluate the Effectiveness of Services and Supports	Spooner, Schroll
7	The Community Supports for Wraparound Inventory (CSWI): Findings from Phase 2 Research	Walker, Bruns
8	The Wraparound Fidelity Assessment System: Psychometrics, Reliability, and Validity of the Team Observation Measure and Wraparound Fidelity Index	Bruns, Sather
9	Reexamining the Factor Structure of Instruments Commonly Used in SOC Evaluations	Litchfield, Wang
10	The Association of Children's Mental Health Symptoms and Functioning with Premature Termination from Treatment	Urajnik, Ferguson, Barwick
11	Social Correlates of Delinquency for Youth in Need of Mental Health Services: Examining the Scope Conditions of Criminological Theories	Vogel
12	The Prodigy Program and Mental Health: Results from Multiple Trials	Rapp-Paglicci, Rowe
13	Efforts by Burrell Behavioral Health to Integrate Feedback on Clinical Outcomes and Quality of Services into Regular Service Provision	Gemmell, Underwood, Thomlinson
14	Examining Social Connectedness in a System of Care	Lovato, Strater
15	A Strategic Approach to Building Conditions for Learning and Fostering Healthy Youth Development in Schools	Osher, Kendziora, Poirier
16	Releasing the Genie from the Bottle: A Community Approach to Engaging Youth and Family Members into Care	Albo
17	Children under Five Receiving Mental Health Services: A Comparison of Family Report Measures for Those Involved with Child Welfare and Those with No Child Welfare Involvement	Mennen, Finello
18	After-School Programming for Youth with Serious Emotional and Behavioral Challenges	Ayers
19	The Changing Landscape of Outpatient Mental Health Services for Children: Results from a Statewide Needs Assessment Study	Bracey, Vanderploeg, Franks
20	Characteristics of Children Receiving Special Education, Special Educational Placements and Improvement in Academic Performances: A Multilevel Structural Equation Modeling Analysis	Xu, Gebreselassie
21	Youth Served in Treatment Foster Care in the State of Maryland: Characteristics of Youth and Predictors of Youth Psychosocial Functioning	Chow, Halsted, Mettrick, Keegan
22	Sustaining Evaluation after the Cooperative Agreement Ends	Vergon, Piccora, Mayo
23	Assessing Fidelity to the Cognitive Behavioral Therapy Model through Chart Review	Hazra, Brannan, Nelson
24	An Innovative Approach for Creating System Redesign and Measuring Change	Wald, Zubritsky, Jaquette
25	Addressing Self-Injurious Behavior, Non-Suicidal Self-Injury and Suicidal Behavior	Lazear, Fisher, Kluesner
26	What Does It Cost to Serve Children with Behavioral Health Disorders?	Hornby, Yoe
27	A Collaborative Approach to Improving Youth Mental Health Outcomes: Preliminary Data from a Three Year Project	Johnson, Shelton, McIntosh
28	Family Connection Pilot Study	Heflinger
29	Youth at the Research Wheel: The Process and Findings of a Youth-Driven Secondary Analysis of CMHI National Evaluation Data	Groves, Wilson
30	Gender Differences and the Effectiveness of Evidence-Based Trauma Treatment: An Analysis at 90 Days	Craig, Sprang, Staton-Tindall
31	Best Practices for Transition-Aged Youth with Dual Diagnoses	Jivanjee
32	Are Children Improving? Results from Outcome Measurement in a Large Mental Health System	Trask, Garland

Wednesday
March 10

Networking Breakfast 8:00 AM		
Wednesday Plenary Session 9:00 - 11:30 AM		
Title	Presenters	RM
Transforming Systems of Care: Next Steps for Research	Gary M. Blau	Regency Ballroom
Lessons Learned from the National Evaluation	Brigitte Manteuffel	
Planning for the 24th Annual Research & Policy Conference	Mario Hernandez	
Conference Adjourns— 11:30 AM		

The Details.

The following pages of this agenda book provide a brief description of each presentation. For a list of presenters for each session see the At-A-Glance Agenda, pages 3-8.

Sunday Morning Intensive Workshops

9:30 am – 12:30 pm

Intensive Workshop 1 • Regency V

Putting the Pieces Together to Sustain Youth Voice

Brianne Masselli, BS, *Thrive System of Care, Lewiston ME*; **Leslie-Ann Pagan**, *University of South Florida, Tampa FL*; **Raphaelle Richardson**, *Lighthouse Youth Center, Chicago IL*

This workshop will demonstrate how applying a logic model and partnering with evaluators can improve and ease implementation of a youth guided principle to sustain youth voice and support systems of care communities. The theory of change planning process will be explained and illustrated by a local level youth coordinator who partnered with youth, professionals and evaluators to map out what youth voice looked like in their community, and how youth engagement supported system transformation.

Intensive Workshop 2 • Regency VI

Using the System of Care Practice Review (SOCPR) as an Evaluation and Fidelity Tool

Keren Vergon, PhD, *University of South Florida, Tampa FL*; **John Mayo, MA, LMHC**, *Success for Kids & Families, Tampa FL*

The SOCPR is an evaluation tool that uses case studies to examine a program, agency or system's adherence to system of care values and principles at the practice level, and how well the overall service delivery system meets the needs of children, youth and their families. This workshop will review the SOCPR and discuss evaluation and fidelity issues related to sampling and case selection, data collection, data analysis, report writing, and providing feedback.

Intensive Workshop 3 • Regency VII

Reducing Mental Health Disparities for Children and Youth Who Are Lesbian, Gay, Bisexual, Transgendered, Questioning, Intersex or 2-Spirit (LGBTQI2-S); and Their Families: Research Findings and Best Practices

Kathy Lazear, MA, *University of South Florida, Tampa FL*; **Sylvia Kay Fisher, PhD**, *Substance Abuse & Mental Health Services Administration, Rockville MD*; **Jeffrey Poirier, MA**, *American Institutes for Research, Washington DC*

This workshop will present a toolkit emphasizing research findings and best practices in addressing the needs of children and youth who are, or are perceived to be, LGBTQI2-S; their families; and LGBT-headed families. The toolkit includes assets-based approaches and models of resilience, individualized service and support plans, school-based programs, a trauma-informed curriculum, service provider training, and a statewide initiative designed for these children and youth. All participants will receive a CD with relevant resources.

Join us for a gentle stretch

6:30 AM - 7:30 AM » City Center

Start the morning right with an hour of gentle stretching and yoga in the City Center room.

Sunday Afternoon Intensive Workshops

2:00 pm – 5:00 pm

Intensive Workshop 5 • Regency V

De-Identifying Data Sets Using SPSS and R Statistical Applications

Matthew Lambert, MEd; **Leah Johnson MEd**; **Eugene Wang, PhD**, *Texas Tech University, Lubbock TX*

Researchers studying systems of care often investigate children's educational and health records as part of their evaluation. These data, however, must not include information that could identify any individual, according to the Family Educational Rights and Privacy Act (FERPA - 34 CFR Part 99) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This presentation will include a quick historical review of FERPA and the HIPAA Privacy Rule (2003; 45 CFR Parts 160 and 164). The researchers will also provide a complete demonstration of de-identifying (i.e. removing protected health information) mental health data sets, using both SPSS GUI and syntax methods.

Intensive Workshop 5 • Regency VI

Using the Building Bridges Toolkit: Data-Driven Practices for Integrated Community and Residential Systems

Robert Lieberman, MA, LPC, *Southern Oregon Adolescent Study and Treatment Center, Grants Pass OR*; **Richard H. Dougherty, PhD, DMA**, *Health Strategies, Lexington MA*

The Building Bridges Initiative (BBI) is a national effort to identify emerging best practices through partnerships among residential and community providers, families and youth. This workshop will present a BBI toolkit for organizations seeking to align services with Building Bridges values. Among other tools, participants will learn about the BBI organizational self-assessment tool (SAT), and will engage in an interactive simulation using the SAT to identify areas for improvement in communities and residential organizations.

Poster Presentations & Networking Reception

Salons Regency Ballroom

6:00 PM - 7:30 PM

1. Residential Treatment Outcomes with Maltreated Children who Experience Serious Mental Health Disorders

Shannon Stewart, PhD, *Child and Parent Resource Institute, Ontario Canada*; **Alan Leschied, PhD**, *The University of Western Ontario, Ontario Canada*; **Melissa Currie, MSc**, *Child and Parent Resource Institute, Ontario Canada*

This study examined the differential impact child welfare status has in predicting treatment gains for seriously mental health-disordered children/youth, and sustainability following discharge. Children/youth with extensive histories of maltreatment, and in the care of child protection, are particularly resistant to change when mental health disorder levels are elevated. Results indicate symptoms can be reduced in an intensive residential treatment program, and remain low over a 2-year period relative to admission levels.

2. Development and Evaluation of a Training Intervention to Improve Joint Work by Child Mental Health and Education Services in the United Kingdom

Panos Vostanis, MB, MD, MRCPsych, *University of Leicester, Leicestershire, United Kingdom*

A number of policies in the UK aim at improving the interface between schools, education and child mental health services. One of their objectives is the improvement of knowledge and skills of child mental health practitioners in assessment, interventions and joint work with schools. The aim of this study was to develop and evaluate the impact of such a training intervention using quantitative and qualitative methodologies.

3. Believe in All Your Possibilities: A Community-Based Participatory Approach to Substance Use

Moya Alfonso, PhD, MSPH; **Robert McDermott, PhD**, *University of South Florida, Tampa FL*; **Sherri Reynolds**, *School Board of Sarasota County, Sarasota FL*

The purpose of this study was to evaluate the impact of a community-based alcohol and tobacco prevention campaign, *Believe in All Your Possibilities*, developed using community-based prevention marketing. Campaign exposure levels statistically significantly reduced the odds of having ever used alcohol or tobacco, when controlling for the effects of grade and gender ($p < .05$). A comprehensive, community-driven campaign can reduce the odds of alcohol and tobacco use among adolescents.

4. Indications of Intensified Stigma of Mental Illness among African Americans

Amy Helmuth, PhD; **Ladel Lewis, MA**, *Western Michigan University, Kalamazoo MI*

At our site, African American and Caucasian youth showed comparable levels of various symptoms. Caucasian youth, however, were more likely to report that they were referred to services because of depression or anxiety than African American youth. The parents of Caucasian youth were far more likely to report family histories of depression and other mental illnesses. Intensified stigma of mental illness within the African American community was hypothesized to account for these discrepancies.

5. A Systems Approach to a Systemic Problem: Implementing a School-Based Diversion Initiative

Charlayne Hayling, MEd; **Jeff Vanderploeg, PhD**, *Connecticut Center for Effective Practice, Farmington CT*

Juvenile justice involvement has come to indicate a pervasive problem for school-aged youth in our society. The Connecticut Judicial Branch, Court Support Services Division, is addressing this problem by partnering with researchers to implement a School Based Diversion Initiative funded by the MacArthur Foundation. Program evaluation data will be presented related to implementation, effectiveness, participation and outcomes. Researchers will present baseline school and community data, considerations related to multicultural competence and socio-economic status, and a model for implementation and systemic change.

6. Using the Medicaid "Rehabilitation Option" to Treat Children with Autism Spectrum Disorders

Steven Kossor, MA, *The Institute for Behavior Change, Coatesville PA*

Participants will learn how to use EPSDT funding to integrate high-fidelity wraparound, applied behavior analysis and other evidence-based practices; to produce exceptional treatment outcomes in children, including autism spectrum disorders. A fiscally responsible, cost-effective and professionally supervised way to delivery community-based mental health treatment to children, using reliable and valid treatment outcome data collection, will be explained and documented.

7. Lessons and Progress Using Standardized Developmental and Social-Emotional Screening in Child Welfare

Julie McCrae, PhD, *University of Pittsburgh, Pittsburgh PA*

Standardized screening is best practice in child welfare (CW) and mental health, which for young children necessarily includes a developmental view. This study presents: (1) results of standardized developmental and social-emotional screening using the *Ages and Stages Questionnaires* in Pennsylvania CW services, and (2) interviews with CW and early intervention (EI) providers about screening, services and family engagement. Local challenges include CW-EI information-sharing, tracking and services. Workforce needs and family engagement strategies are discussed.

8. **Adoption and Implementation of Cognitive Behavioral Intervention for Trauma in Schools: Findings from Interviews with Four NCTSN Centers**

Adrienne Pica, MPH, ICF Macro, Brooklyn NY

This presentation provides findings from the National Child Traumatic Stress Initiative's cross-site evaluation-related efforts by centers in the National Child Traumatic Stress Network to adopt and implement Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Findings are presented from a qualitative study that included 13 in-depth interviews with administrators, clinical supervisors and clinicians about experiences with CBITS. This study intends to enhance understanding of common barriers and best practices leading to successful adoption and implementation.

9. **Access to Mental Health Services and Family Impacts of Children's Emotional Health Problems in Rural Communities**

David Lambert, PhD, University of Southern Maine, Portland ME

The current literature does not address how well the needs of children with emotional health problems are met in rural areas. Limited evidence suggests that burden on families is higher in rural areas than urban. Using the *National Survey of Children with Special Health Care Needs*, this study examines the prevalence, need for services and family impacts of children with emotional problems in rural communities.

10. **Use of Mental Health Services among Adolescents with Autism Spectrum Disorders**

Sarah Narendorf, MSW; Paul Shattuck, PhD, Washington University, St. Louis MO

Little is known about mental health service use for adolescents with autism. This study used data from wave 1 of the NLTS2 to examine mental health service use among autistic youth. Forty-six percent had received counseling, and 50% were receiving psychotropic medications. Schools provided half of the counseling services. Having a medical evaluation was positively associated with service use. Findings support the need to consider mental health services as part of transition planning.

11. **Linking Policy and Performance Measures for Transforming Children's Mental Health Services**

Nancy Callahan, PhD, IDEA Consulting, Davis CA; Marla Smith, MA, Wyoming Department of Health, Cheyenne WY

State and federal governments are striving to assure an accountable mental health system that promotes optimal performance across a number of different variables, and that reflects a core set of values. The Wyoming Mental Health and Substance Abuse Services Division has developed a model for calculating a standard score across a number of different measures, and uses it to continuously improve performance across service providers. This model is used to promote policy and shape practice.

12. **Statewide Reporting of Youths Dealing with Juvenile Justice, Mental Health and/or Substance Abuse**

Diane Haynes, MA, MPA, University of South Florida, Tampa FL

This poster displays statewide descriptive statistical breakdown of youths by demographics, by juvenile justice interactions, by mental health and/or substance service utilization, and by the receipt of Baker Act initiations; disseminated through the Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center.

13. **A Formative Assessment of Partnerships and Collaboration within a Tribal System of Care**

Nancy Stroupe, MA, MPH; Anna Tarazon BA, Pascua Yaqui Tribe, Rio Rico AZ

To adequately develop and sustain a coordinated System of Care (SOC) network, successful partnerships must be in place and periodically assessed. *The Partnership and Collaboration Assessment*, consisting of semi-structured interviews and a Level of Collaboration survey, was conducted in a tribal SOC to assess partnership functioning, effective strategies and levels of collaboration. Twenty tribal and non-tribal partners were interviewed/surveyed. Results of the assessment, and a discussion of partnerships within a tribal SOC, are presented.

14. **Developing, Implementing and Evaluating Training Curricula for Family-Run Organizations**

Elaine Slaton, National Federation of Families for Children's Mental Health, Rockville MD; Alyce Tucker, ICF Macro, Brooklyn NY; Freda Brashears, ICF Macro, Atlanta GA

Training curricula are among many systems transformation tools used by family-run organizations. To be effective, they need to be well conceived, developed, assessed and revised. Follow one curriculum as it has evolved from conception through collaborative processes, a series of pilots, and final revisions. Offered as one model, this curriculum development process will be visually outlined with demonstrated linkages highlighting the need for diverse assessment strategies throughout the process.

15. **Risk Factors in Predicting Recidivism of Juvenile Offenders in Juvenile Detention Diversion Programs**

Xuan Stevens, PhD, Florida International University, Miami FL; Jesus Perez, PsyD, Citrus Health Network, Miami FL; Nicole Davis-White, PsyD, JD, Family Resource Center of South Florida, Miami FL

This project examined the relationship of risk factors to predict recidivism of 45 14 - to 18-year old juvenile offenders who were referred by DJJ for therapy and assessment. Based on data from the JDDP, the relationship between the predictors can explain more than 20% of the variance for recidivism. The current study examined risk factors in the lives of juvenile offenders combined with models to prevent recidivism that contributed to successful socio-behavioral outcomes in adolescent children.

16. Community Circle of Care Interactive Logic Model

Jennifer Cook, MPH, *University of Iowa, Iowa City IA*

The Community Circle of Care evaluation team has developed an interactive logic model to assist the evaluators, program service providers and planning committee to identify specific, attainable outcomes that will result from participation in the national evaluation.

17. Assessing Strengths and Challenges: A Tool for Formative Assessment

Christy Brinkley, EdS; David Saarnio PhD, *Arkansas State University, State University AR*

A lot of effort is put into determining the effectiveness of Systems of Care, but it is also important to put effort into examining the “inner workings” of systems of care. Our local evaluation team developed a formative assessment tool, *The Strengths and Challenges Interview*, to allow for the capture of information from within the project, so that more solid, informed suggestions for improvement can be made to program staff.

18. We Know Systems of Care Are Effective, but What Do Caregivers Think?

Christy Brinkley, EdS; David Saarnio, PhD, *Arkansas State University, State University AR*

Research suggests that Systems of Care are effective, and that families are satisfied with them. In this study, we examine another essential element of service satisfaction: whether caregivers are convinced there is an actual difference between a system of care and other traditional services they have received. Looking at our local system of care, we found that caregivers are overwhelmingly pleased, and realize the difference between Systems of Care and other traditional programs.

19. The Impact of Child and Family Team Composition on Perceptions of Team Functioning

Eylin Palamaro Munsell, MS; Melissa Strompolis, *University of North Carolina-Charlotte, Charlotte NC*

The child and family team (CFT) constitutes a critical component of wraparound service planning. Prior studies suggest that core elements of wraparound are not regularly implemented by CFTs. Only limited research has focused, however, on the consistency of team membership (i.e. stable membership composition). Regression analyses revealed that team consistency variables contributed significantly to team functioning. Findings suggest that consistent team composition may facilitate greater team cohesion and continuity of care for those served.

20. Difficulties and Education Needs of Child Psychiatric Nurses in Japan

Akiko Nosaki, MSN, *Jichi Medical University, Shimotsuke-shi, Tochigi Japan*

In order to develop a suitable educational program for child psychiatric nurses in Japan, the nurses' difficulties and education needs were analyzed. Subjects had difficulties with the whole range of child psychiatric nursing care, and with their relationship with doctors and with children's parents. The results showed that not only knowledge about disease, but also contact with other facilities' staff, and with healthy children; and promoting cooperation with doctors and with children's parents; are necessary focuses for an effective educational program.

21. Social Support Networks among Former System-Involved Youth with Psychiatric Difficulties

Hyunsoo Kim, MSW; Michelle Munson, PhD; Elizabeth Tracy, PhD, *Case Western Reserve University, Cleveland OH*

Scant research examines social support among transitioning youth with psychiatric needs. This study incorporated social network methods to capture network size, composition, support type and closeness. Mean network size was 10 (SD=4.7, Range 0-22). Family members made up the largest portion of network members; they were the least likely, however, to talk with youth about their mental health. Results suggest a need for practice approaches to improve communication between participants and their families regarding mental health concerns.

22. Comparing Day Treatment and School-Based Programming in Children's Mental Health

Beth Kuhn, MSW, *Glengarda Family and Children Services, Windsor ON Canada*

This paper describes results from a study of 221 children in a mid-size southwestern Ontario community, comparing a day treatment program to a community school-based program. The programs both demonstrated positive outcomes for the children, with somewhat higher levels of change in the day treatment program. The results prompt discussion about the small differences between the two programs, and the financial costs and effects of disruption to children's lives when providing services outside a child's home school.

23. Qualitative Assessment of the System of Care Treatment Effectiveness Study and EBT Implementation

Charles Seagle, PhD; Kara Riehman, PhD; Joseph Fruh, *ICF Macro, Atlanta GA*

Two system of care grantee communities participated in training and service delivery in Brief Strategic Family Therapy as part of a treatment effectiveness study. Using qualitative methods, researchers conducted an implementation assessment to describe the challenges and facilitating factors associated with implementing the study and treatment. Recommendations based on the findings from this implementation assessment may serve as a useful guide for system of care communities and others considering incorporating evidence-based treatments within their service array.

24. Organizational and Provider Readiness for Implementing Trauma-Focused Cognitive Behavioral Therapy

Molly Lopez, PhD; Han Ren, MEd; Richard Spence, PhD, *University of Texas at Austin, Austin TX*

Experts in implementation research have highlighted the importance of “readiness” in the successful adoption of evidence-based practices (EBPs). Little is known, however, about which factors are most critical to success. In this study, 15 agency leaders completed a measure of organizational readiness, and 46 child therapists complete measures of provider attitudes towards EBPs and current therapeutic practices. Findings illustrate relationships between providers’ experience with EBPs, aspects of organizational readiness, and attitudes.

25. “Is My Child Getting Better?” A Pilot Study of the Use of Outcomes Information in Child Mental Health Treatment

Bradley Stein, MD, PhD, *University of Pittsburgh School of Medicine, Pittsburgh PA*

Routine collection and use of family-reported outcomes data to improve the treatment of children with emotional and behavioral problems have become increasingly important, but face a range of challenges. We report on a collaborative effort involving nine children’s mental health provider organizations, to routinely collect outcomes information for children in treatment, and to use of such information in treatment sessions. Findings suggest families may benefit through collection and discussion of outcomes in treatment.

26. Youth with Serious Mental Health Needs in Guam’s Juvenile Justice System

Bonnie Brandt, MA; Ranilo Laygo PhD, *University of Guam, Mangilao GU*

Seventy-four percent of youth enrolled in I Famagu’on-ta, Guam’s system of care for children with serious emotional disturbances, reported juvenile justice involvement at intake. Through the application of a wraparound approach within the context of Guam’s juvenile court system, youth decreased their contact with the juvenile justice system, and experienced improvements in their behavioral health. This poster will present descriptive and outcome data from intake to 24 months for the cohort of youth.

27. Perceptions of Improved Youth Functioning and Satisfaction with Life Related to System of Care Effectiveness

Mary Spooner, PhD, *Northwestern University, Chicago IL;*
Sandy Lewis, MPA, *McHenry County Mental Health Board;*
Todd Schroll, *McHenry County Mental Health, Crystal Lake IL*

Growing evidence suggests that effective systems of care promote positive outcomes. Using the responses of 35 caregivers to the Youth Services Survey for Families, the study assessed caregivers’ perceptions of system of care effectiveness, satisfaction with services, and youth outcomes. Ratings for getting help were positively correlated with family life satisfaction ($r=.54$, $p<.001$) and youth functioning ratings ($r=.68$, $p<.001$). Youth functioning was positively correlated with perseverance ratings ($r=.46$, $p=.005$) and informal support ratings ($r=.53$, $p<.001$).

28. Predictors of Treatment Outcome in a Child and Adolescent Psychiatry Clinic

Michael Gordon, PhD; Kevin Antshel, PhD; Lawrence Lewandowski, PhD, *SUNY Upstate Medical University, Syracuse NY*

We present data on predictors of treatment outcome for a large number of patients from a child and adolescent psychiatric clinic. Using Reliability Change Index (RCI) methodology, we divided children into those who, between intake and discharge, improved, stayed the same, or got worse, according to clinician-rated impairment. Most predictors of improvement were related to parent variables (marital status, maternal anxiety and ethnicity), while those associated with deterioration were related to child status.

29. “I really didn’t feel like it was made for me” Participants’ Accounts of the Effectiveness of a Faith-Based Residential Treatment Facility

Rene Drumm, PhD; Linda Crumley, PhD, *Southern Adventist University, Collegedale TN*

This paper presents data from a qualitative study of 30 former attendees of a faith-based residential treatment facility for adolescent males with ADD or ADHD. The retrospective study examined the perceptions of previous residents about the facility’s effectiveness. While there were some accounts of success in particular program components, overall data indicated significant areas of organizational ineffectiveness. These findings are a call to action for clear and enforceable standards of care for facilities offering mental health care.

30. Predictors of Clinical Outcomes in Child Inpatient Hospitalization: A Daily Acuity Rating Approach

Scott Leon, PhD; Alison Dunleavy, BA; Amy Lyons, MA, Loyola University Chicago, Chicago IL

Traditionally, studies of youth inpatient hospitalization outcomes fail to assess clinical improvements within the episode of care. This study followed 60 children in three inpatient units, and monitored their daily functioning and symptom severity with the *Acuity of Psychiatric Illness-Child - Adolescent Version (CAPI)*. Hierarchical linear modeling (HLM) analyses fit outcome slopes to the data, and specific variables emerged as significant slope predictors. Expected treatment responses can be developed to promote accountability and improve outcomes.

31. Reducing Runaways and Stabilizing Foster Placements for Adolescents: Study Findings and Best Practice Model

Kimberly Crosland, PhD; Hewitt B. "Rusty" Clark, PhD, University of South Florida, Tampa FL

Adolescents' running away from foster placements is a significant problem in the field of child protection. In this presentation we will describe the basic elements and potential value of a functional behavior analytic approach to reduce the problem of running away. Data from a pilot study found the approach to significantly reduce runaway episodes, when compared to services as usual. These findings should assist child welfare personnel in implementing best practice strategies.

32. Innovative Approaches to Research, Evaluation and Performance Measurement in Complex Settings: Research on Organizational and System Effectiveness

Sandra Cuning, PhD; Matt Sheridan, MSW, 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 DirectResponse, a new method for admission and brief service designed to meet the needs of families in a timely, personal and flexible way. Guided by a framework, evaluation results show reduced front-door waitlists, services matched to need, and improved outcomes. Results also include service provider experience.

33. Correlates of Pregnancy among Youth Aging Out of Foster Care

Karen Matta Oshima, MSW; J. Curtis McMillen, PhD, Social Work, St. Louis MO

Foster care youth have high rates of pregnancy, but we have little information about the risk and protective factors of early pregnancy most relevant to them. A longitudinal study of older youth transitioning from foster care analyzed 22 risk/protective factors for adolescent pregnancy. Using birth control did not protect females from pregnancy. Males of color, those with substance use disorders, and those who left the foster care system before age 19 more often fathered a child.

Special Demonstration » Buccaneer C-D » 7:30 p.m.

Online Learning In Children's Mental Health A Demonstration of the USF In-Service Training Program



Communities across the country are involved in complex efforts to develop and implement effective comprehensive systems to serve children and youth with behavioral health needs and their families. The Online Learning in Children's Mental Health (OLL) program at the University of South Florida has been developed to benefit an array of behavioral health professionals including those in leadership positions, clinical staff, case managers and supervisors, direct health care staff, as well as families and advocates. Courses – taught by national experts in children's mental health and related fields – provide access to current knowledge and

practical skills needed to work in systems serving the mental health needs of children, youth, and their families. OLL has been supported through the Department of Child & Family Studies and the Research and Training Center for Children's Mental Health at USF; and the Child, Adolescent, and Family Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. OLL Education Director Vicki Hummer will provide a brief demonstration of the program and its core curriculum, and incentives for attendees interested in serving as national advisors to the project.

Monday, March 8 Events

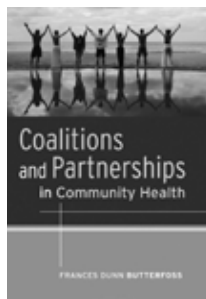
6:30 am	Yoga Stretch
7:30 am	Registration opens & Networking Breakfast <i>sponsored by Magellan</i>
8:30 am	Opening Plenary: Fran Butterfoss
10:00 am	Networking Break
10:15 am	Concurrent Sessions 1–7
11:45 am	Lunch on your own
1:00 pm	Concurrent Sessions 8–14
2:30 pm	Networking Break <i>sponsored by RTI</i>
2:45 pm	Concurrent Sessions 15–21
4:15 pm	Networking Break
4:30 pm	Concurrent Sessions 22–28

Join us for a gentle stretch

6:30 AM - 7:30 AM » City Center

Start the morning right with an hour of gentle stretching and yoga in the City Center room.

Special Session



Buccaneer Suite A

10:15 AM - 11:45 AM

Book Signing and Conversation Hour with Frances Dunn Butterfoss

Following our plenary session, conference participants are invited to join our distinguished lecturer in an informal setting for further discussion.

Lunch on Your Own

11:45 AM - 1:00 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. Box lunches will also be available for purchase.

Monday Plenary

8:30 AM » Regency Ballroom

Welcoming Remarks

Mario Hernandez, PhD, Professor, Chair, Department of Child & Family Studies; **Robert M. Friedman, PhD**, Director, Research and Training Center for Children's Mental Health

Gwen Iding Brogden

Distinguished Lecture Series

Coalitions and Partnerships: Maximizing Community Potential



Frances Dunn Butterfoss, PhD, MSEd

Dr. Butterfoss has conducted much of the seminal research in coalition and community empowerment, and applies it in practice — making her one of the most highly sought consultants today. Her keynote presentation will address policy interventions that influence community health behaviors and outcomes.

Frances Dunn Butterfoss, PhD, MSEd, is a health educator, and President of *Coalitions Work*, a consulting group dedicated to building coalitions and partnerships for community health. Dr. Butterfoss holds professorships at Eastern Virginia Medical School (EVMS) and Old Dominion University in Norfolk, Virginia, and teaches in their MPH programs. She is the founding director of CINCH, a community child health partnership; and PIV, a state immunization coalition. From 1995–98, she directed the national Immunization Coalition Training Institute, and now provides consultation and training across the country about how to develop, sustain and evaluate coalitions for health promotion and disease prevention. Dr. Butterfoss has received research support from many federal and foundation grants, and has published widely in professional journals and textbooks. She is the deputy editor of *Health Promotion Practice*, and past president, of the Society for Public Health Education (SOPHE). Her awards include SOPHE's Health Education Mentor (2002), EVMS' Woman in Medicine & Science Professional Achievement (2004), YWCA of South Hampton Roads' Woman of Distinction (2006) and Norman B. Arnold Alumni Award (2006).

*“To improve health and health equity, we
must refocus our efforts to address the
community conditions that shape behaviors
and lead to unhealthy exposures.”*

– Frances Dunn Butterfoss, PhD, MSEd

Special Session

10:15 AM - 11:45 AM

Buccaneer Suite A

Book Signing and Conversation Hour with Frances Dunn Butterfoss

Dr. Butterfoss will be available for informal discussion and book signing following her plenary presentation.

Session 1

10:15 am – 11:45 am

Buccaneer Suite B » 90 minute symposium » 25th

Cultural Competence: Gains Made, Challenges Ahead

Chair: Terry Cross, MSW, *National Indian Child Welfare Association, Portland OR*; **Discussant:** Larke Huang, PhD, *Substance Abuse and Mental Health Administration, Rockville MD*

Cultural competence was one of the key principles in the original framework for systems of care. Those initial efforts seeded much of the work in the broader field of mental health during the past two decades. So, how far have we come? This session will reflect back on the origins of the initial cultural competence movement, on lessons learned and progress made; and will then fast-forward to the current frameworks of disparities and behavioral health equity, discussing new tools and strategies for moving forward. Brief presentations and key questions will provide the framework for an interactive discussion.

Session 2

10:15 am – 11:45 am

Regency V » 90 minute symposium » 25th

Research and System Change: Making It Real

Chair: Beth Stroul, MEd, *Management & Training Innovations, Inc., McLean VA*; **Discussant:** Elaine Slaton, MSA, *National Federation of Families for Children's Mental Health, Rockville MD*

All Presenters: Leonard Bickman, PhD, *Center for Evaluation and Program Improvement, Nashville TN*; Thomas Sexton, PhD, *Indiana University, Bloomington IN*; Marc Atkins, PhD, *University of Illinois at Chicago, Institute for Juvenile Research, Chicago IL*; Beth Stroul, MEd, *Management & Training Innovations, Inc., McLean VA*

In September 2009 a meeting held at Vanderbilt University addressed "Child and Adolescent Mental Health Services: Issues and Solutions." That working meeting brought together researchers, policy makers, service system leaders and family members to discuss challenges facing the children's mental health field, and to develop action steps to move the field forward.

In preparation for the meeting, a series of papers was developing, each summarizing research in a key area of children's mental health. Using those papers as a framework, the group identified areas requiring attention in the field to improve both service systems and practice. Workgroups were formed to define problems and develop specific actions steps in four key areas: better integrating research with system change efforts; implementing a public health approach to mental health; implementing effective, evidence-informed practices; and measuring outcomes.

Integration of Research and System Change

One workgroup focused on the "disconnect" between research and the real world of policy, service systems and practice. The potential for research to inform policy, service systems and practice is undetermined, as is the potential for research to become more aligned with the complexities, priorities, and challenges confronting children's mental health systems. Recommended action steps include collaborating with state policy makers to explore better ways of linking research with policy; creating a Research-Practice Interface Network as a structure for improved dissemination of findings; and developing a template to translate research findings into a useful form to influence policy, systems and practice.

Implementing a Public Health Approach

A second group focused on the need to apply a public health approach to children's mental health that includes prevention, screening and treatment, as well as environmental and social interventions. Proposed solutions to the barriers inherent in widespread adoption of the public health approach include moving prevention services to natural settings such as schools; using legislative mechanisms to promote mental health and linkages across systems; seeking indigenous resources in communities, and involve them integrally in mental health promotion and prevention efforts; identifying and disseminating models of tiered systems that include a series of promotion supports and move to a series of increasingly intensive services; and creating universal portals of access to services that would help to reduce inequities in access.

Implementing Effective Practices

A third workgroup discussed the process of "transporting" effective, evidence-based practices (EBPs) into community settings. Recommended action steps include collaborating with community-based service initiatives to create succinct definition of the core components of the EBPs; and emphasizing the nexus of research, practice, family and youth voice, and community practitioners; undertaking joint projects that emphasize the common goals of the two traditions of treatment – science-based and community-based; and developing a unifying framework to connect those two different approaches.

Measurement Systems

A fourth workgroup developed a multilevel framework for conceptualizing and designing feedback systems to improve decision-making in the treatment and prevention of child

mental health problems. Recommendations for the field include assessing the status, quality and utility of processes and instruments for large-scale implementation of measurement feedback systems at the service delivery, organizational and policy levels; and developing a data architecture model for feedback systems at different levels of measurement.

Session 3

10:15 am – 11:45 am

Regency VI » 90 minute symposium » 25th

The State of Our National Data Infrastructure for Children's Mental Health

Chair: Heather Ringeisen, PhD, RTI International, Research Triangle Park NC

Discussants: Ingrid Goldstrom, PhD, Center for Mental Health Services, SAMHSA, Rockville MD; Beverly Pringle, PhD, Child and Adolescent Services Research Program, NIMH, Bethesda MD

All Presenters: Amy Green, MA, Center for School-Based Parent Support, Florida Mental Health Institute, University of South Florida, Tampa FL; Heather Ringeisen, PhD, RTI International, Research Triangle Park NC; Ingrid Goldstrom, PhD, Center for Mental Health Services, SAMHSA, Rockville MD

The need for nationally representative data on the prevalence of childhood behavior and emotional problems has been recognized as a critical priority for more than two decades (Institute of Medicine, 1989; UNOCCAP Oversight Board, 1998). Unfortunately, comprehensive epidemiological studies of children's mental health are primarily limited to regional surveys, or focus exclusively on adolescents. A small number of national surveys do allow an examination of children's mental health needs, and include information on service utilization and/or associated costs. Several of those datasets are available for public use, and several will be improved in coming years to expand their capacity. This symposium will summarize the current state of measures embedded within national, largely public-use surveys, to understand children's mental health and service patterns, as well as upcoming changes and federal priorities.

The first two symposium presentations will summarize mental health status and service use data available across seven national and public use surveys: the Medical Expenditures Panel Survey (MEPS), the Youth Risk Behavior Surveillance System (YRB-SS), the National Health and Nutrition Examination Survey (NHANES), the National Survey of Drug Use and Health (NS-DUH), the National Survey of Child and Adolescent Well-Being (NSCAW), the National Health Interview Survey (NHIS), and the National Comorbidity Survey-Adolescent (NCS-A). The presentations will summarize what data are currently available, will soon be available, and what is missing. Those summaries will be followed by presentations from representatives of the National Institute of Mental Health and of SAMHSA's Center for Mental Health Services. They will describe current and future federal priorities as they relate to the national data infrastructure in children's mental health.

As a public health framework becomes increasingly important to mental health, national surveillance of children's mental health needs in the context of other health conditions becomes more critical. Data from these national surveys may also bolster our understanding of "typical" mental health care, and of national trends in service utilization over time. The presentations in this symposium will consider these issues in the context of current and future national priorities and needs.

Session 4

10:15 am – 11:45 am

Regency VII » 90 minute symposium » 25th

Transition in Three Service Systems: Similarities and Differences

Chair: Nancy Koroloff, PhD, Portland State University, Portland, OR; **Discussant:** Craig Anne Heflinger, PhD, Community Research and Action, Vanderbilt University, Nashville TN

The most critical needs and concerns of transition-age youth with serious mental health conditions may differ depending on the primary service systems within which those youth are served. Young people who are transitioning to adulthood out of foster care face problems created by the lack of family and adult support, limited support for developing a career plan, and uncertainty regarding housing. Young people who are moving into adulthood out of the juvenile justice system have to contend with the stigma associated with arrest and incarceration. Youth whose primary care system has been special education may have relatively more supports because they are living in the community, but may also have had more difficulty accessing mental health treatment and independent housing resources. This symposium will examine some of the transition-related issues that are unique or more prevalent for youth who have been identified by and received their primary care management from the special education system, the child welfare system, or the juvenile justice system. In addition to the differences, this symposium will examine the commonalities (e.g. concerns about medication and mental health care with which all transition-age youth with a serious mental health condition must grapple; and e.g. most are looking for a way to earn a living in their adult lives). The question of whether there are more similarities than differences is an intriguing one, and may lead to expanded thinking about core services and supports necessary to help young people from all systems.

The first paper in this symposium will examine the trajectory of young people who have received special education and are labeled with an emotional/behavioral disorder. Based on survey data from *The National Longitudinal Transition Study-2*, this presentation will describe trends in employment, education and independent living, as well as involvement in the justice system. The findings examined use of services or failure to use services in mental health and other service systems.

The second paper will focus on the transition into adulthood of young offenders with emotional and behavioral difficulties who are leaving a youth correctional institution and returning to the community. This presentation will focus evaluation data on lessons learned in program development, and on the employment and educational outcomes of young adult participants. Transition strategies for working with young offenders across multiple agencies will be discussed.

The third paper reports on an RCT investigating a self-determination intervention called *My Life* with youth in special education and foster care, using the TAKE CHARGE method. The model includes coaching in transition goal achievement, partnership development, self-regulation skills, and exposing youth to successful older peer and adult role models. Findings indicate that youth in the *My Life* study experienced increases in self-determination and other improved transition outcomes.

A National Look at the Post-High School Outcomes and Service Use of Young Adults with Emotional/Behavioral Disorders

Mary Wagner, PhD, *University of Oregon, Eugene OR*

Drawing on survey data from the National Longitudinal Transition Study-2 (NLTS2), this paper will describe the trends in employment, education, and independence outcomes for a nationally representative sample of youth who had been out of high school up to six years, and who had received special education services in the category of emotional disturbance. The extent to which youth had accessed a range of adult services also will be described.

Lessons Learned in the Transition of Young Offenders to Community Settings

Deanne Unruh, PhD, *Special Education and Clinical Sciences, University of Oregon, Eugene OR*

Juvenile offenders with emotional and behavioral difficulties are faced with additional barriers to a successful transition to adulthood in their release from youth correctional facilities. This paper will provide formative and summative evaluation data on a youth correctional facility-to-community transition project. Lessons learned in implementation for developing a sustainable program with partners from education, employment services (e.g. vocational rehabilitation and Workforce Investment Act agencies), juvenile justice, and behavioral health will be shared.

The Effectiveness of My Life: A Transition Intervention for Foster Care Youth

Sarah Geenen, PhD; Laurie Powers, PhD, *Pathways RTC, Portland State University, Portland OR*

This presentation will describe a randomized clinical trial of *My Life*, a self-determination intervention for youth in special education and foster care. The intervention was evaluated using a two-independent-groups by three-repeated-measures design, with a one year follow along. Findings show the intervention group as a whole achieved significant gains in self-determination, quality of life, transition planning, and preparation for postsecondary education and employment.

Session 5

10:15 am – 10:45 am

Esplanade I » paper presentation

Mental Health Service Use Pathways of Former System Youth with Psychiatric Difficulties

Michelle Munson, PhD; Susan Smalling, MSW; Hyunsoo Kim, MSW, *Case Western Reserve University, Cleveland OH*

System involved youth with mental health diagnoses frequently experience a disruption/termination of mental health care as they transition to adulthood. The current study explores the service use patterns of such youth focusing on pathways for maintaining, reentering and discontinuing care. Service facilitators include professional referrals, insurance maintenance and having children. Barriers include lack of insurance, denial of need and dissatisfaction with services. Results inform mental health service delivery to transitioning youth with psychiatric needs.

10:45 am – 11:15 am

Esplanade I » paper presentation

Diagnostic and Medication Overload of Older Youth in Treatment Foster Care: Initial Findings of a Psychiatric Nurse Review

Sarah Narendorf, MSW; J. Curtis McMillen, PhD, *Washington University, St. Louis MO*

Professionals and consumers in child welfare have raised concerns about the quality of psychiatric care. In response to these concerns we developed a review process utilizing a psychiatric nurse. Results from the first applications of the review found that all youth had at least two diagnoses and were taking an average of 3.16 medications. Findings confirm the difficulty of treating these youth and the need for adequate time and multiple informants for accurate diagnosis.

11:15 am – 11:45 am

Esplanade I » paper presentation

Integrated Co-Occurring Treatment for Adolescents: From Model Development to Implementation

Richard Shepler, PhD, *Center for Innovative Practices, Kent State University, North Canton OH; David Hussey, PhD*, *Institute for the Study and Prevention of Violence, Kent State University, North Canton OH*

This paper will present the Integrated Co-Occurring Treatment model (ICT) and most recent outcomes from pilot sites. ICT is an integrated adolescent treatment approach which utilizes an intensive community-based service delivery model, and is based upon four major components: 1) a system of care service philosophy, 2) integrated contextual assessment and intervention, 3) core services matched to need, and 4) a risk reduction and resilience-building framework. The paper will review the basic concepts and processes of the Integrated Co-Occurring Treatment (ICT) model.

Session 6

10:15 am – 10:45 am

Esplanade II » paper presentation

How Do Medication Use, Prescribing Providers and Treatment Patterns Effect Clinical Outcomes among Children with Mental Health Challenges in System of Care Communities?

Susan Drilea, MS, *Walter R. McDonald Associates, Rockville MD*;
Megan Brooks, MA, *ICF Macro, Atlanta GA*; **Sylvia Fisher, PhD**, *Center for Mental Health Services, SAMHSA, Rockville MD*

Within the current trend toward integrating mental health services into primary care practice, primary care providers are assuming an increasingly important role in treating children's behavioral and emotional symptoms, including prescribing psychotropic medications. In this analysis differences are examined between children receiving services in system of care communities and taking psychotropic medications prescribed by primary care providers, compared to by psychiatrists. Generally differences emerged within demographic characteristics, diagnosis, and treatment patterns, but not clinical outcomes.

10:45 am – 11:15 am

Esplanade II » paper presentation

Trends in Psychoactive Medication Use among Children and Youth with Mental Health Challenges in Systems of Care: 1999-2008

Tesfayi Gebreselassie, PsyD; **Kara Riehman, PhD**; **Joseph Fruh, BA**, *ICF Macro, Atlanta GA*

The high level of psychotropic medication use among children is emerging as an area of concern. Studies indicate that use of antidepressants in children and adolescents has decreased since the Food and Drug Administration (FDA) issued a regulatory warning. Overall use of antipsychotics has, however, increased significantly. Findings from data collected as a part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (CCMHS) indicate decreasing trends for use of antidepressants since 2003, and a concomitant increasing trend in antipsychotic medication use.

11:15 am – 11:45 am

Esplanade II » paper presentation

Strategies for Using Psychopharmacology Data to Improve Quality of Care in Children's Mental Health: The Maine Experience

James Yoe, PhD; **Elsie Freeman, MD**; **Lindsey Tweed, MD**, *Maine Department of Health and Human Services, Augusta ME*

This presentation provides a template for analysis of variation in the utilization and quality of psycho-pharmacy services among Medicaid members 0-18 within different

subpopulations in Maine, and in comparison to other states involved in a 16 state study. Developing systems to study and disseminate data showing variation in mental health services utilization among and within states has promise for developing policies and programs aimed at improving the delivery of quality and cost effective mental health care.

Session 7

10:15 am – 11:45 am

Esplanade III » 90 minute symposium

Impact of a Multi-State HCBS Waiver on Children's Functional Status

Chair: Oswaldo Urdapilleta, PhD, *IMPAQ International, Columbia MD*; **Discussant: Garrett Moran, PhD**, *Westat, Rockville MD*

The Centers for Medicare and Medicaid (CMS) are funding a demonstration program for grantee states treating severe emotional disturbance in children and youth, to use home and community-based services (HCBS) as an alternative to psychiatric residential treatment facilities (PRTF). The two goals of the demonstration are to assess whether the provision of home and community-based services to youth would: 1) result in the maintenance or improvement in a child's functional status and 2) on average, cost no more than anticipated aggregate PRTF expenditures in the absence of the demonstration. The demonstration is utilizing systems of care and wraparound models as community-based approaches to reducing disparities. The wraparound process ensures children and youth receive services while residing in their homes and community.

This presentation will highlight the demonstration's achievements so far to create, maintain and disseminate policies and best practices which result in meaningful improvements for youth in Medicaid, and mental health for children and youth in general. It is expected that Medicaid policies might be shaped by assessment outcomes of youth participating in this demonstration. Participants are monitored for functional and other behavioral changes attributed to participation in the demonstration. Specifically, seven functional domains of interest will be monitored at six-month intervals: community living, school functioning, family functioning, juvenile justice, alcohol and other drug use, mental health, and social support. Several functional assessment instruments (CANS, CAFAS, CBCL) will be used by participating grantees as foundations of the data used in the evaluation. A multi-site, multi-tiered evaluation including state-centric evaluations, analysis of youth outcomes from states using similar instruments, and a meta-analysis, will all be completed.

A Medicaid HCBS Alternative to Psychiatric Residential Treatment Facilities (PRTF)

Effie R. George, PhD, *Centers for Medicare & Medicaid Services, Baltimore MD*

The Deficit Reduction Act of 2005 authorized up to \$217-million for a demonstration program for grantee states to use Medicaid funding for HCBS as an alternative to psychiatric residential treatment facilities (PRTF). Nine States have started HCBS Demonstrations and are currently in various stages of the implementation process. Children and youth in seven States have been enrolled in the Demonstration waiver. All States have encountered many successes and lessons learned throughout the implementation process.

HCBS Waiver State Experiences: Mississippi Youth Programs around the Clock (MYPAC) and Kansas HCBS Waiver

Bobbie Graff-Hendrixson, *Department of Social and Rehabilitation Services, Topeka KS*; **Kristi Plotner**, *Division of Medicaid, Jackson MS*

Substantial changes are coming in the area of youth mental health following the HCBS-PRTF Demonstration. Implementation findings and obstacles from two state grantees are critical to understanding the challenges of providing HCBS, and their benefits for the target population.

National Evaluation of HCBS-PRTF Waiver

Oswaldo Urdapilleta, PhD, *IMPAQ International, Columbia MD*

A National Evaluation of the HCBS PRTF Demonstration will answer two primary questions as defined by Congress: 1) Does the Demonstration result in the maintenance of or improvement in a child's functional status? [Does exposure to wraparound services in the community setting result in maintenance of or improvement in a youth's level of functioning?], and 2) Does the Demonstration, on average, cost no more than anticipated aggregate PRTF expenditures in the absence of the demonstration?

Lunch on Your Own

11:45 AM - 1:00 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.

Box lunches will be available for purchase.

Session 8

25th Track

1:00 pm – 2:30 pm

Buccaneer Suite B » 90 minute symposium » 25th

Researchers, Evaluators and Practitioners: Using Data to Develop and Strengthen Systems of Care

Chair & Discussant: Robert Friedman PhD, *Child and Family Studies, University of South Florida, Tampa FL*

All Presenters: Brigitte Manteuffel, PhD, *ICF Macro, Atlanta GA*; **Eric Bruns, PhD**, *Psychiatry, University of Washington, Seattle WA*; **Michael Pullmann, PhD**, *Division of Public Behavioral Health and Justice Policy, University of Washington, Seattle WA*; **Knute Rotto, ACSW**, *Choices, Inc., Indianapolis IN*; **Vicki Effland, PhD**, *Outcomes and Evaluation, Choices, Inc., Indianapolis IN*

During the past 25 years much has been learned about systems of care and wraparound. These lessons come from investigations conducted from three unique perspectives: research, evaluation, and program administration. Researchers have examined several aspects of systems of care, including the effectiveness of systems of care for specific service populations (e.g. youth involved in the juvenile justice or child welfare systems, youth with specific mental health or behavioral diagnoses), the extent to which the necessary conditions to support wraparound are in place, and fidelity to wraparound. Results from these studies have provided a wealth of information about specific components of systems of care and wraparound, that allows communities to continue to refine their local systems of care.

The ongoing national evaluation of systems of care, conducted by ICF Macro, Walter R. McDonald & Associates, and other evaluation partners, has examined the effectiveness of systems of care across the country. Specifically, that evaluation includes analysis of child and youth characteristics (e.g., demographics, referral sources, risk factors, and educational and juvenile justice status); clinical outcomes for children, youth and families; and program outcomes (e.g., systems change, services and costs, program effectiveness, satisfaction). Since participation in this evaluation is required for all systems of care funded by CMHS, 144 communities are represented in the evaluation to date. Additionally, many of those communities conduct local evaluations that are customized to meet the local information needs of community partners.

Administrators of local systems of care use existing research and evaluation results to integrate best practices into their systems. However, additional data collected locally within the system of care and in real-time can greatly enhance a community's ability to continuously improve its system of care, and to make decisions that are based on data (and therefore most accurately reflect the strengths and needs of their communities). The integration of information generated from all three of these perspectives provides the best foundation for new and existing communities to sustain their systems of care.

Session 9

1:00 pm – 2:30 pm

Regency V » 90 minute symposium

Advocacy on Behalf of Children and Families Needing Mental Health Care

Chair: Christina Kloker Young, *C.K. Young and Associates, Oak Ridge TN*

All Presenters: Lenore Behar, PhD, *Child & Family Program Strategies*; Christina Kloker Young, *C.K. Young and Associates, Oak Ridge TN*; Chris Dendy, MS, *National CHADD Board of Directors, Landover MD*; Maria Rodriguez, *Vanguard Communications, Washington DC*

Advocacy plays a critical role in the development of mental health services for children and families. This session will provide an overview of past advocacy efforts, progress on system of care development since 1984, the advocacy challenge, and the importance of “outside- and inside-the-system” advocates, working with families and with community-based advocacy efforts. In addition, state and national advocacy strategies, legal avenues, and tips for coalition building will be discussed. Future needs for social marketing and strategic communication will be reviewed.

Session 10

1:00 pm – 1:30 pm

Regency VI » paper presentation

Using Evaluation for Program Improvement: The Joys and Trials of Creating a Feedback Loop

Cheri Hoffman, PhD, *Evaluation, Centerstone Research Institute, Nashville TN*; **Jacson Chapman**; **Kathy Rogers**, *Mule Town Family Network, Columbia TN*

This discussion will focus on how intentional feedback of program evaluation results improves organizational and system performance, resulting in the delivery of better services. Evaluators and program staff from the Mule Town Family Network in Maury County, Tennessee, serving youth ages 0-21 with serious emotional disturbances through intensive wraparound, will share challenges in establishing an effective feedback loop and successes that have resulted from clear communication of key program performance indicators.

1:30 pm – 2:00 pm

Regency VI » paper presentation

Increasing Accessibility and Collaboration within System of Care by Using a Common, Frontline Assessment Tool

Kay Hodges, PhD, *Psychology, Eastern Michigan University, Ann Arbor MI*; **David King, MSW**, *Child and Family Services, Monroe Community Mental Health Authority, Monroe MI*

A system of care team will describe how it is identifying high and at-risk youth throughout the community, using a common assessment tool (JIFF®) that allows youth and caregivers to directly respond to a computerized, self-administered interview. The goal is to make it easy for any at risk youth to be able to obtain services and, in particular, services that match their actual needs. Performance management data will be used to evaluate the initiative.

2:00 pm – 2:30 pm

Regency VI » paper presentation

Development and Evaluation of Child Mental Health Services for Vulnerable Children in the UK

Panos Vostanis, MB, MD, MRCPsych, *University of Leicester, Leicester UK*

It is well established that children and young people who suffered multiple traumas – such as those in public care, refugees and homeless people, are at high risk of mental health problems. Evidence will be presented about their complex needs that require involvement with several agencies, and on their limited access to mainstream services. A service model developed in the UK, and emerging findings, will be discussed, including implications for international policy and service development.

Session 11

1:00 pm – 2:00 pm

Regency VII » 60 minute symposium

Perspectives on Transition Support Services

Chair: MaryAnn Davis, PhD, *Psychiatry, UMass Medical School, Worcester MA*

There has been an explosion of interest in providing better supports for youth with serious mental health conditions as they transition to adulthood. Recent federal grant programs have supported states in the development of policies on this topic, and a new grant program, Healthy Transitions, has funded seven sites to provide innovative service and infrastructure change to improve transition supports. Both of those programs received applications from a majority of states. Further, two new Rehabilitation Research and Training Centers on Transition Age Youth and Young Adults have been funded to conduct research and dissemination activities on rehabilitation services. This explosion magnifies the need to understand what works

and what doesn't for the transitioning population. The research base from which service decisions are made is still quite limited. While several services and treatments, tailored to the needs of this population, are in early stages of clinical trials, broad dissemination of those models is still years away. In the interim, systematic investigation of what works well and what doesn't for this population can inform current practice as well as the development of future interventions. This symposium presents new findings from studies that have examined various perspectives on transition support services. Taken together, these studies help paint the complex picture of what works and what doesn't for the transitioning population.

The first paper will describe age differences in the quality of the wraparound process, a widely implemented child system approach. Specifically, this study examines youth, caregiver and other participants' reports of process quality, using a fidelity measure for youth at different ages (age range = 10-21 years), to examine whether and how the process changes as youth enter the transition period. Implications for age-appropriate wraparound processes during the transition period will be discussed.

The second paper will describe vocational support desires of young adults in residential treatment working toward community inclusion. The authors conducted a qualitative study of 16 participants enrolled in a young adult residential program and receiving the Individualized Placement and Support program (Drake et al., 1999) in the summer of 2009. Their intention was to gain a "thick" description of beliefs (Geertz 1973, pp.3-30), experiences and needs (resources, information, contact, supports, etc.) of transition-age youth and young adults with serious mental health conditions in all phases of the employment process (e.g. engagement, job search, sustaining employment). The goal of the study is to determine how the adult vocational support program in which they were enrolled can be improved to better fit their needs.

The third study examines transition-age youth workforce issues. The purpose of this grounded theory study was to gain a better understanding of the motivations, satisfactions and frustrations of front-line mental health professionals working with transition-age youth who have serious mental health conditions and are intensive users of mental health and related services. Four major concepts emerged from the interviews: coping with systemic challenges, experiencing and overcoming "resistance" or "self-sabotage," individualizing outcomes, and maintaining motivation. Implications for supporting transition-age youth workers will be discussed.

The discussion will focus on implications for current practices and programs.

Wraparound Child and Family-Team Processes among Youth Transitioning to Adulthood

Mason Haber, PhD, *Psychology, University of North Carolina at Charlotte, Charlotte NC*; **James Cook, PhD**; **Ryan Kilmer, PhD**, *Psychology, University of North Carolina at Charlotte, Charlotte NC*

Using data from two evaluations of a system of care, this paper examines how qualities of wraparound child and family teams, their influence on youth functioning, and associated contextual factors differ among families of transition-age versus younger youth. Findings indicated that transitioning youth in wraparound showed similar improvements in functioning to younger youth; however, their caregivers reported greater strain, and youth reported poorer cohesion on their teams. Implications for age-appropriate wraparound implementation are discussed.

Individualized Placement and Support for Transition Age Youth

Rochelle Frounfelker, MPH, MSW; **Sandra Wilkniss, PhD**, *Threshold Institute, Chicago IL*

Research is needed in order to understand how the Individualized Placement and Support (IPS) model should be modified to be effective with transition-age youth (TAY). A qualitative study was conducted at Thresholds, a large psychosocial rehabilitation agency that provides IPS services to TAY with SMI/SED. Human capital, symbolic capital and social capital all appear to play integral roles in attaining and maintaining employment. Findings suggest several points of intervention to promote success employment of TAY.

A Grounded Theory of Enduring Motivation in Mental Health Professionals Who Work with Transition-Age Youth with Severe Emotional Disturbance (SED)

Richard Yao, PhD, *Counseling, Nevada State College, Henderson NV*

This dissertation examined the enduring motivation of mental health professionals who work with transition age youth with severe emotional disturbance (TAYSED). While there is a growing literature base examining outcomes and treatment programs for TAYSED, there had been no previous research examining the mental health professionals who work with TAYSED. This research provided insight into the continued care of this population, and an opportunity to discuss broader conceptualizations of successful outcomes for TAYSED.

2:00 pm – 2:30 pm

Regency VII » paper presentation

The Perspectives of Young Adults with Severe Mental Illness Transitioning to Adulthood

Kristin Davis, PhD; Allison Elias, LCSW; Vanessa Vorheis, MSSW; Marc Fagan, PsyD, *Thresholds Psychiatric Rehabilitation Centers, Chicago IL*

This study provides insight into the process of transitioning to adulthood for 15 young adults (YAs ages 18-21) with severe mental illness (SMI) in a transitional living program. Clinical records and semi-structured interviews highlight the numerous challenges this population faces, including difficulties with education, employment, identity formation, and negotiating social roles. Constructs of social capital, trust, and resources appear to be important factors influencing the transition process, and may be particularly useful for conceptualizing and designing services to prepare these YAs, with histories of child welfare and residential treatment placements, for successful adult lives.

Session 12

1:00 pm – 2:00 pm

Esplanade I » 60 minute symposium

The Family Journey Assessment: Tracking the Impact of Family Support

Chair: Bruno Anthony, PhD, *Pediatrics, Georgetown Center for Child and Human Development, Washington DC*; **Celia Serkin**, *Montgomery County Federation of Families for Children's Mental Health, Silver Spring MD*

This symposium will highlight the effective integration of practice of family-to-family support and evaluation, through the development of the Family Journey Assessment (FJA), a measure for tracking a family's journey towards self-advocacy and self-efficacy. The 30-item FJA, completed by family support partners, characterizes family members' acquisition of skills, knowledge and network support as they progress through five stages of need: intensive, moderate, supportive, maintenance, and legacy. The measure is not tied to the child's behavior or functioning, but focuses on family members' empowerment. The presentation will first describe the participatory development process, involving partners from the Montgomery County Federation for Children's Mental Health (Federation) and the Georgetown Center for Child and Human Development. Specifically, the presenters will stress how item content has been informed by and responds to the experiences of family members who have experienced the journey and have provided support to other families. Second, the revision process will be described, including the results of a two stage, modified Delphi process for obtaining meaningful feedback from key stakeholders. The presentation will also describe the supporting information, including scoring anchors, to allow more consistent use of the FJA and capture the fluid

nature of the journey. Third, the FJA content is strongly linked to wraparound principles and procedures, and the presentation will link the FJA to ratings of wraparound fidelity (Wraparound Fidelity Assessment System) and functional outcomes as measured by the Child and Adolescent Needs and Strengths (CANS) collected within wraparound demonstration projects in Maryland. The presentation will employ specific examples to illustrate how the FJA: 1) helps family support partners provide a specific level of family peer-to-peer support, working with the family member to identify those strategies that will help each to successfully engage in the wraparound process, 2) can be shared with child and family team members to develop specific interventions for the plan of care and to assess progress, and (3) informs understanding of measures of wraparound fidelity (WFI).

The Family Journey Assessment Measure

Bruno Anthony, PhD, *Pediatrics, Georgetown Center for Child and Human Development, Washington DC*

This paper will describe the Family Journey Assessment (FJA), a measure for tracking a family's journey towards self-advocacy and self-efficacy, including acquisition of skills, knowledge, and network support, through five stages of need: intensive, moderate, supportive, maintenance, and legacy. It will present the measure's structure and administration procedures and the participatory development and revision process, including procedures used to obtain meaningful feedback from key stakeholders.

The Impact of Family Support

Celia Serkin, *Montgomery County Federation of Families for Children's Mental Health, Silver Spring MD*

This presentation will indicate how the FJA's content has been informed by the experiences of family members who have experienced the journey and provided support to other families. Examples will illustrate how the FJA can help family support partners and navigators provide a specific level of peer-to-peer support, identify strategies to engage families in the treatment process, develop specific interventions for the plan of care, and assess progress through combined measures of fidelity and outcome.

2:00 pm – 2:30 pm

Esplanade I » paper presentation

Innovation in Child Welfare: The Adoption and Implementation of Family Group Decision Making in Pennsylvania

Mary Rauktis, PhD, *Social Work, University of Pittsburgh, Pittsburgh PA*

Using qualitative and network autocorrelation modeling, this paper explores the child welfare agency and community factors that associate with adoption, implementation and sustainability of Family Group Decision Making. The findings suggest that client need is less influential than contextual factors such as the presence of "neighbor counties" who are implementing Family Group. In the early phases of adoption, resources in the form of staff, training and support are needed; more mature adopters require additional leadership.

Session 13

1:00 pm – 1:30 pm

Esplanade II » paper presentation

Generating a True Measurement of Cultural Competency in Systems of Care: Reconciling Individual and System Level Data

Katrina Bledsoe, PhD, *Walter R. McDonald & Associates, Inc., Rockville MD*; **Phyllis Gyamfi, PhD**; **Freda Brashears, MS**, *ICF Macro, Atlanta GA*

Cultural competency is a principle of service provision in systems of care. The national evaluation of the Children's Mental Health Initiative collects data on cultural competence from caregivers and adolescents receiving services, and at the system level. Although data is collected at both levels, there are discrepancies, making it difficult to determine if the system of care's service provision is culturally competent. We discuss results and discrepancies between the individual and system levels of measurement.

1:30 pm – 2:00 pm

Esplanade II » paper presentation

Welcome to the New Frontier: The Many Challenges of Successfully Transporting Evidence-Based Practices into Community Mental Health Settings

Scott Sells, PhD, *Parenting with Love and Limits*

Juvenile justice agencies and subcontracted mental health service providers have had difficulty adapting to the demand for use of evidence-based models (EBM). "Transportability" refers to the ease with which a community mental health agency can take the concepts of an evidence-based model and integrate them into the real world with real families.

Frontline mental health clinicians work with high risk juveniles who step down from residential placements back into the community, or who are at risk for commitment; and who need evidence-based model programs that adapt to difficult work conditions and effectively treat these "hard core juveniles." However, there is often a lack of time and fiscal resources to make this happen. In addition, poor morale due to impossible client loads, compassion fatigue, burn out and high staff turnaround rates often circumvent the best retooling and training efforts. Many state agencies are in a state of constant crisis, making it difficult to embrace a standardized evidence-based change strategy.

2:00 pm – 2:30 pm

Esplanade II » paper presentation

Results of the Statewide Evaluation of Michigan's Infant Mental Health Model of Infant/Toddler-Parent Psychotherapy

Joan Abbey, MSW, *Eastern Michigan University, Ypsilanti MI*; **Catherine Liesman, PhD**, *Development Centers, Detroit MI*

This paper describes results from the Statewide Evaluation of Michigan's Infant Mental Health Model, funded by the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. This process, outcome and cost evaluation of Michigan's model of relationship-based evidence-informed home visitation services for infants/toddlers with regulatory disorders or developmental delays, and/or whose primary caregiver has mental/substance disorders, determined that the model is efficacious in promoting attachment, and in preventing child abuse/neglect and serious emotional disturbance in children.

Session 14

1:00 pm – 2:00 pm

Esplanade III » 60 minute symposium

The Impact of Conflict on System Effectiveness

Chair: Mary Evans, *Doctoral Study College of Nursing, University of South Florida, Tampa FL*; **Discussant: Andrea Blanch, PhD**, *Center for Religious Tolerance, Sarasota FL*

Community coalitions and collaborations have become increasingly common in social services. Virtually every major federal human services policy initiative since the 1970's has emphasized the importance of interagency cooperation. Emerging research on the process of developing and maintaining interagency coalitions indicates that conflict is highly likely in any coalition, including those within systems of care that bring together organizations with different mandates, missions and histories. Research on the process through which coalitions identify and handle conflict, and on the impact of conflict on the sustainability of community collaboration, remains scarce. Even though there is growing evidence that systems of care (SOC) may not reach their full potential – or might even founder – due to conflicts that have not been adequately acknowledged or addressed, little attention has been paid to the role of conflict in developing and maintaining effective systems of care. To examine how conflict affects the effectiveness of SOC, the University of South Florida (USF) conducted a four year study.

USF's research was organized into three components. A "needs assessment" survey of existing and recently graduated SOC governing boards was conducted, designed to identify conflict occurring in sites. Two sites were then selected from a pool of 17 for site visits by a team that included experts in SOC, conflict management and concept mapping. Site visits consisted of "concept mapping" with

governing board members, individual interviews with key leaders, and a records review. The site visits were used to identify organizational processes of conflict management and prevention activities within sites. Finally, a focus group process was conducted involving key leaders from across the county representing a variety of stakeholder roles, to identify common themes in system development and their experiences with conflict. A written report detailing findings and recommendations was provided. One site, Circle of H.O.P.E., used the recommendations it received to begin to create policies and practices to promote problem-solving and reduce the potential for conflict.

Results suggest that conflict in SOC is generally high, with great variance across sites in their capacities to identify and handle conflict constructively. Unacknowledged conflict can particularly negatively affect the effectiveness and sustainability of systems of care, and unaddressed conflict may amplify other problems. Conflict appears to have an impact on four areas that are vital to the development of effective SOC: systems change, the development of family-driven and youth-guided systems, collaboration, and sustainability. Sites studied seem to fall within one of three stages of development in dealing with conflict: Conflict avoidant; conflict sensitive; and conflict informed.

Many systems of care appear to “stress cooperation without developing clear guidelines for collaboration, internal communication systems for fostering problem discussion and resolution, or training in conflict management skills” for their members. This symposium will focus on the impact of conflict on systems effectiveness through three presentations: 1) study findings and recommendations, 2) a proposed framework to help systems of care identify their capacity for conflict transformation, and 3) one site’s experience in increasing system effectiveness through the development of strategies to address conflict.

Results of a Study on the Role of Conflict in Systems of Care

Robyn Boustead, MPA, *Dept. of Mental Health, Missouri Institute of Mental Health, Jefferson City MO*; **Mary Evans**, *Doctoral Study College of Nursing, University of South Florida, Tampa FL*

Effective systems of care (SOC) involve changes in policy and practice across multiple stakeholders, many with conflicting agendas and histories. A study of the role of conflict in developing effective systems of care found that conflict is a common occurrence. The more conflict reported, the less effective the system of care. Results suggest that SOC sites need to acknowledge conflict, and also suggest concrete ways to address conflict to improve the effectiveness of systems of care.

Levels of Development in Capacity for Conflict Transformation: Site Visit Findings

Roger Boothroyd, PhD, *Dept. of Mental Health Law and Policy, University of South Florida, Tampa FL*; **Andrea Blanch, PhD**, *Center for Religious Tolerance, Sarasota FL*

System of care (SOC) sites vary widely in their ability to acknowledge and respond to conflict. Findings from a study of the role of conflict within system of care suggest three levels of development in dealing with conflict in local SOC governing boards: conflict avoidant; conflict sensitive; and conflict informed. Tools such as concept mapping, the conflict self assessment, and outside facilitation may be used to help sites examine and work through their own conflict.

Creating Strategies to Address Conflict: One Site’s Experience

Andrea Aderton, MSW, *Circle of Hope, St. Joseph MO*

One federally funded system of care, Circle of H.O.P.E., participated in a study on the role of conflict in system of care development. Findings from a site visit identified a pattern of dealing with conflict consistent with a conflict-sensitive site: conflict was prevalent and acknowledged, but structures and skills to address conflict were lacking. Using site visit recommendations, partners are working to make their system more effective by developing strategies to address conflict.

2:00 pm – 2:30 pm

Esplanade III » paper presentation

Giving Voice to Children and Families through a Measurement Feedback System (MFS)

Leonard Bickman, PhD, *Vanderbilt University, Peabody College, Center for Evaluation and Program Improvement, Nashville TN*; **Emily Sheffer, BA**, *Peabody College, Vanderbilt University, Nashville TN*

Skillful and effective clinicians need to know their clients. Yet there is a significant body of research that shows that many clinicians are not accurate in their perceptions of their clients. In order to help remedy this problem clinicians require accurate and timely feedback from their clients and caregivers. This presentation will describe how a Measurement Feedback System (MFS) provides such feedback. A MFS makes available concurrent feedback on treatment progress and process through weekly completion of very brief standardized measures administered to youth, caregivers, and clinicians.

2:30 pm – 2:45 pm

**Networking Break
Sponsored by RTI**

Session 15

25th Track

2:45 pm – 4:15 pm

Buccaneer Suite B » 90 minute symposium » 25th

The Role of Interagency Collaboration in Systems of Care

Chair: Judith Katz-Leavy, MEd, Washington DC

All Presenters: Judith Katz-Leavy, MEd, Washington DC; Sheila Pires, MPA, Human Service Collaborative, Washington DC; Michelle Zabel, MSS, Innovations Institute, University of Maryland School of Medicine, Baltimore MD

This symposium will explore the role of interagency collaboration over the past 25 years as originally conceptualized in the Child and Adolescent Service System Program (CASSP), and in the landmark document on *Developing Systems of Care* by Beth Stroul and Robert Friedman. It will present the original expectations for this approach, the realities of implementation through the Comprehensive Community Mental Health Services Program for Children and Their Families, technical assistance and training strategies utilized, and current practice at the federal, state and local levels. Opportunities will be available for discussion, and for participants to contribute their own experiences.

Session 16

2:45 pm – 3:15 pm

Regency V » paper presentation

Family-Driven, Youth-Guided Practices in Residential Treatment: Findings from a National Survey of Residential Treatment Providers

Jonathan Brown, PhD, MHS; Kirsten Barrett, PhD, Mathematica Policy Research, Washington DC; **Kamala Allen, MHS,** Center for Health Care Strategies, Hamilton NJ

This study presents findings from a survey of 293 residential treatment providers conducted in spring 2009 to assess the adoption of practices associated with a family-driven, youth-guided model of care. Most providers reported using some of these practices, but only 12% included youth and family members in program operations or oversight. Nearly 88% of providers reported that staff have not heard of family-driven principles, or required further training to deliver care consistent with these principles.

3:15 pm – 3:45 pm

Regency V » paper presentation

Program Evaluation and Survey Analysis of NYC Community Residential Program

Marleen Radigan, DrPH, MPH, MS, Performance Measurement & Evaluation, Division of Child & Families, Albany NY; **Beth Caldwell,** Caldwell Management, Housatonic MA; **Bette Levy, MA, EdM,** NYS Office of Mental Health, Division of Children & Families, New York NY

New York's state Office of Mental Health conducted an evaluation of training and supervision interventions targeted at implementing best practices in 18 licensed community residential programs in NYC. Interventions occurred over a 6 year period and were designed to provide line and supervisory staff with the understanding and knowledge-base to implement best practices. A total of 75 staff, 46 youth, and 40 families were surveyed to determine extent to which they perceived that these principles were in place.

3:45 pm – 4:15 pm

Regency V » paper presentation

Residential Care: It's Everyone's Business!

Pat Hunt, Public Sector Solutions, Magellan Health Services, Turner ME

How is one care management organization making positive change in the arena of residential services? Magellan Health Services' Public Sector developed a white paper on the efficacy of residential and alternative treatment options in 2008. Magellan-managed residential services are at an all time low rate of usage in Maricopa County, Arizona. This presentation will share Magellan's findings, and help participants to create strategies for developing a partnership approach that is key to ensuring positive outcomes for children, youth and their families.

Session 17

2:45 pm – 3:15 pm

Regency VI » paper presentation

Walking the Tightrope: Supporting Families in Crisis While Maintaining Appropriate Boundaries in Data Collection

Melissa Weber, MS; Leanne McAndrews, LMSW, Research and Evaluation, Children's Institute, Inc., Rochester NY

Evaluation interviewers in systems of care communities ask sensitive questions. They are expected to develop an empathic connection with participants in order to obtain valid longitudinal data and prevent attrition. It becomes a challenge to balance an appropriate and human reaction to families in crisis who are expressing needs, while maintaining the boundaries of the interviewer role. The Rochester community has developed responsive processes to address these needs and to support both the interviewers and families involved.

3:15 pm – 3:45 pm

Regency VI » paper presentation

Turning Data into Action: Using Data to Drive Service Programs

James Yoe, PhD, *Office of Continuous Quality Improvement, ME Department of Health and Human Services, Augusta ME*; **Douglas Patrick, LCSW**, *Office of Child and Family Services, Department of Health and Human Services, Augusta ME*

This presentation examines how Maine has used service and outcome data to shape policy and inform service planning, development, and decision-making in Children's Behavioral Health Services. Three studies are used to illustrate the strategic use of administrative data, and how it has been used to inform decision-making and guide system change efforts in Children's Behavioral Health Services.

3:45 pm – 4:15 pm

Regency VI » paper presentation

Improving Academic Outcomes: Building the Case for High Quality, Evidence-Based Mental Health Strategies in Schools

Bruno Anthony, PhD; **Joyce Sebian, MEd**, *Pediatrics, Georgetown Center for Child and Human Development, Washington DC*

This presentation will focus on how evaluation efforts can build the case for expanded school mental health (ESMH) in enhancing behavioral health and academic outcomes for youth. Results will be presented from a comprehensive evaluation of an ESMH program (Baltimore City), including data showing links between service use and school outcomes (academic benchmarks, attendance, and suspensions). Discussion will focus on the use of evaluation data as part of broader efforts to achieve sustained financing and resources.

Session 18

2:45 pm – 4:15 pm

Regency VII » 90 minute symposium

Three Innovative School-Based Mental Health Programs: Initial Results

Chair: Bradley Stein, MD, PhD, *University of Psychiatry, Pittsburgh School of Medicine, Pittsburgh PA*; **Discussant: Mark Weist, PhD**, *Center for School of Mental Health, University of Maryland School of Medicine, Baltimore MD*

Schools have long been recognized as an important provider of services to children with emotional and behavioral disorders, yet a paucity of empirical information regarding the effectiveness of school-based mental health programs exists. Moreover, educational and mental health systems frequently continue to operate in separate silos, allowing many children in need of services to fall through the cracks, and limiting the effective dissemination of effective school based mental health interventions.

In response, there has been increasing attention among clinicians, researchers, and policy-makers regarding the development of effective, efficient and sustainable school-based mental health interventions. This symposium consists of presentations about three innovative programs, and will provide information regarding collaborative development of the programs, empirical data on program effectiveness, and information regarding the potential for adoption and broader dissemination of such school-based mental health programs.

The first presentation is about a school-based "Medical Home" model for children with emotional and behavioral problems. This program was developed in response to the increased presence in schools of mental health personnel providing "wraparound services". Since those mental health personnel are assigned to specific children, classrooms commonly had multiple mental health personnel simultaneously present and working with different children. The school-based "Medical Home" creates a single mental health provider team for each school, integrating care for multiple children receiving "wraparound" services, and creating a consistent approach to addressing the needs of these children. The presentation will discuss the development of the program, and provide preliminary data regarding its effectiveness.

The second presentation, "A School-Based Trauma Intervention for Use by Teachers and School Counselors," will provide information on programs focused on addressing mental health needs of children exposed to trauma and violence. Students in many neighborhoods have high rates of such exposure, along with high levels of unmet need for mental health services. This presentation will describe ten years of community-based participatory research that has resulted in two school-based mental health programs for children exposed to violence, and successes and challenges related to efforts to implement the programs in schools across the country.

The third presentation, "School Mental Health for Military Youth and Families," will share information on efforts to address unique mental health needs of children of militarily deployed parents. With over 2-million children having had a deployed parent in recent years, and approximately 700,000 children currently having a deployed parent; and with up-tempo military activities anticipated to continue; effectively addressing the mental health needs of these children is a pressing public health concern. This presentation will provide preliminary findings of effectiveness of a novel school-based mental health intervention designed to meet the needs of these children.

The symposium presenting information regarding these three innovative school-based mental health will provide attendees with information about effective programs addressing several high need populations. Discussant Mark Weist PhD, Director of the Center for School Mental Health, University of Maryland, will discuss the importance of such programs within the broader national school-based mental health agenda.

Preliminary Evaluation of a School-Based “Medical Home” Model for Children with Emotional and Behavioral Problems

Bradley Stein MD, PhD, *Psychiatry, University of Pittsburgh School, Pittsburgh PA*; **Judy Dogin, MD**, *Children’s Services, Community Care Behavioral Health, Pittsburgh PA*

Results are presented from a preliminary evaluation of the impact of School Based Behavioral Health (SBBH) services, designed to create a school-based “medical home” for children with emotional and behavioral problems. Outcomes measured include family- and teacher-reported child functioning, internalizing and externalizing behaviors, therapeutic relationship, and child academic performance. Significant improvements over time were demonstrated in family functioning, child functioning, and therapist-family alliance. Slight improvements were seen in academic performance.

A School-Based Trauma Intervention for Use by Teachers and School Counselors

Lisa Jaycox, PhD, *RAND Corporation, Arlington VA*

With high rates of trauma exposure among students, the need for intervention programs is clear. Delivery of such programs in the school setting eliminates key barriers to access, but few programs have demonstrated efficacy in this setting. We present the development and evaluation of two intervention programs, one for delivery by clinicians, the other for delivery by school counselors and teachers. Lessons learned and implications from this body of work will be discussed.

School Mental Health for Military Youth and Families

Sharon Hoover Stephan, PhD, *University of Maryland School of Medicine, Baltimore MD*; **Michael Faran, MD, PhD**, *Military Child and Adolescent Center, Tacoma WA*; **Stan Whitsett, PhD**, *School Mental Health Program, Child and Adolescent Psychiatry, Tripler Army Medical Center, Tripler HI*

This presentation will review the development and components of nationally recognized school mental health (SMH) programs within the Army that provide comprehensive services to military youth and families. Participants will discuss adaptation of evidence-based interventions for this population, including an intervention for traumatized youth. In addition, presenters will share preliminary outcome findings from the SMH team at Schofield Barracks, Hawaii, including positive impact on mental health, academic indicators, military readiness and consumer satisfaction.

Session 19

2:45 pm – 3:45 pm

Esplanade I » 60 minute symposium

Implementing a Youth and Family Center Model to Decrease Juvenile Justice Involvement: From “Front Porch” to “Back Yard.”

Chair: Melodie Wenz-Gross, PhD, *Communities of Care, and UMass Medical School, Psychiatry, Worcester MA*

Discussant: Mario Hernandez, PhD, *Child & Family Studies, University of South Florida, Tampa FL*

Central Massachusetts Communities of Care (CMCC) is a system of care grant awarded to the Executive Office of Health and Human Services by the Comprehensive Community Mental Health Services for Children and Their Families Program in 2005. The goals of this cooperative agreement are to decrease and prevent youth with serious emotional disturbance (SED) from becoming involved with the courts, and to reduce the seriousness and duration of juvenile justice involvement for this group. This is the second system of care grant awarded to Central Massachusetts. The first, Worcester Communities of Care, was awarded in 1999 and focused on providing a wraparound process to youth with SED using clinicians as Care Coordinators and family members as Family Partners. Based on feedback from stakeholders, families, and youth during an 18 month planning process, the CMCC grant takes a public health approach, providing prevention and early intervention along with intensive wraparound services within a Youth and Family Center model. This model involves creating a non-stigmatizing, culturally competent place in which youth and families can come to connect with other youth and families, serving both as a “front porch” (where families come to access needed services), and a “backyard” (where families stay connected when intensive services are no longer needed). Further, the staffing structure of the Youth and Family Center represents an expanded role for family members whereby parents/caregivers are trained to be Care Coordinators, supervised by licensed clinicians; and young adults are trained as Youth Coordinators, providing many of the skill building and support groups that make up the prevention activities offered within the Youth and Family Center.

The first presentation in this symposium will describe the creation of CMCC’s Youth and Family Center model, its staffing and programming, including the intensive wraparound juvenile justice diversion program called “Foundations.” CMCC’s early intervention and prevention activities, including the evidence-based skill building groups as well as support and recreational group activities will also be summarized. Efforts at the system level to develop collaborative working relationships with probation and the judge will also be described.

The second presentation will focus on lessons learned in the development of a diverse workforce by training parents/caregivers and young adults representing the diversity of the population served. Further, it describes the involvement of family

members and youth in the interview process to recruit Youth and Family Center staff. Finally, issues related to continued supervision and support of these staff are explored.

The third presentation will focus on the outcomes achieved using the Youth and Family Center model. This innovative approach to staffing and array of services has achieved an 86% rate of diversion of youth referred from the judge's bench. In addition, positive outcomes including a very low high school dropout rate of 4% for older youth after one year, and decreases in symptoms, functional impairment, risk behaviors and caregiver strain will be reported; as well as caregiver satisfaction.

Discussion will summarize lessons learned and focus on policy implications and the cost-effectiveness of implementing this Youth and Family Center model.

The Central Massachusetts Communities of Care Youth and Family Center Model: A Public Health Approach to Juvenile Justice Diversion

Anthony Irsfeld, PhD, *Community Healthlink, UMass Medical School, Worcester MA*

This presentation will describe the creation of CMCC's Youth and Family Center model, its staffing and programming; including the intensive wraparound juvenile justice diversion program called "Foundations." CMCC's early intervention and prevention activities, including the evidence-based skill building groups, as well as support and recreational group activities, will also be summarized. Efforts at the system level to develop collaborative working relationships with probation and the judge will also be described.

Central Massachusetts Communities of Care Youth and Family Center Model: Expanding the Role of Family Members in the Provision of Care

Toni Dubrino, MA, *Communities of Care, UMass Medical School, Worcester MA*

This presentation will focus on lessons learned in the development of a diverse workforce by training parent/caregivers and young adults representing the diversity of the population served to provide care coordination, family support, youth mentoring, and youth skill building. Further, it describes the involvement of family members and youth in the interview process to recruit Youth and Family Center staff. Finally lessons learned related to continued supervision and support of these staff are considered.

3:45 pm – 4:15 pm

Esplanade I » paper presentation

Demonstrating High-Fidelity Wraparound and System of Care Enhancement: The Connecticut Family & Community Partnership Wraparound Initiative

Robert Franks, PhD, *Child Health and Development Institute of Connecticut, Inc., Farmington CT*; **Robert Plant, PhD**, *Connecticut Department of Children and Families, Hartford CT*; **Jennifer Schroeder, PhD**, *CT Center for Effective Practice, Farmington CT*; **Timothy Marshall MSW**, *Connecticut Department of Children and Families, Hartford CT*; **Josephine Hawke PhD**, *Psychiatry, University of Connecticut Health Center, Farmington 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. This paper will describe the process by which two communities engaged in intensive strategic planning, training, coaching, quality assurance, leadership development, parent engagement, youth coordination, and sustainability planning activities to ensure that Wraparound was implemented with fidelity; and that the system of care operated effectively to meet the needs of children, youth, and families.

Session 20

2:45 pm – 3:15 pm

Esplanade II » paper presentation

Patterns of Medicaid Disenrollment for Youth with Mental Health Problems in Transition

Lindsay Satterwhite, MS, *Community Research & Action, Nashville TN*; **Michael Pullman, PhD**, *Psychiatry and Behavioral Health, University of Washington, Seattle WA*; **Craig Anne Heflinger, PhD**, *Community Research and Action, Vanderbilt University, Nashville TN*

We longitudinally examined patterns of disenrollment from Medicaid from age 16 to 25 among young people with mental health diagnoses. Research has demonstrated a high risk of disenrollment during the transition to adulthood; therefore, young adults may be less likely to experience continuity of care. We examined how disenrollment patterns differed by gender, race, rurality, eligibility category, and diagnosis. Results have implications for policy changes to enhance continuity of care.

3:15 pm – 3:45 pm

Esplanade II » paper presentation

Safe Schools Healthy Students: Supported Implementation of Evidenced-Based Programs in a Large Urban School District

Cynthia Wright, MHS, MA; Reggie McClinton, PhD, *Office of Specialized Services, Chicago Public Schools, Chicago IL*

Supporting implementation of evidence-based interventions initiated by the school district is critical to ensuring proper training and monitoring of practices that are to be performed in the school setting. The Chicago Public Schools District has the capacity to provide targeted supports to the student enrollment population, providing a supported implementation model to enhance the delivery of evidence-based interventions to students who require additional support in the development of resilience and social skills; and the opportunity to process and recover from the experience of trauma. A supported implementation model provides sustainability of social emotional learning (SEL) practices, and connects the district initiatives with school-level performance.

3:45 pm – 4:15 pm

Esplanade II » paper presentation

A National Look at the Post-High School Outcomes and Service Use of Young Adults with Emotional/Behavioral Disorders

Mary Wagner, PhD, *Center for Education and Human Services, Menlo Park CA*

Drawing on survey data from the National Longitudinal Transition Study-2 (NLTS2), this paper will describe the trends in employment, education and independence outcomes for a nationally representative sample of youth who had been out of high school up to six years, and who had received special education services in the category of emotional disturbance. The extent to which youth had accessed a range of adult services also will be described.

of implementation (i.e. sphere of influence, source, destination, communication link and feedback) and highlights several key aspects of the implementation process. First, statewide transformation of the children's mental health system has been built on wraparound values and principles. Second, based on early evidence of the effectiveness of wraparound, and the success of the first several efforts to implement wraparound in Indiana, the state mental health authority has provided financial support for communities to develop local systems of care and implement wraparound for nearly ten years. Third, the state funded a technical assistance center to provide coaching, training and targeted assistance to communities implementing wraparound. Finally, Indiana uses three core measurement tools to provide feedback to the implementation process.

The second paper provides a detailed overview of the Strengths-Based Site Assessment, which is used to measure the level of system of care development. This site assessment examines the extent to which the following organizational and system-level conditions are in place within each community: collaboration and partnerships (e.g. community representation by child-serving agencies and families), capacity building and staffing (e.g. project staff, strength-based supervision), acquiring services and supports (e.g. funding sources, Medicaid billing, flexible funds), accountability (e.g. outcome identification, measurement and reporting), and family involvement. Change theories (e.g. Rogers, 2003) and the stages of implementation defined by NIRN (Fixsen et al., 2005) are applied to the information collected using the site assessment, to determine the level of development in each community.

The third paper integrates site assessment information with data obtained from the evaluation of systems of care and wraparound in Indiana. In addition to the site assessment, the Wraparound Fidelity Index, Version 4 (WFI: Bruns, Suter, Force, Sather & Leverentz-Brady, 2007) is used to measure the extent to which communities apply the principles of wraparound. Youth and family outcomes were measured using the Child and Adolescent Needs and Strengths Assessment (CANS: Lyons, 1999). Relationships between (1) the presence of necessary conditions for wraparound, and the level of wraparound fidelity and (2) the relationship between wraparound fidelity and outcomes for youth and families, are explored.

Session 21

2:45 pm – 4:15 pm

Esplanade III » 90 minute symposium

Wraparound Implementation in Indiana: Essential Components and Results

Chair: Vicki Effland, PhD, *Outcomes and Evaluation, Indianapolis IN*; **Discussant: Michelle Duda, PhD, BCBA**, *FPG Child Development, University of North Carolina, Carrboro NC*

This symposium will use the implementation framework developed by the National Implementation Research Network (NIRN: Fixsen, Naoom, Blase, Friedman & Wallace, 2005) to guide discussion of wraparound development in Indiana. Specifically, the first paper examines the essential components

Indiana's Essential Implementation Components

Betty Walton, PhD, LCSW, *Division of Mental Health and Addiction, Indiana Family and Social Service Administration, Indianapolis IN*; **Janet McIntyre, MPA**, *Choices TA Center, Choices, Inc., Indianapolis IN*

The essential components of implementation identified by the National Implementation Research Network (i.e. sphere of influence, the source, the destination, the communication link and the feedback mechanism) are used to examine the implementation of systems of care and wraparound in Indiana. Important lessons learned from Indiana's experience, including supportive statewide policies and funding structures, and the need for a formal mechanism for ongoing training and coaching, are discussed.

Strengths-Based Site Assessment

Vicki Effland, PhD, *Outcomes and Evaluation, Choices, Inc., Indianapolis IN*; **Janet McIntyre, MPA**, *Choices TA Center, Choices, Inc., Indianapolis IN*

To assess the effectiveness of local systems of care using the wraparound process, Indiana employs two nationally known tools (the Wraparound Fidelity Index, and the Child and Adolescent Needs and Strengths [CANS] assessment) and a strengths-based site assessment. The site assessment identifies the level of system and organizational development within communities, and helps coaches identify areas of focus for quality improvement. This paper describes the theoretical foundation and practical application of the site assessment.

Wraparound Implementation in Indiana: Level of Development, Fidelity and Outcomes

Vicki Effland, PhD, *Outcomes and Evaluation, Choices, Inc., Indianapolis IN*; **Betty Walton, PhD, LCSW**, *Division of Mental Health and Addiction, Indiana Family and Social Service Administration, Indianapolis IN*

Using three data collection tools, this study examines whether the necessary conditions to support wraparound exist, the degree to which wraparound is implemented with fidelity, and youth and family outcomes as measured by the Child and Adolescent Needs and Strengths [CANS] assessment. Findings indicate that the presence of necessary organizational and system level conditions for wraparound supports high fidelity wraparound, and also support previous research indicating that high fidelity wraparound is related to improved outcomes for youth.

4:15 pm – 4:30 pm

Networking Break

Session 22

4:30 pm – 5:30 pm

Buccaneer Suite B » discussion

Setting the Research Agenda for a Public Health Approach to Children's Mental Health

Neal Horen, PhD; **Joyce Sebian, MS**, *Georgetown University, Washington DC*; **Cathy Ciano**, *RI Parent Support Network*

This hour will focus on the public health approach movement and will address how researchers, families, and policy makers may best focus efforts in the coming years to advance the public health approach. Using the new monograph on a public health approach developed by Georgetown University's TA Center and SAMHSA, participants will have an opportunity to set the research agenda for this topic.

Session 23

4:30 pm – 5:30 pm

Regency V » 60-minute symposium

Using Geospatial Techniques to Conduct Program Evaluation and Inform Service Delivery

Chair: Rose Greene, MA; **Discussant: Lynn Warner, PhD**, *Center for Human Services, University of Albany, Albany NY*

Mapping has become a popular tool among researchers to both inform and evaluate the delivery of various mental health services. In the field of children's mental health, geo-spatial analysis is frequently limited to locating at-risk populations and evaluating how well services are implemented within high risk areas. While this use of mapping has its merits, it barely scratches the surface of the array of geo-spatial analysis tools that are currently available to researchers. The symposium will 1) present recent innovations in geo-spatial statistics, 2) demonstrate how spatial analysis can supplement current evaluation techniques, and 3) highlight implications for translating research in practice. This symposium will present three examples of how mapping can provide meaningful descriptions of target populations; isolate and target statistically significant risk areas; incorporate spatial weights into multivariate models to adjust for regional effects; and how spatial models can be utilized to provide informed policy decisions. The data for each of the papers are derived from families presenting for services in the Albany County, NY System of Care (SOC).

The symposium will be structured around three primary questions concerning the spatial distribution of services in the Albany County SOC. The first paper explores the spatial distribution of families presenting for services in Albany County, using spatial descriptive statistics to infer the mean, standard deviation and modal points of the distribution of families presenting for services. The second paper uses Spatial ANOVA techniques to examine how variation in the decision to receive ongoing services differs between families presenting from urban and rural areas in Albany County. This paper illustrates that distance necessary to travel to service locations explains regional variation between urban and rural families' decision to continue receiving ongoing services. The third paper identifies youth presenting with suicidal ideation and uses Census and school district data to predict schools in which suicide prevention programs may have the largest impact on suicidal behavior among youth in Albany County. The results of this analysis are discussed in terms of translating research into effective practice by coordinating efforts of researchers, community stakeholders and school administrators to provide effective, streamlined services to areas with the greatest needs.

The papers in this symposium, taken together, are intended to illustrate the strengths of conducting geo-spatial analyses for an audience of practitioners and evaluators alike. A common theme woven throughout all three papers is how innovations in program evaluation can be translated into effect service delivery through collaborative efforts of stakeholders, practitio-

ners and evaluators. In the final portion of the symposium, the presenters will engage in a dialogue and discussion regarding the various uses of mapping software, geo-spatial analyses, and translating research into practice.

Research Into Action: Using Geospatial Analysis to Identify High-Risk Areas for Adolescent Suicidal Ideation and Generate Community Action

LuAnn McCormick, PhD; Matt Vogel, MA, *Center for Human Services, University of Albany, Albany NY*

This paper demonstrates how a simple map can be presented to a community group to highlight a critical issue and stimulate a coordinated community response. The analysis of suicidal ideation in a system of care was initiated in response to a cluster of completed suicides by teen girls through asphyxiation in a neighboring county in upstate New York. We underscore the power of visual data displays which are easily interpreted by a wide audience.

Beyond the Pushpin: Describing the Spatial Distribution of Families Receiving Services in a System of Care Community

Matt Vogel, MA, *Center for Human Services, University of Albany, Albany NY*

Maps are often used in human services to provide simple visual depictions, such as the location of services. These maps can be useful, but they are limited in their statistical power. This paper outlines the use of spatial descriptive statistics as a means of describing the entry points of families presenting for services in a system of care. This type of analysis can inform the location of services relative to populations of risk.

Using Spatial Techniques to Examine Rural/Urban Differences in Service Use in a System of Care

Matt Vogel, MA, *Center for Human Services, University of Albany, Albany NY*

Using spatial regression techniques, this paper examines the role that distance to services plays in rural/urban differences in service utilization. Results suggest that the distance necessary to travel is the largest predictor of the proportion of families agreeing to ongoing services. Policy implications are then discussed.

Session 24

4:30 pm – 5:30 pm

Regency VI » 60-minute symposium

Culture-Based Wraparound

Chair: Scott Palmer, PhD, *Connecting Circles of Care, Butte County Behavioral Health, Chico CA*

Culture-based wraparound is an approach that expands on the traditional wraparound model as defined by the National Wraparound Initiative. Connecting Circles of Care (CCOC) was developed by families and leaders from the African American, Hmong, Latino, Rural Mountain and Native American communities in Butte County CA. Culture-based wraparound integrates wraparound into the culture, rather than integrating culture into wraparound. Families are given the opportunity to develop and integrate cultural treatment services into their children's treatment plans (e.g. Hmong healing ceremonies), are offered services designed by members of their culture for their culture (e.g., Positive Indian Parenting), and are provided culturally matched staff (e.g. a Latino family chooses bilingual Latino staff). This symposium starts with a paper by Hmong scientist-practitioner Tang Judy Vang, who is currently working on her doctoral dissertation in Social Work. Her paper will focus on key wraparound factors associated with positive outcomes in work with rural Hmong community members. Alva De La Torre, an experienced Latina clinician and doctoral student in forensics psychology, offers a paper on the key factors for positive outcomes in the Latino community through culture-based wraparound. Dr. Scott Palmer, the clinical director of CCOC, describes the promising outcomes from culture-based wraparound, and compares CCOC to other system of care sites funded by Substance Abuse Mental Health Service Agency.

Culture-based wraparound distinguishes itself from the traditional wraparound model: 1) by integrating wraparound into the youth and family's culture, 2) in that staff are culturally matched with, and view the world through the eyes of, the family's culture, 3) by recognizing that a youth or family member's perceptions of, and level of trust in staff from different cultures, may impair relationship formation regardless of the level of cultural competence of those staff, 4) in that bilingual staff are provided to ensure that clinical terminologies and treatment services are not misinterpreted or lost through translation. This enables family members to fully and emotionally process clinical treatment in their first native language, and 5) culture-based wraparound is accountable to families, cultural communities, cultural organizations and local agencies.

Some examples of CCOC culture-based wraparound services are:

- Ability to select culturally-matched family partners, facilitators and clinicians for specific cultural communities (e.g. Native American, Latino American, Hmong American, and African American).

- All mental health services, wraparound facilitation, family partner services, and youth coordinator services are available in languages families understand (i.e. Hmong, Spanish and English).
- Inclusion of cultural leaders within wraparound teams.
- Cultural-based parenting education groups (e.g. Positive Indian Parenting, Southeast Asian Parent Education, Los Ninos Bien Educados, and Effective Black Parenting).
- Multicultural events that honor each culture in cultural performance
- Flex funds available for cultural and spiritual activities (e.g. shamans, healing ceremonies).
- Culturally-based activities (e.g. weekly Native American youth drumming group).
- Multicultural youth program with youth staff hired from the local cultural communities. These youth staff serves as mentors to the youth and with the youth, they create activities that honor the local cultures.

Culture-Based Wraparound with Hmong Families

Tang Judy Vang, MSW, PhD, *Connecting Circles of Care, Butte County Behavioral Health, Oroville CA*

Connecting Circles of Care's (CCOC) Hmong wraparound team infuses cultural and traditional healing practices and western therapeutic interventions to support Hmong youth and families in the mental health system. The Hmong team has developed strong clinical trust within the Hmong community in delivering cultural-based wraparound services; decreasing the mental health stigma and respecting the Hmong cultural heritage by embracing their spirituality, clan leadership, and family structure.

Culture-Based Wraparound with Latino Families

Alva De La Torre-Pena, MS, *Connecting Circles of Care, Butte County Behavioral Health, Chico CA*

"La familia" and "la comunidad" (family and community) are central to the Latino culture's livelihood, including Spanish or Indian dialect, traditions, folklore, music, food and religious or spiritual affiliation. All of these are fundamental to the process of family norms being passed down from one generation to the next. CCOC assists Latino youth and their family systems to integrate the past with the present, to reclaim their heritage, and to redefine family roles with culture-based wraparound.

Outcomes of Culture-Based Wraparound

Scott Palmer, PhD, *Connecting Circles of Care, Butte County Behavioral Health, Chico CA*

Connecting Circles of Care's (CCOC) outcomes suggest that its culture-based wraparound program is more culturally responsive, has higher caregiver satisfaction, and potentially a greater reduction of problem behaviors when compared with other system of care sites. Independent qualitative program evaluation research for cultural competence has found

CCOC to be reaching its clinical and cultural objectives. Those results suggest that a wider adoption of culture-based wraparound could substantially benefit youth with emotional disturbances and their families.

Session 25

4:30 pm – 5:30 pm

Regency VII » discussion

SNAP in a New Age of School Mental Health: Mobile and Section Services

Michelle Dermenjian, MEd, *Psychology, Hands – The Family Help Network, Parry Sound ON Canada*; **Diane Brown deMarco, MN**, *Director of Programs and Services, Hands – The Family Help Network, North Bay ON Canada*

Hands – The Family Help Network (Canada) implemented School Mental Health (SMH) mobile teams, reducing disparity for those previously in Section classrooms. School capacity building, system coordination and increased evidence-based practice (EBP) fosters progressive service approaches. Effective use of SNAP (Stop Now and Plan), an evidence-based group intervention for children with conduct problems, is analyzed for its efficacy in a variety of group settings. An interactive question period will follow regarding SNAP and the practice model.

Session 26

4:30 pm – 5:30 pm

Esplanade I » discussion

Towards Eliminating Mental Health Disparities: The Role of Families

Princess Katana, MD, MEd; **Lola Oguntomilade, MPH**; **Ajay Bhardwaj, PhD**, *Analytical and Technical Services, Afya Inc. Laurel MD*

Discussion will focus on the many ways in which youth and families' life views, expressed through their voices and purposeful actions, impact the way mental health services and supports are received and delivered. The effectiveness of population-specific consumer and family networks in reducing mental health disparities will be highlighted. Strategies for increasing outreach, supporting effective youth and family participation, and maintenance of successful partnerships in disparity-reducing efforts will be shared.

Session 27

4:30 pm – 5:30 pm

Esplanade II » 60-minute symposium

What It Takes to Succeed: Core Components and Results across Multiple Systems of Care

Chair: Vicki Effland, PhD, *Outcomes and Evaluation, Indianapolis IN*; **Discussant:** Knute Rotto, ACSW, *Choices, Inc., Indianapolis IN*

Choices, Inc. has been operating systems in care in multiple communities across the country. These systems range in age from twelve years in Indianapolis to one year in Washington DC. The differences that exist in these regions in terms of policies, involvement of the child-serving systems, demographics and other variables offer a unique opportunity to compare outcomes and to examine the success of a single practice model applied across sites. Part one of this symposium will offer a comprehensive look at the core components of the program model and how these are applied across sites in ways that meet the needs of local systems and local funding partners. Part two of the symposium will look at outcomes data within sites that addresses local system needs as well as how data across sites can be used to improve practice, enhance training and ensure fidelity to the model.

In an effort to better understand how systems of care develop and mature over time, Choices has developed several key components of our practice model which reflect the values of wraparound and help ensure fidelity to the wraparound model. These components include: organizational management, supervision, practice, learning organization and staff training, community partnership and technology. Paper one will explore these core components and how they have been implemented and adapted to meet local or regional needs.

The second paper will look at the implementation of the Child and Adolescent Needs and Strengths [CANS] assessment (Lyons, 1999) across sites as a way of comparing program outcomes regardless of the regional differences in the program or the age of the site.

The specific results of the cross-site analysis will be discussed, as well as how they have been used internally to improve services. Paper two will also show several examples of outcomes data across the Choices' sites and the success that those programs have had in meeting specific local needs. In particular, outcomes related to specific funding partners such as juvenile court and child welfare will be highlighted to show the flexibility of the Choices' model in meeting the needs of differing service systems.

By introducing and utilizing a common assessment tool, Choices has the ability to show positive outcomes related to core elements of the Choices' model across several regions of the country and in programs that vary considerably in several areas. Understanding how Choices has been able to adapt its practice model to meet the needs of four different locations will assist other communities in overcoming potential barriers to effective implementation of systems of care.

Core Components: Successfully Managing Systems of Care

Vicki Effland, PhD, *Outcomes and Evaluation, Choices, Inc., Indianapolis IN*; **Knute Rotto, ACSW**, *Choices, Inc., Indianapolis IN*

Choices, Inc. has identified six core components (e.g., organizational management, supervision, technology) for managing systems of care across the country. Consistent implementation of these components is often challenged by the unique characteristics of each community in which Choices operates. As a result, several adaptations within these components have been made to meet the needs of local partners. By examining these adaptations, an understanding of ways to overcome system challenges can be developed.

Capturing Success: Measuring Outcomes across Multiple Systems of Care

Ann Klein, MA, *Hamilton Choices, LLC, Cincinnati OH*; **Vicki Effland, PhD**, *Outcomes and Evaluation, Choices, Inc., Indianapolis IN*

Choices, Inc. measures outcomes across four systems of care by using a common assessment tool and several site-specific outcome measures. The results generated are used to communicate effectiveness to child-serving systems and local partners and to improve the quality of services. Additionally, by examining outcomes across the four sites, the impact of local adaptations to our practice model can be better understood.

Session 28

4:30 pm – 5:30 pm

Esplanade III » 60-minute symposium

Implementation and Outcomes of Wraparound in a "Real World" System: Results of a Randomized Study

Chair: Eric Bruns, PhD, *Psychiatry, University of Washington, Seattle WA*; **Discussant:** Robert Friedman, PhD, *Dept. of Child & Family Studies, University of South Florida, Tampa FL*

Wraparound is a nationally-renowned and widely-attempted care coordination process for children and youth with serious emotional and behavioral problems. There have, however, been few well-conducted, controlled studies on its impact on the lives of children and families.

Based on results of quasi-experimental pilot studies that showed good fidelity to the model, and positive outcomes compared to usual care (Bruns, Rast, Walker, Peterson & Bosworth, 2006), in 2004 Nevada greatly expanded its use of the wraparound process for children and families with mental health problems involved with the child welfare system. In 2006 the University of Washington, University of Nevada-Las Vegas, and Nevada Division of Child and Family Services (DCFS) received funding to conduct the first-ever federally-

funded randomized study of the effectiveness of the wrap-around process for children and youth with serious mental health problems.

Methods: From June 2007 through December 2008, the Outcomes of Wraparound in Nevada study enrolled N=93 children and adolescents for whom intensive mental health services were sought through Clark County Neighborhood Family Services Centers. N=51 were randomized to the wraparound condition, and N=43 were randomized to receive Intensive Case Management (ICM) from a local mental health provider.

Primary data collection methods include interviews with caregivers, youth and care coordinators; record review; observation of wraparound team meetings; and matching to juvenile justice and school databases. Outcome variables assessed include youth behavior, functioning, residential outcomes, and school and juvenile justice outcomes. Data is also being collected on process variables such as fidelity to the wraparound model, services and supports received, engagement in services, and the satisfaction of parents and caregivers. Finally, provider ratings of organizational culture and climate (for providers of both wraparound and ICM; Glisson & Hemmelgarn, 2007) is also being collected.

Data are currently being analyzed in order to answer four major research questions:

1. Do wraparound fidelity measures reliably distinguish wrap-around from ICM?
2. How do wraparound and case management differ with respect to intensity, satisfaction, and types of services received?
3. Does wraparound result in better behavioral and functional outcomes for children and youth?
4. What is the relationship between wraparound fidelity and outcomes?

This symposium will address these research questions, and provide preliminary data on the variables listed above via two linked presentations. The first will present fidelity and process data, such as engagement, working alliance, services received, and organizational climate and culture for the two groups. The second presentation will present outcomes for the two groups. Implications for wraparound's evidence base as well as for future research will be discussed.

Fidelity and Implementation Results from a Randomized Study of Wraparound vs. Case Management

Eric Bruns, PhD, *Psychiatry, University of Washington, Seattle WA*; **Ramona Brinson, PhD**, *School of Social Work, University of Nevada-Las Vegas, Las Vegas NV*; **April Sather, MPH**, *Psychiatry, University of Washington, Seattle WA*

A key research question that must be asked in any effectiveness study is whether the target intervention was implemented as intended, and what other factors may have influenced observed outcomes. This presentation describes the fidelity and other implementation results that were found in a randomized study of wraparound vs. intensive case management, including services received, care management hours provided, engagement, empowerment, satisfaction, working alliance, system supports, and climate and culture of provider organizations.

Outcomes of Wraparound vs. Intensive Case Management for Youths in a State Service System: Results from a Randomized Study

Eric Bruns, PhD, *Psychiatry, University of Washington, Seattle WA*; **Ramona Brinson, PhD**, *School of Social Work, University of Nevada-Las Vegas, Las Vegas NV*; **Michelle Ramey, MSW**, *School of Social Work, University of Nevada-Las Vegas, Las Vegas NV*

Wraparound is a widely-attempted care coordination process for children and youth with serious emotional and behavioral problems. However, there have been few well-conducted, controlled studies of its impact. This presentation describes preliminary outcomes from a federally-funded, randomized study of wraparound vs. intensive case management, including youth behavior, functioning, residential outcomes, and school and juvenile justice outcomes.

Tuesday, March 9 Events

6:30 am	Yoga Stretch
7:30 am	Registration opens & Networking Breakfast sponsored by Magellan
8:30 am	Plenary sponsored by ICF Macro
10:30 am	Networking Break
10:45 am	Concurrent Sessions 29–35
12:15 pm	Research Luncheon
1:30 pm	Concurrent Sessions 36–42
3:00 pm	Networking Break sponsored by ICF Macro
3:15 pm	Concurrent Sessions 43–49
4:15 pm	Networking Break
4:30 pm	Concurrent Sessions 50–56
6:00 pm	Poster Session

Join us for a gentle stretch

City Center

6:30 AM - 7:30 AM

Start the morning right with an hour of gentle stretching and yoga in the City Center room.

Research Luncheon

Regency Ballroom

12:15 PM - 1:30 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.

ICF MACRO *Plenary sponsored by ICF Macro*
an ICF International Company

Tuesday Plenary

8:30 AM » Regency Ballroom

Panel Presentation

25 Years of Excellence in Systems of Care: Historical Perspectives/New Directions

Robert Friedman, PhD, *Child and Family Studies, University of South Florida, Tampa FL*; **Terry Cross, MSW**, *National Indian Child Welfare Association, Portland OR*; **Barbara Friesen, PhD**, *Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland OR*; **Craig Anne Heflinger, PhD**, *Human and Organizational Development, Vanderbilt University, Nashville TN*; **Barbara Huff**, *Huff Osher Consulting Inc., Wichita KS*; **Judith Katz-Leavy, MEd**, *Human Service Collaborative, Washington DC*; **Ira S. Lourie, MD**, *Human Service Collaborative, Hagerstown MD*

A special panel of presenters will discuss the accomplishments of the past 25 years, and the partnerships that have helped change the attitudes, values and practices in the children's mental health field.

Bob Friedman, PhD, is Professor at the University of South Florida's Louis de la Parte Florida Mental Health Institute and has served as the Director of the Research and Training Center for Children's Mental Health since its inception in 1984. He is a researcher, author, policy analyst, and consultant on issues such as the development and evaluation of community-based systems of care, prevalence of emotional disorders in children, new developments in service delivery, and the relationship between the mental health system and other systems. Dr. Friedman is co-author with Beth Stroul of "A System of Care for Children and Youth with Severe Emotional Disturbances," a monograph on systems of care which has been widely used across the country to plan service delivery systems. He is also co-editor of a Paul H. Brookes book series on systems of care, co-editor of several special journals on children's mental health, co-editor of a book entitled *Advocacy on Behalf of Children with Serious Emotional Problems*, and Chair of the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment. Dr. Friedman has served on many national committees including the Planning Board for the Surgeon General's Report on Mental Health, has chaired task forces and review panels for the federal government, and has provided Congressional testimony on several occasions.

Terry L. Cross, MSW, ACSW, LCSW, has provided outstanding leadership in efforts to reduce racial and ethnic disparities and promote cultural competence. He is an enrolled member of the Seneca Nation of Indians and is the developer, founder and Executive Director of the National Indian Child Welfare Association. He is the author of *Heritage and Helping*, an 11-manual curriculum for tribal child welfare staff. He is also author of the *Positive Indian Parenting Curriculum*, as well as *Cross-Cultural Skills in Indian Child Welfare*. In 2008 Terry became a member of

the Board of Advisors of the American Red Cross, Oregon Trail Chapter. Terry has 32 years of experience in child welfare, including ten years working directly with children and families. He served on the faculty of Portland State University School of Social Work.

Barbara J. Freisen, PhD, is a professor at the Graduate School of Social Work, Portland State University, and has been the Principal Investigator of the Research and Training Center on Children's Mental Health and Family Support at Portland State University since 1986. Her research interests include children's mental health, family-centered care, family and youth leadership in service delivery and research, systems of care, community integration, and practice-based evidence in China. Her leadership on issues related to family partnerships with professionals, and the requirement that families relinquish custody of their child in order for their child to receive needed services, among many other issues, has been critical to the development of systems of care.

Craig Anne Heflinger, PhD, has been involved in children's mental health for many years as a researcher, evaluator, advocate and professor. She has been involved with both Research and Training Centers, and has made significant contributions to the field through her research and evaluation, particularly on issues related to family support and Medicaid. She is the Associate Dean for Graduate Education and professor of Human and Organizational Development at Vanderbilt University's Peabody College. Her expertise and research interests lie in family and system-level issues affecting the implementation of policies for children's services. Dr. Heflinger is currently funded by NIMH and NIDA to examine rural mental health and substance abuse service delivery.

Barbara Huff has been a leader in the family movement since the initiation of CASSP, and became one of the founders and the first president of the National Federation of Families for Children's Mental Health, serving in that capacity for thirteen years. She has been an effective advocate, educator and consultant who has contributed enormously to the growth of the family movement. Barbara was instrumental in the development of over 130 family-run advocacy and support organizations across the country. She served on the federal Substance Abuse and Mental Health Services Administration Advisory Council and helped raise the family voice to a new level of influence on policy and systems change. She is currently a Family Resource Specialist for the National Federation of Families for Children's Mental Health and also serves as a part time consultant.

Judith Katz-Leavy, MEd, is a consultant in the field of child and family mental health. She served for over 30 years in high-level positions related to children's mental health services and systems of care in the National Institute of Mental Health and the Substance Abuse and Mental Health Administration. She and Dr. Ira S. Lourie were the co-initiators of CASSP, and responsible for getting the whole system of care movement started. She served during 1992 and 1993 on the President's Health Care Reform Task Force and in 1999 as Section Editor for *Mental Health: A Report of the Surgeon General*, Chapter 3: "Children and Mental Health."

Ira S. Lourie, MD, the former medical director of a residential treatment center run by the State of Maryland's Mental Health Administration, serves part time as medical director of a multi-service children's service agency, the Pressly Ridge Schools of Maryland. Dr. Lourie worked at the National Institute of Mental Health from 1973 to his retirement in 1991. While with the National Institute, he developed and administered the Child and Adolescent Service System Program (CASSP). Since 1991, he has been a partner in the Human Service Collaborative and has consulted with numerous states. He is a published author.

Session 29

25th Track

10:45 am – 12:15 pm

Buccaneer Suite B » 90 minute symposium » 25th

School-Based Mental Health: Some Current Perspectives

Chair: Albert Duchnowski, PhD, *Child and Family Studies, University of South Florida, Tampa FL*

The purpose of this symposium is to present three current perspectives on providing school-based mental health to children who have emotional disturbances: special education programs for children who have emotional disturbance; children's mental health services research; and school-based programs to provide support for caregivers of children who have emotional disturbance.

A paper will be presented on each of the three perspectives. At the conclusion the audience will be invited to comment, and to enter into a discussion on a future research agenda for school-based mental health services.

A Three Tiered Model of School-Based Mental Health Services in Special Education Setting

Michael Epstein, EdD, *Special Education and Communication Disorders, Lincoln NE*

This presentation will describe the method and results from a study implementing a three tiered approach: prevention, selected, and intensive to meeting the mental health needs of elementary age students served in a special education program. The students have been identified as having emotional disturbances.

Refocusing School-Based Mental Health Services

Krista Kutash, PhD, *Child and Family Studies, University of South Florida, Tampa FL*

This paper will present research that attempts to refocus mental health interventions on the core purpose of schools — learning. Studies in which academic as well as emotional functioning outcomes are used will be presented. A report of a recent task force on the topic will be presented.

School-Based Parent Support

Albert Duchnowski, PhD, *Child and Family Studies, University of South Florida, Tampa FL*

This paper will discuss program models for providing school-based support for families who have a child who has emotional disturbance. Results from a recently completed randomized trial also will be presented.

Session 30

10:45 am – 12:15 pm

Regency V » 90 minute symposium

Early Childhood Systems of Care: What Have We Learned? What Are the Next Steps?

Chair: Joy Kaufman, PhD, *Psychiatry, Yale University, New Haven CT*; **Discussant:** Sylvia Fisher, PhD, *Center for Mental Health Services, SAMHSA, Rockville MD*

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 findings from three 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 the influence of pertinent risk factors on child outcomes six months after entry into the system of care. The final presentation utilizes the data from these three 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, *Psychiatry, Yale University, New Haven CT*; **Melissa Whitson, PhD,** *Yale University, New Haven CT*

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

An Examination of Risk and Protective Factors for Children's Mental Health Outcomes

Cindy Crusto, PhD, *Psychiatry, Yale University, New Haven CT*

This study will examine mental health trajectories of young children in three systems of care. Caregivers of 150 children provided data over 12 months. Multigroup modeling will be used to examine the influence of risk and protective factors for children's 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) will be associated with more positive functioning over time.

Validation of the DC 0-3R for Diagnosing Anxiety and Sensory Stimulation Disorders in Young Children

Ilene Berson, PhD, *Childhood Education and Literacy Studies, University of South Florida, Tampa FL*

Using data from three federally (SAMHSA) funded early childhood systems of care communities, this presentation explores the reliability and 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 100 children, birth to 5 years of age, were examined to discern the accuracy of classificatory assignments to the DC: 0-3R diagnostic categories of anxiety and sensory stimulation-seeking/impulsive.

Session 31

10:45 am – 12:15 pm

Regency VI » 90 minute symposium

Examination of Adverse Childhood Experiences in Two Populations of Children Receiving Mental Health Services

Chair: Carolyn Lichtenstein, PhD, *Walter R. McDonald & Associates, Inc., Rockville MD*; **Discussant:** Christine Walrath, PhD, MHS, *ICF Macro, New York, NY*

Adverse childhood experiences (ACE) can include various combinations of emotional, physical or sexual abuse; emotional or physical neglect; domestic violence; household substance abuse; household mental illness; parental separation or divorce; or an incarcerated household member. Research on children's experience with traumatic stress has shown that providing an appropriate intervention in a timely manner can dramatically improve their recovery. Even seemingly simple interventions, such as counseling children after a catastrophic event, have been shown to reduce symptoms (Carr, 2004; Chemtob, Nakashima, & Carlson, 2002; Yule, 2001).

The *Adverse Childhood Experiences (ACE) Study*, a joint effort of the Centers for Disease Control and Prevention and Kaiser Permanente, was conducted from 1995 to 1997. This study examined adverse childhood experiences of adult patients to see what effects were associated with multiple adverse childhood experiences. Because researchers frequently do not consider or account for the collective or cumulative effect of adverse childhood experiences, the ACE Study made a unique and important contribution by showing what happens when these adverse experiences occur alone or together in the lives of individuals (Dong et al., 2004).

Study results revealed that experiences of abuse, neglect and family dysfunction in childhood were associated with poor quality of life, illness, and even death in later life (Edwards et al., 2005). Findings of the ACE Study show that increasing numbers of adverse experiences in childhood are associated with increased likelihood of later alcohol abuse and depression, substance abuse and addiction, and suicide attempts (Anda et al., 2002; Dube et al., 2003; Dube et al., 2004).

This symposium examines data gathered about children and adolescents being served by two mental health service initiatives to understand the link between adverse childhood experiences (as defined by the ACE Study) and mental health challenges. The ACE Study asked adults to recount their own long-past experiences, so it was a retrospective study. The two evaluations included in this symposium collected data from caregivers and clinicians about children and youth while they were receiving treatment services, so the analyses presented here provide a prospective study of adverse childhood events.

One analysis examines data describing the childhood experiences, characteristics, and clinical outcomes of youth with serious mental health challenges who are served by the Child Mental Health Initiative. The second analysis examines data describing the traumatic experiences, characteristics and clinical outcomes of youth who are served by the National Child Traumatic Stress Initiative. The third analysis compares the characteristics of the youth being served by the two initiatives, to better understand differences in the findings of the previous two analyses.

The Relationship between Adverse Childhood Experiences, Clinical Characteristics and Outcomes among Children and Adolescents Receiving Children's Mental Health Initiative (CMHI) Grant Services

Robert Stephens, PhD, MPH, *ICF Macro, Pasig City Philippines*; **Brigitte Manteuffel, PhD**, *ICF Macro, Atlanta GA*; **Phyllis Gyamfi, PhD**, *ICF Macro, Atlanta GA*

The link between mental health challenges and adverse childhood experiences for children and youth served in systems of care (SOC) is examined. Using a concept developed from the Adverse Childhood Experience (ACE) study, a SOC ACE score was calculated to examine relationships between childhood adverse experiences and clinical and functional characteristics of children at intake into SOC services. Findings indicate that higher SOC ACE scores were associated with poorer clinical characteristics at entry into SOC.

Relationship between Adverse Childhood Experiences and Outcomes among Children and Adolescents Receiving National Child Traumatic Stress Initiative (NCTSI) Services

Kurt Moore, PhD, *Walter R. McDonald & Associates Inc., Denver CO*; **YiSong Geng, PhD**, *ICF Macro, Atlanta GA*; **Carolyn Lichtenstein, PhD**, *Walter R. McDonald & Associates, Rockville MD*

National Child Traumatic Stress Network centers collect descriptive and outcome data for all children receiving direct clinical mental health services, including detailed information on traumatic events experienced prior to intake. These data can be used to produce Adverse Childhood Event (ACE) scores reflecting both lifetime and annual occurrence of adverse events. ACE scores are related to children's characteristics, diagnosis, and clinical status at intake, and to changes in clinical outcomes after 6 and 12 months.

Comparison of Characteristics of Children and Adolescents Receiving CMHI and NCTSI Grant Services

Megan Brooks, MA; **John Gilford, PhD**, *ICF Macro, Atlanta GA*

In order to provide context for the two ACE score papers above, it is important to understand the differences in the populations being served in the CMHI and NCTSI programs. In this presentation, we utilize national evaluation data to investigate a range of factors that may vary across the two populations, such as: demographics, socioeconomic, presenting problems, trauma exposure, and degree of clinical and/or functional impairment.

Session 32

10:45 am – 11:15 am

Regency VII » paper presentation

Prevention Support System for the Dissemination and Implementation of Evidence-Based Prevention

Brian Bumbarger, BS, *Prevention Research Center, Penn State University, University Park PA*

This paper describes the results of the study of a statewide effort to disseminate evidence-based preventive interventions over a ten-year period. Issues related to uptake, implementation barriers, fidelity and adaptation, impact and sustainability will be discussed, as well as the effectiveness of a state-level prevention support system (Wandersman et al., 2008) developed through a multi-agency partnership with prevention researchers at Penn State University.

11:15 am – 11:45 am

Regency VII » paper presentation

Managing Utilization of Out of Home Placement Using Statistical Process Control Methods

Philip Endress, MSW; **Peter Curtis, MS**, *Mental Health, Buffalo NY*; **Heidi Milch, MSW**, *Community Connections of New York, Buffalo NY*

The Family Voices Network system of care in Erie County, New York has reduced utilization of residential treatment center bed days by actively managing care coordination practice standards using Six Sigma statistical process control tools. This paper presents the results of the analysis, describes intervention into the process of engagement of families in the child and family team process, efficacy of community-based service and the resulting decrease in residential care treatment days. Prospective plans to explore how these statistical tools can be used to further improve the outcomes of residential care, and decrease length of stay are discussed.

11:45 am – 12:15 pm

Regency VII » paper presentation

State and Tribal Infrastructure to Monitor Early Identification, Referral and Follow-up of Youth at Risk for Suicide in Schools

Hailey Reid, MPH, *Public Health, IFC Macro, New York NY*

The Garrett Lee Smith Memorial Act (GLSMA) of 2004 authorizes support for state and tribal youth suicide prevention across the country. The national evaluation of this initiative has resulted in one of the largest databases of youth suicide prevention and early intervention proximal outcomes. This presentation will describe data collected from GLSMA-funded suicide prevention programs in schools, including the number of youth identified as at-risk, referrals made and service received from both gatekeepers and screenings.

Session 33

10:45 am – 11:45 am

Esplanade I » 60 minute symposium

Creating Effective Child and Family Team Meetings: What Does the Research Say?

Chair: James Cook, PhD, *Psychology, University of North Carolina, Charlotte NC*; **Discussant: Christian Connell, PhD**, *Psychiatry, New Haven CT*

Assessment of wraparound fidelity has received growing attention due to wraparound's importance as a core practice element in systems of care (SOCs), but also because of growing evidence that wraparound is often implemented with limited adherence to key aspects of the wraparound model. Multiple

studies (Becker, 2005; Bruns et al, 2004; Davis & Dollard, 2004; Epstein et al., 2002; Walker et al., 2003) have found that wraparound teams frequently fail to implement basic components central to wraparound, including: inclusion of informal supports in the team or plan; discussing or utilizing strengths; and engaging in meaningful problem solving. This lack of fidelity limits the potential impact of wraparound for children and families, and without regular, reliable and valid assessment of wraparound fidelity, improved implementation is not likely. Furthermore, fidelity assessment lays essential groundwork for understanding which components of wrap-around are necessary and most critical for effecting change in youth and families. In addition, as SOC's increasingly focus on specific populations (e.g., preschool children, transition-age youth) it is important to understand the degree to which different components of wraparound may predict positive outcomes for diverse types of youth and families.

The National Wraparound Initiative has developed the Wrap-around Fidelity Assessment System (<http://depts.washington.edu/wrapeval/WFI.html>) to assess wraparound using multiple methods, including surveys of participants regarding adherence to wraparound practice in service delivery, review of documentation (not yet available for use), and observations of the team meetings. One aspect of this system, the Wraparound Fidelity Index (WFI; Suter, Bruns & Burchard, 2003), which asks participants to rate the wraparound process as it has occurred over the past 30 days, is arguably the most prevalent mechanism of assessing wraparound fidelity. Very little attention, however, has been paid to the assessment of processes occurring during the team meetings, perhaps because observations of team meetings can be time consuming and expensive, and/or because some proponents of wraparound have suggested that an assessment of team meeting functioning is of limited utility. The studies described in this symposium suggest that actions taken during CFT meetings are meaningful predictors of changes in youth and families, underscoring the importance of greater attention to team meeting processes and assessment of them on a more regular basis.

This symposium examines team meeting processes using the Participant Rating Form (PRF; Cook et al, 2006), a brief survey completed by team members at the end of team meetings. The PRF includes parallel versions for the "Youth," "Parent/Primary Caregiver(s)," "Team Facilitator/Coach(es)," "Service Provider(s)," and "Supportive Person(s)" (i.e., supportive non-professionals such as neighbors or friends of the family); this enables examination of the perceptions of the meeting by the different team members. The first presentation examines the relationships between different team members' ratings of team functioning and changes in child functioning during the first 6 months of wraparound. The second presentation uses multilevel modeling to examine the degree to which team functioning is related to longer-term changes among youth and families. Implications for wraparound practice and use of team meeting data to improve practice will be discussed.

Child and Family Team Meeting Processes as Predictors of Changes In Youth Functioning

Bianca Hemphill, MA, James Cook, PhD, Psychology, University of North Carolina, Charlotte NC; Ryan Kilmer, PhD, University of North Carolina, Charlotte NC

The Participant Rating Form (PRF) assesses the degree to which Child and Family Teams (CFTs) adhere to the principles of wraparound. PRF scores were related to changes in child functioning in 60 families enrolled in the National Longitudinal Study. Team cohesion and functioning, and team members' view of the team as having needed participation were related to changes in child functioning. Implications for ongoing assessment are discussed.

Relationships of Child and Family Team Meeting Processes to Initial and Long-Term Changes in Youth Functioning

Mason Haber, PhD, University of North Carolina, Charlotte NC; James Cook, PhD, Psychology, University of North Carolina, Charlotte NC; Ryan Kilmer, PhD, University of North Carolina, Charlotte NC

This paper describes multi-level modeling analyses assessing relationships among youth, caregiver, and professional reports regarding qualities of their wraparound CFT meetings and youth functioning over 18 months, using the Participant Rating Form (Cook et al., 2006). Models predicting linear and quadratic (i.e., decelerating) change indicated that teams' cohesion levels were related to improvement, but views that teams had all desired participants were related to deterioration in functioning. Implications for wraparound quality improvement are discussed.

11:45 am – 12:15 pm

Esplanade I » paper presentation

Community-Defined Protective Factors in Native American Youth

Kris Gowen, PhD; Abby Bandurraga, BA; Barbara Friesen, PhD, Portland State University, Portland OR

This paper describes the relationships among community-defined cultural strengths and health behaviors in a sample of 126 urban Indian youth receiving case management. Youth demonstrated high levels of strengths despite being "high risk" (case managed, unstable housing situations), and many engaged in healthy behaviors. Many strength-based measures were significantly associated with healthy behaviors such as lower levels of suicide ideation and drug use. Findings demonstrate the importance of cultural and contextual considerations when assessing healthy functioning.

Session 34

10:45 am – 12:15 pm

Esplanade II » 90 minute symposium

Financing Strategies That Support Effective Systems of Care: Study Findings and a Case Study

Chair: Mary Armstrong, PhD, *Child and Family Studies, University of South Florida, Tampa FL*; **Discussant:** Sheila Pires, MPA, *Human Service Collaborative, Washington DC*

The symposium discusses and applies the findings of a five year research study, *Financing Structures and Strategies to Support Effective Systems of Care*, conducted by the Research and Training Center for Children's Mental Health. The study examined financing strategies used by states, communities and tribes to support the infrastructure, services and supports that comprise systems of care. The overall purpose of the study is to develop a better understanding of the critical financing structures and strategies that support effective systems of care for children and adolescents with behavioral health disorders, and their families; and to understand better how these financing strategies operate separately and collectively.

The study used a participatory action research approach, promoting a continuous dialogue and engagement with key users on study methods, findings and products. Initial study tasks included convening a panel of financing experts, including state and county administrators, representatives of tribal organizations, providers, family members, and national financing consultants; to develop a list of critical financing strategies and study questions. The critical financing strategies were used to create the first study product, a *Self Assessment and Planning Guide: Developing a Comprehensive Financing Plan* that addresses seven important areas to assist systems or sites (states, tribes, territories, regions, counties, cities, communities, or organizations) to develop strategic financing plans for building systems of care. The study used a multiple case study design, and data collection and analysis included a mix of qualitative and quantitative methods. The study team has completed all data collection activities, including ten face-to-face visits to states, tribes and communities, as well as conference calls with three additional sites that also feature promising financing strategies and structures.

The first presentation will present study findings in the following major areas: developing a strategic financing plan; core financing strategies, including realigning financing streams; financing services, supports, and an individualized wrap-around approach; and financing key system of care features. The presentation will include a set of policy recommendations on strategic financing for states, tribes and communities.

The second presentation is a case study of how Choices, Inc., a non-profit community care organization, uses a variety of financing strategies as an infrastructure to support system of care principles and a wraparound approach across several states and communities. The common themes in all the pro-

grams operated by Choices, Inc. are the use of managed care technologies, blending funding from a variety of participating agencies, organizing and maintaining a comprehensive provider network, financing of individualized and flexible services, care management entities for high-risk populations; and the use of data on service utilization, costs, and outcomes to guide program development and direction.

Findings and Policy Recommendations from the Study: Financing Structures and Strategies to Support Effective Systems of Care

Mary Armstrong, PhD, *Child and Family Studies, University of South Florida, Tampa FL*; **Sheila Pires, MPA**, *Human Service Collaborative, Washington DC*; **Beth Stroul, MEd**, *Management & Training Innovations, Inc., McLean VA*

This presentation summarizes the findings from a 5-year study that tested a conceptual theory regarding a hypothesized set of financing strategies and investigated how these factors operate in the context of states, tribes, and local communities to create effective financing policies. The study findings include strategies for these areas: Developing a strategic financing plan; core financing strategies including realigning financing streams; financing services and supports and an individualized, wraparound approach; and financing key system of care features.

Choices, Inc.: A Case Study of Effective Financing Strategies and Structures

Knut Rotto, ACSW; **Shannon Van Deman**, *Choices, Inc., Indianapolis IN*

This presentation illustrates how State purchasers (e.g., State Medicaid, child welfare, mental health, etc. can use effective financing strategies and structures to support provider organizations to implement system of care values, a wraparound approach and intensive care management for children with serious emotional disorders and their families. Choices, Inc., is a community care management organization implementing care management approaches in a variety of states and communities. The key financing strategies that are applied by Choices, Inc. include the use of managed care technologies, blended funding from a variety of agencies, financing of individualized and flexible services, the financing of intensive care management, and the use of electronic clinical records and data on service utilization, costs, and outcomes to guide program development.

Session 35

10:45 am – 11:15 am

Esplanade III » paper presentation

Clinical and Functional Outcomes for Ethnically/Racially Diverse Youth with Co-morbid Mental and Physical Illnesses

Ranilo Laygo, PhD, *Center on Disability Studies, University of Hawaii, Honolulu HI*; **Bonnie Brandt, MA**, *Center for Excellence in Developmental Disabilities Education, Research and Service, University of Guam, Magilao GU*; **Angela Hoppe-Cruz, BS**, *Center on Disability Studies, University of Hawaii, Honolulu HI*

Little is known about the effects of co-morbid mental and physical illnesses on the child/youth population. This study compared the longitudinal outcomes of youth diagnosed with SEBD to those of youth with SEBD and a co-morbid physical health problem. Significant differences were not found on school performance, school absences, service use, or measures of depression and anxiety; however, significant differences were found on measures of psychosocial functioning, behavioral and emotional problems, and caregiver strain.

11:15 am – 11:45 am

Esplanade III » paper presentation

Prevalence of Co-Occurring Disorders among Adolescents Referred for Substance Abuse

Michael Robbins, PhD, *Oregon Research Institute/FFT, Eugene OR*

This presentation reviews evidence of the prevalence of co-occurring disorders among substance-using youth referred for outpatient family therapy. Specifically, co-morbid disorders are presented for 650 drug-using adolescents who demonstrate high rates of both internalizing and externalizing disorders. In addition, information about differences in co-occurring disorders between White (non-Hispanic), Hispanic, and African American adolescents is presented. Social and clinical implications of these findings are discussed.

11:45 am – 12:15 pm

Esplanade III » paper presentation

Functional Family Therapy (FFT) in the Real World: Evaluation of Clinical Outcomes for Substance Abusing Adolescents

Amy Holliman, PhD, *Functional Family Therapy, LLC, Fairhope AL*

Research on real world implementation is needed to understand the sustainability and transportability of empirically-based interventions, particularly for drug-using adolescents who present with a number of co-occurring mental health problems. This presentation reviews preliminary evidence from over 500 adolescents and family members referred for FFT as part of a community-based implementation project. Specifically, evidence is provided documenting the impact of FFT on engagement and retention in treatment, and clinician-rated improvements in adolescent behavior problems.

12:15 pm – 1:30 pm » Regency Ballroom

Research Luncheon

Join your colleagues for our Research Networking Luncheon.

Session 36



1:30 pm – 3:00 pm

Buccaneer Suite B » 90-minute symposium » 25th

Family and Youth Roles in the System of Care: The Evolution of Influence

Chair: Barbara Friesen, *Research & Training Center, Portland State University, Portland OR*; **Discussant: Lorrin Gehring**, *National Federation of Families, Provo UT*

The past 25 years have brought remarkable changes in the roles of youth with mental health conditions and their families in systems of care. In 1984 families were seen as either contributing to their children's problems, or as needing treatment themselves. Family and youth roles have expanded. The field's language has evolved from "family involvement" to "family driven care," and family roles now include functions such as evaluation and service delivery. Youth participation has more recently emerged. Language has evolved from "no mention" to "youth-guided/-driven." This symposium will present both formal research and first-person accounts about the development of family and youth roles in systems of care over the last 25 years. Because the development of the family and youth movements are quite different, each will be presented separately, followed by a discussion of the current status and common challenges of the family and youth movements.

Presentation 1 will address the history and development of the family movement, beginning with Barbara Huff, the first Executive Director of the Federation of Families for Children's Mental Health. She will describe the circumstances of families before, and in the early days of CASSP; and the influence of key literature (e.g. *Unclaimed Children*, Knitzer, 1982) and key policies (e.g. the Education for all Handicapped Children Act). Ms. Huff will also review some landmark events in promoting family voice, and in supporting the development of family organizations. She will conclude by identifying progress that has been made, and remaining challenges. Sandra Spencer, current Executive Director of the National Federation of Families for Children's Mental Health, will address her experiences as a parent and family leader in North Carolina before assuming her current position. She will review the continuing development of the National Federation of Families, the role of the Federation in promoting youth voice and youth organizing, current challenges that the organization faces, and will share her vision for the future.

Presentation 2 will address the recent emergence of youth voice within children's mental health, and the policy and resource support for the youth movement. Reyhan Reid will discuss the role of youth coordinators in System of Care communities, and

present information gathered through meetings and surveys regarding implementation challenges and triumphs. Carl Yonder will review the history of the establishment of YouthMove, the national youth organization, and will discuss the challenges and opportunities that face that organization, its Board of Directors, and youth organizing across the country.

Presentation 3 will address research and evaluation related to family and youth roles, and family organizations. Barbara Friesen will review research spanning the past 25 years, including what the early literature reveals about the attitudes and focus of mental health professionals and researchers, and early studies that included the perspectives and experiences of family members for the first time. She will trace the development of research that has helped create understanding of, and promote, family and youth voice and participation; and will conclude by identifying some of the many research questions that remain to be addressed.

The Family Movement in Children's Mental Health: Progress, Challenges and Next Steps

Barbara Huff, *Huff Osher Consulting Inc., Wichita KS*; **Sandra Spencer**, *National Federation of Families for Children's Mental Health, Rockville MD*

The history and development of the family movement will be presented by Barbara Huff, first Executive Director of the Federation of Families, and Sandra Spencer, current Executive Director. Ms. Huff will describe the circumstances of families in the early days of CASSP, and will review some landmark events in promoting family voice. Sandra Spencer will address her experiences as a parent and family leader, the continuing development of the National Federation of Families, and will share her vision for the future.

Youth Guided Services: Creating Change in Systems of Care

Reyhan Reid, *American Institutes for Research, Washington DC*

Presentation 2 will address the recent emergence of youth voice within children's mental health, and the policy and resource support for the youth movement. Reyhan Reid will discuss the role of youth coordinators in System of Care communities, and will present information about implementation challenges and triumphs. A representative of Youth M.O.V.E. will review the history of this national youth organization, and discuss the challenges and opportunities that face that organization and youth organizing around the country.

What Do We Know? Research on Family and Youth Perspectives, Needs, and Roles

Barbara Friesen, *Research & Training Center, Portland State University, Portland OR*

Presentation 3 will address research and evaluation related to family and youth roles, and family organizations. A review of trends and results of research over the last 25 years, as well as recommendations for areas future research and examples of specific research questions, will be included.

Session 37

1:30 pm – 3:00 pm

Regency V » 90-minute symposium

Measuring Child Maltreatment: Multi-National Perspectives on Surveillance

Chair: John Fluke, PhD, *Child Protection Research Center, American Humane Association, Englewood CO*

This symposium describes and explores three different approaches to maltreatment surveillance data-collection programs: the Canadian Incidence Study (CIS), the US National Study on Child Abuse and Neglect (NCANDS), and the UNICEF Multiple Indicator Cluster Survey (MICS). The question of how to measure identified child maltreatment is one with which more and more jurisdictions throughout the globe are grappling. Although efforts to create uniform approaches to the measurement of child maltreatment continue, enormous inconsistencies and variations in definitions used in child welfare legislation, and by agency officials and researchers, remain (Runyan et al., 2005). The purpose of this paper is to focus on the different approaches used to determine the extent of reported child maltreatment in the Canada, the United States and violent disciplinary practices in Medium and Low Income Countries through MICS. These programs have data available through a number of sources including administrative data and complex sample surveys. Each approach provides insight into the extent and nature of child maltreatment, which is the foundation for intervention and prevention of child maltreatment. The symposium will include time for discussion of the programs.

Measuring Child Maltreatment: Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)

Tara Black, *Factor-Inwentash, Faculty of Social Work*; **Lil Tonmyr, PhD**, *Health Surveillance and Epidemiology Division, Public Health Agency of Canada, Ottawa ON*

In Canada, two cycles of the CIS (CIS-1998, 2003) have been completed. The results of the third cycle will be released in the fall of 2010. The CIS is completed by a national team of researchers from University sites, and funded by the Public Health Agency of Canada (PHAC), with support from the Provinces and Territories. The primary purpose of the CIS is to provide estimates of reported child maltreatment in Canada.

Measuring Child Maltreatment: US National Child Abuse and Neglect Data System (NCANDS)

Tara Black, *Factor-Inwentash Faculty of Social Work, University of Toronto*; **Lil Tonmyr, PhD**, *Health Surveillance and Epidemiology Division, Public Health Agency of Canada, Ottawa ON*

The overriding goal of the US National Child Abuse and Neglect Data System (NCANDS) project has been to meet congressional mandates for a national data collection and

analysis program on child maltreatment. The three phases of NCANDS development beginning in 1998 are presented and the current status described. The uses of the system to inform child protection policy at multiples levels are highlighted. Implications for the general development of comprehensive surveillance systems are discussed.

The Multiple Indicator Cluster Survey (MICS) of Households: Cross-National Child Surveillance System to Address Disciplinary Practices

Claudia Cappa, UNICEF; Katherine Casillas, PhD, Child Protection Research Center, American Humane Association

An understanding of the prevalence of child disciplinary practices has broad implications for child maltreatment prevention. This presentation utilizes the MICS3, a representative cross-sectional household survey conducted by UNICEF, and data from the Demographic and Health Surveys (DHS) for 35 low and middle income countries. The survey includes a module on child disciplinary practices. Cross national comparisons of prevalence rates are presented including any physical or psychological discipline, non-violent discipline, and severe physical discipline.

Session 38

1:30 pm – 3:00 pm

Regency VI » 90 minute symposium

Exposure to Trauma in Children Served by Behavioral Health Services

Chair: Melissa Whitson, PhD, Psychiatry, Yale University, New Haven CT; Discussant: Sylvia Fisher, PhD, Center for Mental Health Services, SAMHSA, Rockville MD

Emerging data about the prevalence of childhood exposure to trauma has led some researchers to characterize it as an urgent public health problem (Van der Kolk, 2005) that is largely a preventable cause of mental illness and health problems later in adulthood (Felitti, 2009; Sharfstein, 2006). Each year, exposure to traumatic events impacts the development of millions of children. Recent research indicates that more than 60% of children and youth in the United States were victims of violence or witnessed a violent event in the previous year, with almost two-thirds of these children experiencing more than one type of trauma (Finkelhor, Turner, Ormrod, Hamby & Kracke, 2009). When the experience of trauma goes unaddressed in childhood, epidemiological evidence demonstrates that childhood exposure to trauma has negative consequences that increase the risk for lifelong problems (Felitti et al., 1998).

Research on children who have been exposed to trauma has primarily been focused on the child welfare system (Walrath, Ybarra, Sheehan, Holden & Burns, 2006). As a result, focusing on most children who are being served by community-based programs has been overlooked. The ecological context in which childhood trauma exists suggests that targeting the

needs of traumatized children must include attention to the child, the family, and the environment; and reaching beyond the child's individual clinical needs to enlist a range of coordinated services for the child and the family (Harris, Lieberman & Marans, 2007). A study of 1,157 children and their families enrolled in the CMHS national evaluation revealed that over 75% of youth had experienced at least one of six indicators of trauma, or had a PTSD diagnosis. Among youth who had experienced trauma, 83.1% had symptoms of problem behaviors at baseline that fell within clinical range, compared to 68% for youth in the study who did not experience trauma (Macro International Inc, 2007). Although systems of care have been highlighted as a promising approach to promote coordination among systems (Foster, Stephens, Krivelyova & Gyamfi, 2007; Tebes et al., 2005), children's exposure to trauma is often not identified or addressed.

The purpose of this symposium is to present findings from three separate studies focused on children who have been exposed to trauma and were enrolled in behavioral health services. The first presentation examines the relationships between young children's exposure to family violence, caregiver stress, and the child's posttraumatic stress symptoms. Using data from a school-based system of care, the second presentation looks at how exposure to traumatic events impacts children's strengths and problem behaviors over time. The final presentation focuses on young children in an early childhood system of care, and provides detailed analyses of trauma exposure for those young children, including type of event, age of exposure, proximity to perpetrator, and impact of the exposure. Overall discussion will focus on the need to screen children, youth, and caregivers, to obtain a more thorough understanding of trauma exposure for children and youth enrolled in behavioral health services, and to serve those children and their families more effectively.

Post-Traumatic Stress among Young Urban Children Exposed to Family Violence and Other Potentially Traumatic Events

Cindy Crusto, PhD, Psychiatry, Yale University, New Haven CT

This study examines the relationship between the number of types of traumatic events experienced by young children, parenting stress, and posttraumatic stress symptoms (PTS). Children (n=166) experienced an average of 4.8 types of traumatic events, the number increasing with age. One quarter of the children evidenced clinically significant PTS that increased with each exposure. Parenting stress directly influenced the relationship between family violence exposure and PTS. The need for early screening of violence exposure is discussed.

An Examination of Exposure to Traumatic Events and Symptoms and Strengths for Children Served in a Behavioral Health System of Care

Melissa Whitson, PhD; Joy Kaufman, PhD, Psychiatry, Yale University, New Haven CT

This study examined how exposure to traumatic events impacts children being served in a school-based system of care.

Multi-level growth curve models revealed that children (n = 134) exhibited increased strengths and decreased problem behaviors during enrollment, and at 18 months' follow-up. Children with trauma histories improved more slowly than children without such histories on both strengths and problem behaviors. The need to examine trauma, and how to more effectively serve children with trauma histories and their families, will be discussed.

Impact of Exposure to Traumatic Events for Young Children Served within an Early Childhood System of Care

Joy Kaufman, PhD; Melissa Whitson, PhD, Psychiatry, Yale University, New Haven CT

Nearly half of children in the US have yearly exposure to violence, and many experience deleterious outcomes. Little is known, however, about the context of those exposures, and how it impacts the children. This presentation will provide information about exposure to traumatic events for children receiving services within an early childhood system of care, and will compare those children who have been exposed to traumatic events over time to those who have not been so exposed.

Session 39

1:30 pm – 3:00 pm

Regency VII » 90 minute symposium

Bringing about Systems Changes through Class-Action Lawsuits

Chair: Lenore Behar, PhD, Child & Family Program Strategies

All Presenters: Lenore Behar, PhD, Child & Family Program Strategies; Ivor D. Groves PhD, Human Systems and Outcomes, Tallahassee FL; James A. Tucker, Attorney, Alabama Disabilities Advocacy Program (ADAP), University of Alabama, Tuscaloosa AL

Federal policy has focused on improving services for children and families in the mental health and child welfare systems through the development of systems of care. In several states, those efforts were accelerated by class-action lawsuits derived from the states' failures to provide adequate services. As lawsuits were settled, states entered into agreements to develop systems of care and improve services.

The panelists have been involved in class-action lawsuits that are considered successful, in that systems of care were enhanced in those states. They will discuss 1) the impact of policy on the shaping of settlement agreements, and how particular concepts and principles facilitated the states' responses, 2) how the responses by the states changed over time, as the system of care framework evolved, and 3) the factors that seem essential to creating change in state policy and local practices, and in sustaining that change once improvements occurred.

Session 40

1:30 pm – 2:30 pm

Esplanade I » 60 minute symposium

Justice-Involved Youth with Mental Health Needs: We Know More Than We Think

Chair: Mary I. Armstrong, PhD, Dept. of Child & Family Studies, University of South Florida, Tampa FL; Discussant: Sheila Pires, MPA, Human Service Collaborative, Washington DC

Available evidence indicates that youth with mental health problems are present in the juvenile justice system at a rate much higher than that for the general youth population. *The Surgeon General's Report on Mental Health* estimated that about 20% of children and adolescents in the general population have mental disorders with some degree of at least mild functional impairment (USPH, 1999). A comprehensive review of 34 research studies concluded that youth in the juvenile justice system experience substantially higher rates of mental health disorders (Otto et al., 1992). A recent set of studies examined the rates of psychiatric problems across sectors of care. Rates of attention-deficit/hyperactivity disorder (ADHD) and disruptive behavior disorders were extremely high (50%) for youth across the public sectors of care, including sectors such as juvenile justice (JJ) that were not specifically designed to serve youth with mental health needs (Garland et al., 2001). Another study examined the prevalence of psychopathology in incarcerated youth placed in a regional detention facility versus in youth in inpatient hospitalization or community mental health services. The incarcerated youth had a significantly higher number of diagnoses and symptoms than the community youth had, but lower than the hospitalized youth had (Atkins et al., 1999).

A number of evidence-based treatment interventions have been designed for youth in the juvenile justice system. One example is Multisystemic Therapy (MST), a family and community-based treatment model that is targeted to youth with serious antisocial behaviors, and addresses a range of family, peer, school, and community factors (Henggeler, 1997). In a number of clinical trials the use of MST has demonstrated positive outcomes in reducing recidivism, psychiatric symptomatology, and drug use (Henggeler, 1999). The high rates of mental health disorders among the juvenile justice-involved youth population highlights the importance of understanding whether/under what conditions mental health services can prevent further justice system involvement.

This series of papers examines this question from various perspectives. The first paper examines juvenile justice encounters of youth in out-of-home treatment (OOH) before, during and after OOH; how rates varied across treatment models; the types of charges faced by youth; and whether youth in residential care may be subject to negative peer effects. The second paper examines juvenile justice recidivism among high-risk youth in OOH, including whether the effects differed depending on exposure to trauma and post-traumatic stress.

The final paper examines juvenile justice diversion programs which have been discussed as viable alternatives for youth in the juvenile justice system. JJ recidivism post-OOH treatment is examined for youth placed in diversion programs, and compared to outcomes for youth placed in commitment, on probation, or where charges were not pursued.

The symposium concludes with remarks by Dr. Bonita Veysey, acting Dean of the School of Criminal Justice at Rutgers University. Her research includes a focus on diversion and treatment services for youth with behavioral health problems, and the effects of trauma. Dr. Veysey will discuss the findings in light of current knowledge of evidence-based and promising practices for justice-involved youth with behavioral health issues.

Out-of-Home Treatment and the Risk of Juvenile Justice Recidivism among High-risk Youth

John Robst, PhD, *Mental Health Law and Policy, University of South Florida, Tampa FL*; **Mary I. Armstrong, PhD**; **Norin Dollard, PhD**, *Child & Family Studies, University of South Florida, Tampa FL*

This paper examined juvenile justice (JJ) recidivism among a high-risk sample of youth who have been removed from the home, have mental health needs, and are involved in the juvenile justice system. For many youth, mental health needs are a consequence of trauma, with trauma being linked to increased risk of juvenile delinquency. This paper determined whether out-of-home treatment reduced the likelihood of JJ recidivism, and whether the effects differed depending on trauma history.

Justice-Involved Youth in Florida's Medicaid-Funded Out-of-Home Mental Health Treatment Programs

John Robst, PhD, *Mental Health Law and Policy, University of South Florida, Tampa FL*; **Mary I. Armstrong, PhD**; **Norin Dollard, PhD**, *Child & Family Studies, University of South Florida, Tampa FL*

This paper examines juvenile justice (JJ) contacts among youth in out-of-home (OOH) treatment. We examined the rate of JJ contacts before, during, and after OOH treatment, how rates varied across treatment modalities, the types of charges faced by youth, and whether JJ contacts varied across demographic and diagnostic groups. Finally, among youth in residential facilities, the relationship between the group environment (peer delinquency and facility size) and JJ activity was assessed.

Juvenile Justice Diversion and the Likelihood of Re-Arrest among a Sample of High-Risk Youth

John Robst, PhD, *Mental Health Law and Policy, University of South Florida, Tampa FL*; **Krystal Montes De Oca**, *Normal IL*; **Norin Dollard, PhD**, *Child & Family Studies, University of South Florida, Tampa FL*

Medicaid claims and juvenile justice (JJ) data were examined to determine rates of justice encounters before and after out-of-home (OOH) mental health treatment. Inpatient or foster care treatment (relative to group homes) was associated with reduced risk of justice encounters. Among youth with JJ encounters, JJ diversion was associated with reduced recidivism. Findings underscore the need for mental health screening and treatment for youth entering the justice system and the positive effects of diversion programs.

2:30 pm – 3:00 pm

Esplanade I » paper presentation

Measuring Effective Design and Implementation of an Innovative Community Mental Health System

Jessica Fear, LMFT, *Community Mental Health Services, Bronx NY*; **Neil Pessin, PhD**; **David Lindy PhD**, *Community Mental Health Services, New York NY*

This paper will describe VNSNY FRIENDS program's successful integration of several separately functioning child and adolescent mental health programs serving the South Bronx into one unique system. To illustrate the enhanced effectiveness of the new system on treatment retention and client outcomes, we will present 2008 and 2009 comparison data for the following measures: Global Assessment of Functioning; Youth Outcome Questionnaire and Peabody SFSS (17 Question); Caregiver Strain Scale; school attendance data; and patient satisfaction.

Session 41

1:30 pm – 2:00 pm

Esplanade II » paper presentation

Mental Health Services to Rural and Non-Rural Hawaiian Children and Adolescents: Patterns of Access and Delivery

Craig Anne Heflinger PhD, *Human and Organizational Development, Nashville TN*; **Virginia Shaw PhD**, *Health, Wailuku HI*; **Ana Maria Brannan PhD**, *Center for Evaluation & Program Improvement, Bloomington IN*

This study is a joint venture of Vanderbilt University, the Hawaii Department of Health/Child and Adolescent Mental Health Division (CAMHD), and the University of Hawaii. The purpose was to compare differences between rural and non-rural children in order to provide information to improve mental health service delivery through CAMHD, as well as to build the knowledge base about rural mental health services delivery.

2:00 pm – 2:30 pm

Esplanade II » paper presentation

Serving Transition Age Youth with Dual Diagnoses

Pauline Jivanjee, PhD; Nancy Koroloff, PhD, *Pathways, Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland OR*

This presentation will report on a descriptive study of best practices for serving transition-age youth and young adults who are dually eligible for mental health and developmental disabilities services. Eight programs identified across the U.S. provide examples of best practices for serving this population, including collaborative programming across systems; person-centered services; service providers trained to serve young people with both mental health and developmental disabilities; activities to promote community integration; and trauma-informed services.

2:30 pm – 3:00 pm

Esplanade II » paper presentation

Children's Mental Health Information at Work

Don Buchanan, *Child Health, McMaster Child Health Research Institute Hamilton, Ontario Canada*

The Global Business and Economic Roundtable on Addiction and Mental Health works with business, health and education leaders who have undersigned the proposition that mental health is a business and economic issue. This research grew out of the 3rd meeting of the Global Roundtable, held in Boston in 2008. The meeting explored issues of child and youth mental health, the impact of those problems on parents, and the role employers can play in education and prevention. This paper will report on the results of a survey of employees in a North American corporation, and their preferences for receiving mental health information at work.

Session 42

1:30 pm – 3:00 pm

Esplanade III » 90 minute symposium

Theoretical Foundation and Implications for Practice

Chair: John VanDenBerg, PhD, *Vroon VanDenBerg, Aurora CO*

Discussant: Jim Rast, PhD, *Vroon VanDenBerg, Aurora CO*

In this paper we discuss the theoretical foundations of the Wraparound Service Process (WSP), how these guide decision making and priority-setting for WSP staff, and strategies for promoting effective WSP staff performance. We will describe how wraparound grew out of grassroots efforts and was not clearly operationalized, resulting in wide variation in implementation and resulting outcomes. We will then briefly review how the people who know and care about wraparound have come together and developed standardized principles, process descriptions, fidelity tools and a theory of change logic model.

We will then discuss the need for clarity of the theoretical foundations of wraparound. Based on our field experience in 50 states and 7 Canadian provinces, and multiple years of field research on implementing WSP within communities and states, we have developed and tested theoretical foundations to improve implementation process and outcomes. We will describe how WSP is implemented to meet these theoretical foundations, some of the primary challenges to successful implementation of WSP, and strategies learned through field experience and applied research using these foundations to coach, train and support staff to successfully overcome these challenges.

During WSP, a wraparound facilitator and family support partner work with the youth and family to implement a process of family driven assessment and priority setting. They then help the youth and family identify a team of individuals relevant to the goals for the youth and family. The work is done concurrently at two levels, and the facilitator and family support partner work with the family to engage them in the process and to support the process to be family-driven and successful. A primary goal of the process is to teach the family how to advocate for their own needs and successfully navigate the system of services and supports necessary to support emotional, physical and spiritual wellness. The wraparound facilitator and family support partner meet frequently with the youth, family and their team to support this transition. The wraparound plan typically includes formal services and natural (e.g., community and interpersonal) support and assistance provided by friends, extended family, and other people in the family/youth's social networks. The team meets frequently to monitor implementation and success and refine the plan to meet the family's long range vision. Despite the increasing amount of resources for WSP, few address the theoretical foundations of WSP. WSP is a complex process that must be individualized for each youth and family. Without an understanding of its theoretical foundations, wraparound staff lack information that could be used in decision making and prioritization of how to implement the WSP. Logic models and program descriptions graphically illustrate program components, and help stakeholders identify outcomes, inputs and activities. They generally start with a program and identify program components so, at a glance, one can see if outcomes and activities are occurring. On the other hand, theoretical foundations link outcomes and activities to explain how and why the outcomes are expected to occur. Theoretical foundations articulate a hypothesis about why the service process will cause outcomes. The theoretical foundations for wraparound tell us why wraparound works, and why it is different from other services and processes. It also sets expectations for what we want to accomplish with families. A theory of change defines both what we are trying to accomplish through a service process, and helps the wraparound staff make decisions about how to individualize the process with each youth and family. The proposed theoretical foundation of wraparound builds on evolving needs theory, Bandura's (1977) theory of self-efficacy, Bronfenbrenner's (1979) theory of human ecology; and integration of plans, services and supports for the family.

Theoretical Foundation of Wraparound: Implications for Practice

John VanDenBerg, PhD; Jim Rast, PhD, *Vroom VanDenBerg, Aurora CO*

This paper examines the theoretical foundations of the wrap-around service process (WSP) for youth with severe emotional disorders and their families. WSP has been implemented, tested and refined for the past 25 years and examined through multiple trials. This paper describes the role of evolving need theory, self efficacy theory, human ecology theory, and integration of effort play in engagement, retention and effective completion of WSP. We will discuss challenges to staff implementation of WSP and field-based research to overcome these strategies.

Research to Develop a Certification Process for Wraparound Staff

Laurie Fowler Beckel, MA, *Vroom VanDenBerg, Idaho Springs CO*

The paper will present research on the development of face, content and construct validity for a certification system for wraparound staff, and will present data on the impact of the certification system on fidelity and outcomes within seven community sites.

Implementation Research Supporting Moving Wraparound to Scale

Jim Rast, PhD; John VanDenBerg, PhD, *Vroom VanDenBerg, Aurora CO*

This paper will present results from fourteen field studies on different aspects of staff selection, training, coaching, and supervision of wraparound staff. The first two field studies tested strategies for staff selection. The next five looked at different strategies for training the wraparound process to staff. The next four look at aspects of coaching, and the final two examined aspects of supervision.

3:00 pm – 3:15 pm

Networking Break Sponsored by ICF Macro

Session 43

3:15 pm – 3:45 pm

Buccaneer Suite B » paper presentation

Training Family Members as Researchers

Kirstin Painter, PhD, *Social Work, Texas Woman's University, Fort Worth TX; Barbara Perry, BA; Ann Rose, MSW,* *Evaluation, MHMR of Tarrant County, Fort Worth TX*

This session will provide a step-by-step approach for training, preparing and supporting family members as evaluators.

Family members were trained to conduct face-to-face interviews with use of a training manual developed by the evaluation team. Training focused on issues of confidentiality, informed consent, safety, and interviewing skills. These trained families then conducted qualitative interviews with families receiving wraparound. This session will conclude with experiences and lessons learned.

3:45 pm – 4:15 pm

Buccaneer Suite B » paper presentation

Family-Driven Evaluation: Using National Evaluation Data to Provide Individualized Family Reports

Terrance Peterson, PhD, LP; Larry Sundberg, BS, MIS, *Evaluation, STARS for Children's Mental Health, Monticello MN*

CMHI funded system of care communities provide outcome data to the National Evaluation Longitudinal Outcome Study. This data is returned to the community in aggregate through the Data Profile Report. Communities are encouraged to use this information to monitor system change. This presentation outlines the development of an Individualized Family Report designed to allow families to use national evaluation data to monitor their personal change. The presentation will highlight challenges/solutions in the development of the Individualized Family report.

Session 44

3:15 pm – 4:15 pm

Regency V » discussion » 25th

From Revolution to Evolution: Changes in Practice in Children's Mental Health over 25 Years

Beth A. Stroul, MEd, *Management & Training Innovations, McLean VA; Ira S. Lourie, MD,* *Human Service Collaborative, Hagerstown MD; Eric Bruns, PhD,* *Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Seattle WA; Marlene Penn,* *Family Technical Assistance Consultant, Medford NJ; Janet Walker,* *Portland State University, Portland OR*

After the "revolutionary" ideas of the mid-1980s ushered in the system of care framework and the federal Child and Adolescent Service System Program (CASSP), an evolution has occurred to translate those ideas into practice for an increasing number of children and families. This symposium will examine the changes in practice in children's mental health, taking a historical perspective and looking to directions for the continuing evolution of practice changes.

Session 45

3:15 pm – 3:45 pm

Regency VI » paper presentation

Understanding Trauma: Its Impact on Child and Family Outcomes

Sarah Goan, MA; Helaine Hornby, MA, *Hornby Zeller Associates, South Portland ME*

Maine's THRIVE Initiative is the first System of Care (SOC) for children and families with specific focus on trauma-informed practices and services. Research indicates that the impacts of childhood trauma on an individual's well-being reach far into adult life. Preliminary analyses of THRIVE data also suggest that the traumatic experiences of caregivers impact youth symptoms and outcomes. The focus of this study is fourfold: first, what is the prevalence of traumatic experiences in children and youth who are enrolled in THRIVE? Second, what is the prevalence of traumatic experiences of the families of those children? Third, do the children who are trauma survivors enrolled in the THRIVE system of care exhibit reductions in trauma-related symptoms and behaviors over time? Fourth, what is the impact on children and youth of living with a caregiver who also has also experienced trauma?

3:45 pm – 4:15 pm

Regency VI » paper presentation

A Trauma-Informed Approach to Systems Transformation

Kurt Moore, PhD, *Walter R. McDonald and Associates, Denver CO;*
Arabella Perez, MSW, *Thrive, Lewiston ME*

The THRIVE System of Care focuses on creating system and service delivery practices that are trauma-informed at every level. The challenge faced by THRIVE is knowing whether intended changes are in fact taking place. This presentation will describe the development and implementation of an assessment to gauge the progress towards a trauma-informed system. The presentation will first review the core components of the trauma-informed approach and how they overlap with system of care principles. The panel will then describe the development process, including the participation of youth and families, pilot results, and the statewide implementation of the assessment. The group will then present the preliminary results from the statewide implementation, and discuss the implications of those findings for systems of care.

Session 46

3:15 pm – 4:15 pm

Regency VII » 60-minute symposium

Outcomes, Lessons Learned, and Efforts to Promote Sustainability of an Evidence-Based Practice: Findings from the Implementation of TF-CBT in Central Massachusetts

Chair: Jessica Griffin PsyD, *Central MA Communities of Care, Worcester MA;* **Discussant: Eugene Thompson, MA,** *Psychiatry, University of Massachusetts, Worcester MA*

Central Massachusetts Communities of Care (CMCC) is in its third year of implementing a collaborative-based approach to the importation of Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Preliminary findings suggest treatment is significantly effective for youth with trauma histories and their families. With a focus on lessons learned, this symposium will review CMCC's implementation progress, findings to date, and plan for sustainability; with the goal of developing a replicable implementation approach that enables both fidelity and sustainability.

First, the presentation will set EBP importation in the context of the system of care under development, and will review CMCC's pre-implementation phase, noting lessons learned. Content will include a discussion of elements of the initial planning phase, including consensus-based selection of an evidence-based practice; working with insurance providers to develop reimbursement strategies; and provider readiness to implement an evidence-based practice model.

Second, the presentation will describe CMCC's implementation phase, including clinical training of providers and ongoing coaching and support. The training format will be presented (providers complete at least one basic training and one advanced training on-line), as well as the structure and format of coaching visits.

Third, the presentation will review CMCC's sustainability plan, including implementation of a Supervisors' Training, and development of training collaborative to assist with trauma-informing child serving agencies throughout the Central Massachusetts region. Trauma-informing efforts are useful both to increase the rate of appropriate referrals to the TF-CBT model, and to enhance service delivery for child and family serving agencies (e.g. child welfare, probation, schools and pediatricians). Lessons learned will be noted during discussion of each implementation activity.

Finally, the presentation will describe CMCC's evaluation plan to monitor TF-CBT effectiveness and fidelity, including on-site administrative trainings to present operational and evaluative procedures, and methods to provide ongoing support to TF-CBT providers for completion of evaluation components (e.g., presence at coaching visits, ongoing support at trainings); and efforts to inform continuous quality improvement of services. Preliminary findings will

be presented from CMCC's national and local evaluation of TF-CBT effectiveness, satisfaction with services, and provider fidelity to the clinical model. Preliminary findings for baseline to six-month comparisons of youth and families enrolled in the National Evaluation indicate statistically significant improvements in self-reported caregiver strain (CGSQ); caregiver report of youth problem behaviors at home, school and the community (CIS); and caregiver-reported improvements in youths' thought, social, aggressive and total behavior problems (CBCL 6-18). Local evaluation findings indicate a non-significant trend in improvements of youths' self-reported posttraumatic stress from pre- to post-treatment. Further, satisfaction measures indicate a high level of satisfaction with both the cultural competence of services received, and with overall service delivery.

Discussion will focus on potential barriers, lessons learned, and the potential for replication.

Pre-implementation Phase of the Importation of an Evidence-Based Practice: Context within the System of Care

Eugene Thompson, MA, *Psychiatry, University of Massachusetts, Worcester MA*

This presentation will set EBP importation in the context of the system of care under development, and will review CMCC's pre-implementation phase, noting lessons learned. It will discuss elements of the initial planning phase including consensus-based selection of an evidence-based practice [Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)], working with insurance providers to develop reimbursement strategies, and provider readiness to implement an evidence-based practice model.

Implementation Phase: Clinical Training, Coaching, and Trauma-Informing Efforts

Jessica Griffin, PsyD, *Central MA Communities of Care, Worcester MA*

This presentation will describe CMCC's implementation phase including clinical training of providers and ongoing coaching and support. The training format will be presented, as well as the structure and format of coaching visits. Finally, this presentation will review CMCC's sustainability plan, including implementation of a Supervisors' Training and development of a training collaborative to assist with trauma-informing child serving agencies throughout the region. Lessons learned will be noted during discussion of each implementation activity.

Evaluation Phase of TF-CBT Importation

Linda Foss-Khuu, MPH, *Central Massachusetts Communities of Care, Worcester MA*

This presentation will describe CMCC's evaluation plan to monitor TF-CBT effectiveness and fidelity, including on-site administrative trainings to present operational and evaluative procedures and methods to provide ongoing support to TF-CBT providers for completion of evaluation components (e.g. presence at coaching visits, ongoing support); and efforts to inform continuous quality improvement of services. Demographic data of clinicians, as well as demographic and outcome data regarding youth and families served, will be reviewed.

Session 47

3:15 pm – 3:45 pm

Esplanade I » paper presentation

Prevalence, Trajectories and Risk Factors for Depression among Caregivers of Young Children Involved in Child Maltreatment Investigations

Heather Ringeisen, PhD; Cecelia Casanueva, PhD, *Survey Research Division, Research Triangle Park NC; Theodore Cross, PhD*, *University of Illinois, Arlington MA*

This study examines the longitudinal course of depression among caregivers of young children involved in child maltreatment investigations. 1,244 female caregivers from the National Survey of Child and Adolescent Well-Being were included. About a quarter of caregivers had a score indicating past year major depression, and 46% of caregivers had a score indicating major depression at some point during the past five years. Depression was associated with caregivers' reports of intimate-partner violence, and with fair or poor health.

3:45 pm – 4:15 pm

Esplanade I » paper presentation

State Case Study of Infant and Early Childhood Mental Health — What Works?

D. Russell Lyman, PhD, *DMA Strategies, Lexington MA*

This presentation uses findings of a Commonwealth Fund-supported State Case Study of Infant and Early Childhood Mental Health Systems, to: 1) foster awareness of the importance of mental health systems for very young children, 2) illustrate strategies states have used to develop those systems, and 3) provide policy recommendations. Four states are profiled, with examples of systems initiatives that call for a national vision statement on infant and early childhood mental health.

Session 48

3:15 pm – 4:15 pm

Esplanade II » discussion

Culturally Congruent Approaches to Best Practice Selection and Analysis of Evidence-Building Processes: The Compendium of Best Practices for American Indian/Alaska Native and Pacific Island Indigenous Populations

Holly Echo-Hawk, MS, *Echo-Hawk & Associates, Vancouver WA*; **Jeff King, PhD**, *Psychology Western Washington University, Bellingham WA*

Existing research methods often miss the mark in measuring effectiveness of cultural strengths. Indigenous communities often have cultural and resource challenges to establishing an evidence base using existing research methods. *The Compendium* documents a range of practices, with particular attention to the sequential steps used, or barriers to, development of an evidence base. Assumptions that communities must progress to more rigorous levels of evidence may be culturally inappropriate. Indigenous models of levels of evidence, and cultural and resource challenges and successes to evidence building, will be highlighted.

Session 49

3:15 pm – 4:15 pm

Esplanade III » 60-minute symposium

From Model to Practice: Connecticut Emergency Mobile Psychiatric Services

Chair: Judith Meyers, PhD, *Child Health and Development Institute, Farmington CT*; **Discussant: Jim Wotring, PhD**, *National TA Center for Children's Mental Health, Washington, DC*

This symposium describes Connecticut's Emergency Mobile Psychiatric Services (EMPS) program, a statewide crisis response service for children and adolescents. EMPS has recently undergone an extensive multi-year process to enhance the service model, improve provider performance, and promote better outcomes for children and families. The symposium will share the story behind this recent enhancement; will describe core elements and program supports; and will share quality improvement data in the areas of call volume, call disposition, mobility rates, response times, and diversion from Emergency departments and inpatient hospitalization.

As learning objectives for this symposium, participants will:

1. Understand the process of re-designing and procuring a statewide mobile crisis service, and the key elements required to support optimal performance;
2. Learn about the Performance Improvement Center, responsible for training, data analysis, and reporting of key performance indicators; and

3. Explore policy and practice implications, lessons learned, and opportunities for similar initiatives in other states and communities.

This symposium is comprised of two paper presentations, representing the perspectives of: 1) the state agency responsible for managing EMPS, and 2) the contracted research and evaluation team responsible for monitoring and improving provider performance.

Enhancements and Core Elements of Emergency Mobile Psychiatric Services in Connecticut

Robert Plant, PhD, *Bureau of Behavioral Health & Medicine, Hartford CT*

Dr. Plant will lead the first paper presentation, describing the process of procuring an enhanced model of care, with consideration of the political, fiscal, and management challenges that were encountered and overcome. Dr. Plant will describe each of the numerous practice elements in place to support EMPS, including a regional provider network, a single statewide call center to handle referrals and triage, specific performance standards and benchmarks, a web-based data entry system, and the Performance Improvement Center.

The EMPS Performance Improvement Center

Jeffrey Vanderploeg, PhD; Jennifer Schroeder, PhD, *Child Health and Development Institute, Farmington CT*

This paper presentation will review one of the core elements of the new EMPS system: the EMPS Performance Improvement Center (PIC). The EMPS-PIC has two primary functions: 1) designing and implementing a standardized training curriculum and 2) analyzing and reporting quality improvement data and designing site-specific and network-wide performance improvement initiatives. A number of performance data elements will be shared with attendees, including: call volume, call triage and disposition, mobility percentage, response times, and Emergency Department referrals and diversions. Practice and policy implications will be discussed.

James Wotring, PhD will serve as the discussant for the symposium. Dr. Wotring is Director of the National T.A. Center for Children's Mental Health at Georgetown. He has extensive experience promoting outcomes-based performance measurement and evidence-based practices in statewide systems of care. Dr. Wotring will explore the significance of the EMPS model of care and the practice elements in place to support practice quality and optimal child and family outcomes. Dr. Wotring will lead attendees in a discussion of how the strategies, lessons learned, and data from EMPS can be applied in other states and communities.

4:15 pm – 4:30 pm

Networking Break

Session 50

4:30 pm – 5:30 pm

Buccaneer Suite B » discussion

From Research to Practice: Knowledge Transfer Directly to Families and Youth

Don Buchanan, *McMaster Child Health Research Institute, Hamilton, ON Canada*; **Charles E. Cunningham, PhD**; **Heather Rimas**, *Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Ontario Canada*

While there is increasing understanding of the science of effective implementation, traditional knowledge transfer strategies have shown very limited results in changing clinician behaviour. An alternative approach, which can be used in conjunction with traditional approaches, is patient-mediated intervention. Social media, high quality information, and real partnerships with parents and youth are beginning to change knowledge transfer in children's health, and in children's mental health. This session will review recent research on information preferences, outline the evidence on patient-mediated intervention to change professional practice, and share a model for empowering parents to become "change agents" in moving evidence into practice.

Session 51

4:30 pm – 5:30 pm

Regency V » discussion

Designing a Recovery-Oriented Care Model for Adolescents and Youth with Substance Use/Co-occurring Mental Health Disorders

Doreen Cavanaugh, PhD, *Public Policy Institute, Washington DC*; **Barbara Friesen, PhD**, *Research & Training Center on Family Support and Children's Mental Health, Portland State University, Portland OR*; **Michelle Zabel, MSS**, *Innovations Institute, University of Maryland, Baltimore MD*

Recently the Substance Abuse and Mental Health Services Administration (SAMHSA) invited family members, youth with substance use/co-occurring mental health disorders, providers, researchers, and Federal/State level policy-makers to participate in a meeting designed to develop a recovery-oriented care model for adolescents and transition-age youth who have substance use or co-occurring mental health disorders (SU/COD). In this group session the recovery meeting facilitators will present the findings and engage participants in a discussion of the recommendations.

Session 52

4:30 pm – 5:30 pm

Regency VI » discussion

Insights on Resiliency: Using Family-Based Evidence to Inform Policy and Practice

Richard Shepler, PhD, *Center for Innovative Practices, Kent State University, North Canton OH*; **Terre Garner, BA**, *Ohio Federation for Children's Mental Health, Cincinnati OH*

The Ohio Department of Mental Health sponsored a task force of youth with serious emotional challenges and their families, to lead the operationalization of resiliency as an overarching framework for youth and family wellness, and as a foundational philosophy for strength-based mental health practice. Based on their shared stories and personal experiences, a twelve component consensus statement on what youth and families need to be resilient was developed. Policy and practice recommendations, along with current statewide strategies for training and dissemination, will be shared.

Session 53

4:30 pm – 5:00 pm

Regency VII » paper presentation

The Heart of the Matter: Supporting Families through Kinship Care

Pat Hunt, *Public Sector Solutions, Magellan Health Services, Turner ME*

This innovative program uses a public health approach to improve outcomes for youth who are involved with child welfare and to prevent them from needing to enter foster care. Striking features of the program include early mental health and wellness care; strengthening and preservation of parent/family connections; and linking participants to natural and community resources. The workshop provides an overview of program development; methods for tracking outcomes; and strategies for engaging families and our program partners.

5:00 pm – 5:30 pm

Regency VII » paper presentation

How Americans Think about Child Mental Health: Bridging the Science-Policy Gap

Nathaniel Kendall-Taylor, PhD, *FrameWorks Institute, Washington DC*

Based on an analysis of the conceptual frameworks that ordinary people use to think about child mental health, this area of science has not been effectively translated for public understanding. Through multi-method research we map the gaps between expert and public understandings of this issue. We examine the assumptions Americans employ in processing information, and analyze the media presentation of child mental health, pinpointing the cues—or frames—that activate specific patterns of misunderstanding. Finally, our findings suggest new frames that might reasonably be expected to cue alternative understandings of the science.

Session 54

4:30 pm – 5:30 pm

Esplanade I » discussion

Bringing It into Focus: Using Logic Models as the Lens for SOC Implementation and Evaluation

Jody Levison-Johnson, LCSW, *Coordinated Care Services, Inc., Rochester NY*; **Rachel Mesmer-Ludwig, LCSW**, *Chautauqua County Dept. of Mental Health, Mayville NY*; **LuAnn McCormick, PhD, MSW**, *Center for Human Services, University of Albany, Albany NY*

This discussion will provide an overview of the Theory of Change and Logic Model process based on the framework offered in *Crafting Logic Models for Systems of Care: Ideas into Action* (Hernandez, M. & Hodges S., 2005) that includes working through key questions common to new and emerging system of care efforts, and ultimately creating a clear picture—both verbally and graphically—of what you are trying to do. System of care communities will share highlights from their logic model development process focusing on implementation and evaluation. The importance of a logic model as the foundation for system of care implementation, the iterative and adaptive nature of this tool, and the critical nature of its use for community continuous quality improvement efforts will be discussed.

Session 55

4:30 pm – 5:30 pm

Esplanade II » 60-minute symposium

2009 Honoring Excellence in Evaluation (HEE) Recognition of Communities: Recipients Share Their Work and Reflections

Chair: Sylvia Fisher, PhD, *Center for Mental Health Services, SAMHSA, Rockville MD*

Presenters: Kurt Moore, PhD, *Walter R. McDonald & Associates, Inc., Denver CO*; **Rashelle Lee, MA**, *Walter R. McDonald & Associates, Inc., Rockville MD*

This symposium showcases the funded system of care grantee communities that were honored during the *Honoring Excellence in Evaluation* (HEE) event held at the Technical Assistance Partnership (TAP) System of Care grantee meeting in Anaheim CA in July 2009. The HEE initiative recognizes outstanding achievement in both local and national evaluation activities conducted by site evaluation teams, frequently in concert with youth, families, community members and technical assistance partners.

Many resources and extensive efforts are dedicated to important local and national evaluation activities within funded system of care grantee communities. The Child, Adolescent and Family Branch (CAFB) instituted the HEE initiative to

acknowledge the superior efforts that system of care grantee communities have made in their efforts to complete both national and local evaluation activities to improve site-based decision-making, improve service delivery, and achieve long-term sustainability.

Three major objectives for the HEE include:

- Recognition of evaluation team accomplishments
- Emphasis on important evaluation topics, and
- Dissemination of examples of local and national evaluation best practices at a national level.

A secondary goal of the HEE initiative is to provide a vehicle to motivate current and future communities to strive for excellence in all of their evaluation activities.

The 2009 HEE event celebrated outstanding achievements by funded communities in the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program at both the national and local levels. This symposium will feature presentations of the work that was recognized during the 2009 HEE event, and will include discussion of the superior evaluation process, project, and products produced by honorees, including discussion of the outstanding features of honored evaluation projects and products. Honorees will reflect on their HEE achievement and experiences. Discussion will also center on the participation and application process for future HEE events, and on future goals of the HEE initiative..

This University of South Florida Research and Training Center Conference represents an important venue to highlight the evaluation work of the 2009 HEE recipients. USF RTC attendees offer an appropriate and appreciative audience of researchers and evaluators to share and discuss successful and cutting edge evaluation approaches, activities, and products from communities recognized at the 2009 event. The HEE initiative also has value from a CQI perspective, through the review of submissions and by encouraging local evaluation teams to strive for excellence in their evaluation efforts. It is anticipated that recognition of accomplished and meritorious evaluation products will encourage a high level of achievement in evaluation teams throughout all system of care communities.

HEE Submissions Categories: Three categories were recognized by the HEE review panel: Youth and Family Member Involvement, Evaluation Operations, and Evaluation Data Use and Dissemination. Category descriptions and criteria for judging submissions were developed with the assistance of an advisory group made up of local program and evaluation representatives, national evaluation team members, and input from the CAFB.

Eleven (11) of the 41 federally funded system of care communities that were initially funded between 2003 and 2006 offered at least one submission amounting to almost 27% of these communities. A total of 14 submissions were offered by those 11 communities and reviewed by the panel: Evaluation Operations (n=2); Involving Family Members and Youth in Evaluation (n=4); and Evaluation Data Use and Dissemination (n=8).

Review Panel: A panel of 14 members reviewed HEE submissions. Reviewers represented a variety of program and evaluation technical assistance providers, including members of the national evaluation team, representatives of the Technical Assistance Partnership, the University of South Florida, the National Federation of Families, Portland State University, Georgetown University's Center for Child and Human Development, and the University of Colorado; as well as family members, and a representative from the CAFB.

Recipients of the 2009 HEE Recognition: Recognized communities received a commemorative item and a certificate to acknowledge their level of excellence in the category of their submission. A total of seven communities were selected for recognition across the three HEE categories:

Community Name	Level	Category
Kentuckians Encouraging Youth to Succeed	Bronze	Evaluation Data Use and Dissemination
Connecting Circles of Care	Bronze	Evaluation Data Use and Dissemination
STARS for Children's Mental Health	Silver	Evaluation Data Use and Dissemination
ACTION for Kids	Silver	Evaluation Data Use and Dissemination
Impact Ingham County System of Care Initiative	Gold	Evaluation Data Use and Dissemination
Starting Early Together Allegheny County System of Care Initiative	Bronze	Evaluation Operations
Impact Ingham County System of Care Initiative	Silver	Youth and Family Member Involvement
Cuyahoga Tapestry System of Care	Gold	Youth and Family Member Involvement

All these recipients will have the opportunity to share and discuss their recognized work with symposium participants. This discussion represents an excellent opportunity to network with colleagues about enhancing the level of all local and national evaluation activities throughout systems of care.

Session 56

4:30 pm – 5:30 pm

Esplanade III » discussion

Non-Resident Fathers in Child Welfare

Myles Edwards, PhD; Sonya Velazquez, CSS, *Children's Division, American Humane Association, Englewood CO*

Involvement of non-resident fathers in child welfare out-of-home cases has been a challenge. Those fathers, and the children's paternal families, both represent underused resources for the children's well-being and permanency. Engagement of non-resident fathers represents a systemic challenge, as those men are often involved with multiple systems. Active outreach efforts have demonstrated improvement in fathers' engagement. The tracking of fathers and their children's outcomes has accompanied innovative approaches to this dynamic in complex settings.

Poster Presentations & Networking Reception

6:00 PM - 7:30 PM » Regency Ballroom

1. **How Family Organizations Translate Research into Practice**

Rene Anderson, BA, *Child & Family Studies, Tampa FL*

The quality of the relationship between family-run organizations and non-family-run organization partners has a major bearing on how effective family-run organizations can be in ensuring family voice and in operationalizing family-driven care. This presentation examines how three family-run organizations utilize the research-based technical assistance tools, *A Quick Guide for Self-Assessment of Family-Run Organizations in Systems of Care* (2007) and findings from the study monograph, *Examining the Relationship Between Family-Run Organizations and their Non-Family-Run Organization Partners in Systems of Care*, in their development and sustainability planning.

2. **Inside Wraparound's Black Box: Service Effects of Less Examined Implementation Components**

Rosalyn M. Bertram, PhD, *School of Social Work, Kansas City MO*; **Randy Joiner, LMSW-AP**, *Project Director, Houston TX*

A recent National Wraparound Initiative (NWI) review of wraparound literature through the National Implementation Research Network's implementation framework (Bertram, Suter, Bruns, & O'Rourke, in press) identified implementation components needing further examination. This paper presents a participatory program implementation case study from a system of care grant site that explored service effects of less examined components including supervision/coaching, administrative structures and practice, and theory of change. Subsequent program adjustments are briefly presented.

3. **Criteria for Staff Selection: A Less-Examined/Less-Described Wraparound Implementation Driver**

Rosalyn M. Bertram, PhD, *School of Social Work, Kansas City MO*; **Chuni Li, PhD**, *Director of Human Resources and Organizational Development, West Long Branch NJ*; **Janet S. Walker, PhD**, *Co-Director, RTC on Pathways to Positive Futures, Portland OR*

A recent National Wraparound Initiative (NWI) review of wraparound literature through the National Implementation Research Network's implementation framework (Bertram, Suter, Bruns, & O'Rourke, in press) identified program components for future research. This paper presents a study of staff selection criteria for staff positions with roles associated with the wraparound model. Results suggest criteria are similar to traditional mental health positions.

4. **Where Am I Going, and How Do I Get There?**

Dianna Walters, *Portland MN*; **Clay Finck, MSEd**, *Tulsa OK*

This workshop will present a paper created by the University of Southern Maine, Muskie School of Public Service; and the National Resource Center for Youth Development, University of Oklahoma. The paper begins by taking an interdisciplinary look at transition plans, before providing information about current trends in child welfare concerning older youth. Finally, the paper presents practice models and resources to assist states and agencies in their transition plan development. The paper specifically looks at six states that are doing extraordinary work around transition planning.

5. **Using the Learning Collaborative Approach for TF-CBT Training**

Jennifer Sigrest, LPC, *Trauma Recovery for Youth, Jackson MS*; **Ana Maria Brannan, PhD**, *Center for Evaluation and Program Improvement, Nashville TN*; **Kelly Wilson, MSW, LCSW**, *Trauma Recovery for Youth, Jackson MS*

The purpose of this study was to explore the use of the learning collaborative approach for training clinicians on trauma-informed treatment. The *Trauma Recovery for Youth* program (TRY) disseminates trauma-informed treatment models across Mississippi. Based on three sources of data, findings suggested that the learning collaborative approach is useful for training clinicians to use the TF-CBT model, and to scaffold faithful implementation of the model. However, challenges to implementing TF-CBT in real world settings remain.

6. **Using Outcomes Management to Transform Systems of Care and Evaluate the Effectiveness of Services and Supports**

Mary Spooner, PhD, *Feinberg School of Medicine, Chicago IL*; **Todd Schroll, MSW**, *McHenry County Family CARE, Crystal Lake IL*

Many systems of care emerge out of a tradition of child welfare services and funding streams that have not required a strong focus on outcomes at the program level as an integral part of the way services are provided. An outcomes management approach used in this case study showed promising outcomes with regard to efficiencies in program management, and improvement in youth outcomes across programs.

7. **The Community Supports for Wraparound Inventory (CSWI): Findings from Phase 2 Research**

Eric Bruns, PhD, *Psychiatry, University of Washington, Seattle WA*; **Janet Walker**, *Portland State University, Portland OR*

The *Community Supports for Wraparound Inventory* (CSWI) was developed to respond to the need for a reliable and valid assessment of the level of development of the system-level implementation supports for implementing wraparound. Previous studies have provided evidence of the CSWI's reliability and validity. This study reports on further measure development work, including a confirmatory factor analysis and further exploration of reliability and validity.

8. **The Wraparound Fidelity Assessment System: Psychometrics, Reliability and Validity of the Team Observation Measure [TOM] and Wraparound Fidelity Index [WFI]**

Eric Bruns, PhD; April Sather, MPH, *Psychiatry, University of Washington, Seattle WA*

The Wraparound Fidelity Index, Version 4 is a tool designed to measure the adherence to the principles and specific activities of wraparound, gathered through interviews with facilitators, caregivers, youth, and other team members. This poster will present findings from a national study of the psychometrics of this tool, using data from over 30 sites and 600 families, including its reliability, validity, and associations with demographic and site level factors.

9. **Reexamining the Factor Structure of Instruments Commonly Used in SOC Evaluations**

Kyle Litchfield, MA; Eugene Wang, PhD, *Educational Psychology, TX*

This study examined the factor structure of the scale scores of several commercial instruments used in the Phase IV SAMHSA Systems of Care National Evaluation. Results from our EFA suggest that the scale scores from the instruments are not measuring the constructs they are designed to measure (e.g. depression, aggression), but rather are measuring the perspective of the respondent. These are among instruments used nationwide to identify, evaluate, and create interventions for thousands of children with disabilities, yet our evidence suggests that they are not accurately measuring the psychopathologies they are designed to measure.

10. **The Association of Children's Mental Health Symptoms and Functioning with Premature Termination from Treatment**

Diana Urajnik, MA, *Community Health Systems Resource Group, Toronto ON Canada*; Bruce Ferguson, PhD; Melanie Barwick, PhD, *The Hospital for Sick Children, Toronto ON Canada*

Failure to participate in treatment is a critical problem for children/families and their service providers. Dropout may compromise the effectiveness of treatment delivery and child outcomes. Child mental health symptoms and functioning as correlates of treatment participation were examined. Data was derived from a province-wide screening and outcome measurement initiative in Ontario, Canada. Highlighted are outcome results, the conceptual role of child psychosocial adjustment with respect to attrition from care, and suggestions for future research.

11. **Social Correlates of Delinquency for Youth in Need of Mental Health Services: Examining the Scope Conditions of Criminological Theories**

Matt Vogel, MA, *Center for Human Services Research, Albany NY*

This paper explores the relationships between criminological predictors of juvenile delinquency and measures of functional impairment among a sample of youth with severe emotional disorders in upstate New York. Hypotheses are derived from extant research in the fields of criminology, sociology, and children's mental health. Results of multivariate analyses suggest that both criminological predictors and indicators of functional impairment are predictive of delinquency in this sample. Implications for System of Care service delivery are discussed.

12. **The Prodigy Program and Mental Health: Results from Multiple Trials**

Lisa Rapp-Paglicci, PhD; William Rowe, DSW, *School of Social Work, Tampa FL*

Despite the preponderance of co-morbid juvenile offenders and the poorer prognosis for them relative to those without a mental disorder, there are few programs for those offenders. A multi-wave research study on the Prodigy Arts program, a youth crime prevention program, shows significant reduction in mental health symptoms for participating youth. Both cognitive and behavioral deregulation appear to be ameliorated, which is significant due to the rather stable nature of these constructs.

13. **Efforts by Burrell Behavioral Health to Integrate Feedback on Clinical Outcomes and Quality of Services into Regular Service Provision**

Clay Gemmill, MPH, MSW; Matthew Underwood, BS; Paul Thomlinson, PhD, *Research, Springfield MO*

This paper addresses the process Burrell Behavioral Health undertook to integrate the National Outcome Measures [NOMs] into clinical services by examining the implementation of dashboard indicators. The essential research questions are: (1) What is the most effective method of integrating outcome measures into service practices? (2) How can routinely measured consumer outcomes be used to enhance treatment and recovery? and (3) How can the adoption of outcomes be promoted through value?

14. **Examining Social Connectedness in a System of Care**

Laura Lovato, BS; Katherine Strater, BS, *Psychology, Charlotte NC*

This study assesses perceived social support of caregivers of children with serious emotional disorders enrolled in a system of care (SOC) across time. Additionally, caregiver strain and child outcomes were measured. Changes in support, the relationship between desired and received support, and the relationship between perceived support and caregiver and child outcomes were examined. The findings suggest the need for ongoing assessment of family connections, and changes that occur over time during involvement in SOC.

15. A Strategic Approach to Building Conditions for Learning and Fostering Healthy Youth Development in Schools

David Osher, PhD; Kimberly Kendziora, PhD; Jeffrey Poirier, MA, EHDW, Washington DC

Schools can play a key role in promotion, prevention and adolescent development; but barriers exist that prevent schools from addressing the mental health and social emotional needs of students. This paper presents an approach, active in Chicago, Cleveland, and Syracuse, through which schools and districts become protective factors for students. Careful measurement, actionable reporting, and supported knowledge use are the three components of this approach. Implications and applications of this approach will be discussed.

16. Releasing the Genie from the Bottle: A Community Approach to Engaging Youth and Family Members into Care

Malena Albo, BS, *Cultural Competence, Tempe AZ*

Learn how a predominantly Latino community increased the enrollment in behavioral health services by 700 families in two months! A grassroots initiative began by asking community members and youth what they knew about behavioral health, and from whom they received information that they trusted. This resulted in the creation of a community coalition owned by the local community. They recruited and trained 'Promotoras,' who are lay community members, to share information with the grassroots community about behavioral health; as well as the development and distribution of *Fotonovelas*, a type of illustrated graphics in Spanish, created by and starring students in the community.

17. Children under Five Receiving Mental Health Services: A Comparison of Family Report Measures for Those Involved with Child Welfare and Those with No Child Welfare Involvement

Ferol Mennen, PhD, LCSW, *School of Social Work, Los Angeles CA*; Karen Finello, PhD, *Pediatrics, Los Angeles CA*

This paper uses data from an infant and early childhood mental health program to compare parent report data from families who were involved with child welfare and those who were not. Results showed differences on a number of measures, indicating child welfare-involved families reported fewer problems and better parenting than those who were not involved, although these impressions were not confirmed by clinicians. Findings and implications for practice are presented.

18. After-School Programming for Youth with Serious Emotional and Behavioral Challenges

Susan Ayers, LICSW, *The Guidance Center/Riverside, Cambridge MA*

Out-of-school time programming has received significant attention at the federal and state levels in recent years, yet little attention is paid to the needs of youth with serious emotional and behavior disorders for after-school activities. What happens to these youth once the school day is over? The research described here will address this issue with results from a study of one well-articulated model of after school-care for this population.

19. The Changing Landscape of Outpatient Mental Health Services for Children: Results from a Statewide Needs Assessment Study

Jeana Bracey, MA; Jeffrey Vanderploeg, PhD; Robert Franks, PhD, *Connecticut Center for Effective Practice, Farmington CT*

Routine outpatient mental health treatment provides a comprehensive array of services and supports for thousands of Connecticut children annually. This presentation provides a snapshot of community-based outpatient services for children in Connecticut, based on focus groups, site visit data, and online mixed-method survey results representing 32 agencies and other key stakeholders. This paper highlights important policy and contextual factors, opportunities for enhancing evidence-based treatments, and a framework for collaboration and accountability of multiple system stakeholders.

20. Characteristics of Children Receiving Special Education, Special Educational Placements and Improvement in Academic Performances: A Multilevel Structural Equation Modeling Analysis

Ye Xu, MA, *Atlanta GA*; Tesfayi Gebreselassie, PhD, *Atlanta GA*

This study examined the relationships between child characteristics, special education placements and academic improvement among a sample of special education children who have enrolled in system of care. Preliminary findings from a two-level structural equation modeling (SEM) analysis suggest that diagnoses, race and age differ for children in special education placements. In addition, results indicate that children in resource service placement are more likely to have improved academic performance than those in inclusion education placement.

21. Youth Served in Treatment Foster Care in the State of Maryland: Characteristics of Youth and Predictors of Youth Psychosocial Functioning

Wai-Ying Chow, PhD; Elizabeth Halsted, BA; Jennifer E. Mettrick, MHS, MS, *Maryland Child and Adolescent Innovations Institute, Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine, Baltimore MD*; Kevin Keegan, MS, *Social Services Administration, Maryland Department of Human Resources, Baltimore MD*

Using comprehensive data on adolescents enrolled in a System of Care (SOC) evaluation study, this presentation examines an overlooked area of psychotropic drug use – the use of medications prescribed for chronic health conditions as well as other substances. Given ongoing safety and efficacy concerns about psychotropic drugs and adolescents, results will be considered in terms of their implications for best prescribing practices, especially those that consider the medication experiences and attitudes of youth themselves.

22. Sustaining Evaluation after the Cooperative Agreement Ends

Keren Vergon, PhD, *Child & Family Studies, Tampa, FL*; Beth Piccora, BS, *Tampa FL*; John Mayo, MA, *Tampa FL*

The culture of evaluation within a system of care can be difficult to maintain once federal funding ends. Success 4 Kids & Families, Inc., a community case management agency that was sustained from the THINK System of Care, is currently utilizing the System of Care Practice Review (SOCPR) to revitalize its performance and quality improvement process as it seeks accreditation. Yearly findings are examined by board members, staff, families and youth to improve program services.

23. Assessing Fidelity to the Cognitive Behavioral Therapy Model through Chart Review

Mohua Hazra, MS, *commUNITY Cares, Nashville TN*; Ana Maria Brannan, PhD, *Center for Evaluation & Program, Hattiesburg MS*; Heidi Nelson, NCC, LPC, *commUNITY Cares, Hattiesburg MS*

Transporting evidence-based mental health treatments from university laboratories to real world settings has become a national priority. Monitoring and maintaining fidelity to treatment models is increasingly emphasized. This poster presents a tool for assessing how well clinicians adhere to the Cognitive Behavioral Therapy model as they treat children. Data abstracted from client records is coded, and adherence is rated. The approach will be described, and findings will be reported. Limitations will also be discussed.

24. An Innovative Approach for Creating System Redesign and Measuring Change

Holly Wald, PhD, *Pittsburgh PA*; Cynthia Zubritsky, PhD, *Center for Mental Health, Philadelphia PA*; Nancy Jaquette, LCSW, *Beaver Falls PA*

One of the aims of a system of care is to design a seamless system that empowers families and youth at all levels. This paper will discuss how input from child serving systems, parents and youth, in conjunction with a structured quality improvement process, helped foster the system redesign process in Beaver County, Pennsylvania. One example is its impact on the recruitment and retention of youth and families in the system of care.

25. Addressing Self-Injurious Behavior, Non-Suicidal Self-Injury and Suicidal Behavior

Katherine Lazear, MA, *Child & Family Studies, Tampa FL*; Sylvia Fisher, PhD, *CAFB/CMHS, Rockville MD*; Jill Kluesner, *Youth Coordinator, Dubuque IA*

This presentation examines the relationship between non-suicidal self-injury (NSSI), suicidal behaviors, and peer influence. NSSI (referring to direct and deliberate destruction of the body in the absence of intent to die, such as skin cutting) is an increasingly prevalent health risk behavior among adolescents, and represents a significant public health concern. Research suggests that adolescents may be more likely to engage in NSSI when close friends or other peers engage in similar behaviors.

26. What Does It Cost to Serve Children with Behavioral Health Disorders?

Helaine Hornby, MA, *Quality Improvement, South Portland ME*; Jay Yoe, PhD, *Pediatrics, Augusta ME*

THRIVE, Maine's Trauma-Informed System of Care, has been tracking the services received by enrolled children who also qualify for Medicaid (that is 82 percent of all THRIVE's enrolled children). This poster session will illustrate the number and types of services received by the children, and the costs of providing those services. It will demonstrate that every time a residential placement can be avoided, it is possible to provide about three times as many in-home services.

27. A Collaborative Approach to Improving Youth Mental Health Outcomes: Preliminary Data from a Three Year Project

Alisha Johnson, MPA, *Innovations in Community Research, Cincinnati OH*; Susan Shelton, MBA, *Mindpeace, Cincinnati OH*; Diana McIntosh, PhD, *Hamilton Co. Mental Health and Recovery Services Board, Cincinnati OH*

A total of 15 mental health agency providers across more than 20 schools in Cincinnati OH participated in a mental health collaborative with the goal of improving mental health access for youth attending urban public schools. Data on mental health, referrals and functioning collected by the Collaborative will be presented, with an emphasis on how the data can be used at the individual agency, school and Collaborative levels to make continuous improvements.

28. Family Connection Pilot Study

Craig Anne Heflinger, PhD, *Community Research and Action, Nashville TN*

Across fields, peer support interventions have been demonstrated to decrease social isolation, decrease negative symptoms, decrease depression, increase optimism, increase self-efficacy, improve quality of life, treatment adherence and satisfaction; and reduce hospitalization. Positive outcomes to the peer supporter have also been documented: improved confidence, self-esteem and role functioning, and decreased depression. The published research literature has focused almost entirely on adults, but some aspects of peer support programs have also been implemented for families of children with mental health issues.

While many examples of family support and education groups for parents of children with special needs are available, few have focused specifically on the role of peer support. No peer support program like Tennessee Voices for Children's Family Connection program has yet been evaluated.

29. Youth at the Research Wheel: The Process and Findings of a Youth-Driven Secondary Analysis of CMHI National Evaluation Data

Hillary Groves; Antonio Wilson, *Children's Mental Health Initiative (CMHI) National Evaluations Youth Advisors Driving Action (YADA) Advisory Board*

Members of the youth advisory group to the CMHI National Evaluation Team will present findings regarding differences between caregiver and youth perceptions of issues such as presenting problems and medication use, derived from a secondary analysis of national evaluation data. During this session, presenters will share their experiences in conducting the initial secondary data analysis research question development process, and in understanding the results of the analysis.

30. Gender Differences and the Effectiveness of Evidence-Based Trauma Treatment: An Analysis at 90 Days

Carlton Craig, PhD; Ginny Sprang, PhD; Michele Staton-Tindall, PhD, *College of Social Work, Lexington KY*

This study examines the effectiveness of two trauma-informed evidence-based practices on traumatic-stress related symptoms in a sample of children ages 3-19. This study assessed baseline data on 135 children with three month repeated measures using paired t-testing. Paired t-tests for each of the scales of the TSCC-A and PTSD-RI revealed that anxiety, depression, and total PTSD scores significantly decreased through three months of treatment ($p < .05$). Implications of significant gender differences are discussed.

31. Best Practices for Transition-Age Youth with Dual Diagnoses

Pauline Jivanjee, PhD, *Pathways RTC, Portland OR*

This poster will present the findings of a descriptive study of best practices for serving transition-age youth and young adults who are dually eligible for mental health and developmental disabilities services. Eight programs identified across the U.S. provide examples of best practices for serving this population, including collaborative programming across systems; person-centered services; service providers trained to serve young people with both mental health and developmental disabilities; activities to promote community integration; and trauma-informed services.

32. Are Children Improving? Results from Outcome Measurement in a Large Mental Health System

Emily Trask, PhD; Ann Garland, PhD, *University of California, San Diego CA*

One large urban county integrated an outcome evaluation component within its mental health system, and examined the following research questions: 1) Do children's emotional and behavioral problems improve after six months of treatment? 2) What factors are related to treatment improvement? Preliminary results from 3,215 youth indicated that externalizing and internalizing problems significantly decreased from intake to six months. Factors that may be associated with treatment gains will be discussed.

Wednesday, March 10 Events

6:30 am	Yoga Stretch
8:00 am	Networking Breakfast
9:00 am	Plenary: Gary M. Blau
9:45 am	Lessons Learned: Brigitte Manteuffel
11:15 am	Closing Remarks: Mario Hernandez
11:30 am	Conference Adjourns

Join us for a gentle stretch

City Center

6:30 AM - 7:30 AM

Start the morning right with an hour of gentle stretching and yoga in the City Center room.

Wednesday Plenary

9:00 AM – 9:45 AM » Regency Ballroom

Transforming Systems of Care: Next Steps for Research

Gary M. Blau, PhD, *Substance Abuse and Mental Health Administration, Child, Adolescent and Family Branch, Rockville MD*

Gary M. Blau, Chief, Child, Adolescent & Family Branch, SAMHSA, will discuss the current focus of the Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI), and the important role of evaluation as the program branches out to encompass a stronger public health approach in addressing the needs of youth with mental health challenges, their families and the communities in which they live.

About the Presenter: Gary M. Blau, PhD, is a Clinical Psychologist and is currently the Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services. In this role he provides national leadership for children's mental health, and for creating systems of care across the country. Dr. Blau has numerous journal publications and has been the editor of several books, including the recently published *Handbook of Childhood Behavioral Issues: Evidence Based Approaches to Prevention and Treatment*, and *The System of Care Handbook: Transforming Mental Health Services for Children, Youth and Families*.



“Now more than ever, we must have quality evaluation of efforts to improve services for children and youth who have mental health challenges and their families.”

– Gary M. Blau, PhD

9:45 AM – 11:15 AM » Regency Ballroom

Lessons Learned from the National Evaluation

Brigitte Manteuffel, PhD, *Principal Investigator, National Evaluation of the CMHI Program, ICF Macro*

Following Dr. Blau's presentation, Dr. Manteuffel will discuss findings from the national evaluation of the CMHI. Drawing on knowledge gained over the 17 years of that program, Dr. Manteuffel will offer insights about how lessons learned from the national evaluation contribute to advancing the development of effective practices in systems of care. Dialogue and questions will be encouraged during the participatory presentations by Dr. Blau and Dr. Manteuffel.

About the Presenter: Brigitte Manteuffel, PhD is a vice president in the Applied Research Division of ICF Macro, and the principal investigator (PI) of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative [CMHI]). She has provided leadership to the national evaluation since 1999, when she joined Macro, and became PI in 2001. Dr. Manteuffel has over 20 years of experience conducting health services research, program evaluations, longitudinal and multisite intervention research.

11:15 AM – 11:30 AM » Regency Ballroom

Planning for the 24th Annual Research & Policy Conference

Mario Hernandez, PhD, *Chair, Child & Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida*

Don't miss this opportunity to hear about planning for the 24th annual conference, which will focus on key trends in research and policy that impacts children with mental health needs and their families.

Child & Family Studies

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Mario Hernandez, PhD
Chair, Dept. of Child &
Family Studies



Junius Gonzales, MD, MBA
Dean, College of
Behavioral & Community
Sciences

The Department of Child and Family Studies is committed to improving the well-being of individuals, children, and families within communities across the country through promoting respect, inclusion, development, achievement, mental health, and an optimum quality of life.

Who We Serve

- Children and youth with mental health challenges and their families.
- Children and adults with autism and other developmental disabilities and their families.
- Children at special risk of poor outcomes because of exposure to abuse, neglect, other forms of violence, absence of family, or long-term poverty.
- Pre-school children from low-income families.
- Children transitioning into adulthood with mental health challenges.

How we help kids and families

At CFS, we work hard to create hope and solutions for children, individuals and families every day. With the help of our partners and supporters, we:

- increase school readiness and performance for all ages
- reduce the effects of trauma from abuse, violence, disasters and war
- ensure children and families of all cultures have equal access to the services they need
- guide young people with mental health challenges as they navigate adulthood
- point the way to positive lives for those with autism and related disabilities
- prevent suicide and help children and youth with mental health challenges
- collect and distribute the latest facts and figures on Florida's children
- conduct national conferences to bring science to planning effective service systems for our nation's children

Our Role at CFS

- **Develop new knowledge** through research.
- **Conduct thorough evaluations** of existing services and supports.
- **Analyze existing public policies** that affect children and families.
- **Share our knowledge and expertise with public agencies** and community groups.
- **Prepare a new generation of professionals** to be effective researchers, practitioners, and administrators.
- **Take part in conferences**, publications, teaching and mentorships, and share information locally, statewide, and nationally.
- **Convene groups to develop strategies** to better serve and support children and families.
- **Create opportunities for diverse groups** to express their needs and make recommendations about the issues facing children and families.
- **Help local and state agencies** create coordinated, community-based systems of services that best use resources to meet the individual needs of children and their families.

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- Master's degree in Applied Behavior Analysis
- Graduate Certificate Program in Planning, Evaluation and Accountability
- Online Learning: Education and Training in Children's Mental Health
- Graduate Studies in Behavioral Health (in partnership with the USF College of Public Health)

For information on post-doctoral opportunities at the Department of Child & Family Studies

Mario Hernandez, PhD (813) 974-4640 • hernande@fmhi.usf.edu or Oliver T. Massey, PhD (813) 974-6403 • massey@fmhi.usf.edu

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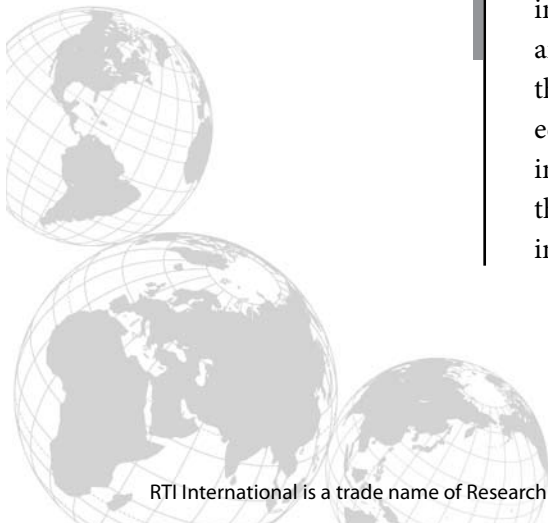


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| <input type="checkbox"/> University or College | <input type="checkbox"/> Mental Health Association | <input type="checkbox"/> Federal Office / Agency | <input type="checkbox"/> Child-Serving Agency |
| <input type="checkbox"/> Non-Profit Agency/Organization | <input type="checkbox"/> School System / District | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Other _____ |

2. Select **one** category that best describes your work role:

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|--|---|-------------------------------------|---------------------------------------|
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3. How many of our conferences have you attended?

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| <input type="checkbox"/> This is my first | <input type="checkbox"/> 2-4 attended | <input type="checkbox"/> 5-7 attended | <input type="checkbox"/> More than 7 attended |
|---|---------------------------------------|---------------------------------------|---|

4. Did you present at this conference? ☐ Yes ☐ No

5. State/Province/Country where you work? _____

To what extent does this conference...

	Very Much	Somewhat	Not at All
6. Increase the capacity of the mental health field to conduct evaluation and research studies on complex service delivery systems.	1	2	3
7. Provide advanced training in cutting-edge research methodology.	1	2	3
8. Provide a national forum for presenting research findings in the children's mental health field.	1	2	3
9. Create a network to support learning and collaboration between researchers, policy-makers, practitioners and family members.	1	2	3

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