

# Welcome

On February 15, 1988, the Research and Training Center for Children's Mental Health of the University of South Florida convened its first national conference on system of care research in children's mental health. Amazing as it is, our present conference is now our 20th such meeting. We have been privileged and honored to be able to offer this yearly opportunity for researchers, policy-makers, family members, advocates, practitioners, administrators, and even a few youth to get together to have an open and honest exchange of information about children's mental health in general, and systems of care in particular.

Many things have changed about the conference since we first met in 1988 (how did we ever make presentations before the age of PowerPoint?). Two things that have been consistent, however, have been the passion and dedication of our attendees, and their willingness and eagerness to engage in a careful and systematic study of complex issues in an effort to improve the well-being of children with mental health challenges and their families.

Some of you have heard me say that beneath all of the complexity, there are three basic questions that we are seeking to answer:

1. How do we improve access to care for children and families in need of special services and supports?
2. How do we improve the effectiveness of the services and supports that we offer to children and families?
3. How do we improve the overall mental health and well-being of our entire population of children and families?

The third question here is probably the most important question in the long run for the future of our country and its citizens. Even if we improve access to care and effectiveness of care, unless we are able to promote healthy functioning and prevent the development of serious problems we will have made little progress in the long run. With that in mind, last year the theme of our conference was looking to the future, and identifying actions that we can and should take today that are likely to have long-term positive consequences.

The question we presented to our panel last year essentially was: What do we need to do to ensure that ten or twenty years from now all children with mental health challenges and their families have access to effective care, consistent with system of care values and principles?

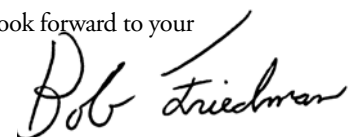
This year we are doing something that we haven't done before—we are essentially having a mini-conference within our overall conference. The mini-conference will pick up on last year's conference theme, and will focus on implementation of effective systems of care. And what do we mean by "effective" systems of care, you may very well ask. Essentially, to us an effective system of care is one that successfully addresses the questions above: it provides access to care for those in need, it provides effective services and supports consistent with system of care value and principles, and it addresses short-term issues for those already in need while also bringing about improvements that will enhance the mental health and well-being of our entire population of children.

Over the past 20 years, there have been many presentations and discussions about whether systems of care work. We believe that it is time to shift the discussion. While we recognize the importance of developing, evaluating, and disseminating effective interventions for individual children and families, our primary focus is at the system and community level. I would suggest, given that the systemic and community context will always be important, and that there is widespread agreement in the children's mental health field about the importance of system of care values and principles, that the key question now is not whether systems of care work but how do we best develop and implement them. It will serve our field best, and the children and families about whom we are concerned, if we focus our best energies on the challenging task of studying how to build effective systems.

Effective systems across the country—in fact even in adjoining communities—will embrace many of the same principles and functions, but their form and structure will differ. And they will constantly evolve and adapt over time, as they receive feedback about areas of particular strengths or weaknesses, or as environmental or organizational conditions change. Indeed, while the classic concept of an independent variable in experimental research is of a static, easy to measure condition, we recognize that systems are neither static nor easy to measure,

Our mini-conference, therefore, builds on the theme of the recent research done at our Center, and focuses on what is known about the implementation of effective systems that incorporate system of care values and principles. We will offer not only research findings but a number of different perspectives from individuals who have been involved in this effort at local, state, and national levels, and in various roles. We believe that this movement to explicitly focus on what is known about complex systems, and what the implications of this are for implementation, is in fact critical for us as a field both in the short and long-term.

Once again, welcome to Tampa and to our 20th annual conference. We look forward to your contributions, and hope you have a great time.



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**Robert M. Friedman, PhD**  
Director, Research and Training Center  
for Children's Mental Health

THE 20TH ANNUAL RESEARCH CONFERENCE  
**A System of Care for Children's Mental Health: Expanding the Research Base**



OVERVIEW

Sunday, March 4, 2007	
12:00 PM	Registration Opens
2:00 - 5:00 PM	Intensive Workshops on Methodology
6:00 - 8:00 PM	Poster Sessions and Networking Reception
Monday, March 5, 2007	
7:30 AM	Registration & Networking Breakfast
8:30 AM	Opening Plenary: Thomas Cook
10:15 - 11:45 AM	Concurrent Sessions
11:45 AM	Lunch on Your Own
1:15 - 5:45 PM	Concurrent Sessions
6:30 - 9:00 PM	Networking at the Florida Aquarium
Tuesday, March 6, 2007	
7:30 AM	Registration & Networking Breakfast
8:30 AM - 12:00 PM	Concurrent Sessions
12:00 PM	Research Luncheon
State of the Science Sessions	
1:30 - 2:30 PM	Opening Plenary
2:30 - 5:00 PM	Concurrent Sessions
5:00 - 5:45 PM	Synthesis Plenary Session
6:00 PM - 9:00 PM	Poster Sessions and Networking Reception
Wednesday, March 7, 2007	
8:00 AM	Registration and Networking Breakfast
9:00 AM - 12:00 PM	Intensive Workshops on Methodology

Intensive Workshops on Methodology

Sunday 2:00 – 5:00 PM

**Intensive Workshop #1 • Salon C & D**

*The Developing Role of Family Members as Research Partners: An Introduction to the Research Process and the Role of Grant Reviewer*

Julie Becker, PhD, *Harmonium, Inc. San Diego, CA*; Shari Krishnan, *Bloomington Hills, MI*; Katherine Lazear, M.A. and Al Duchnowski, Ph. D., *Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida*

This interactive workshop addresses key aspects of the services research process central to family members as they adopt roles as evaluators, research partners and grant review team members. Agency personnel and researchers, as well as family members, will learn strategies to maximize effective collaboration. While there have been excellent training programs developed by the Federation of Families for Children's Mental Health and others to increase family members expertise in evaluation of services, there are few opportunities available for families to learn more about the research process.

A purpose of this intensive workshop is to present an introduction to the services research process for family members. Topics will include a discussion of frequently used terms in research, the different types of research designs that are used in this field, and a discussion of the valuable perspectives that family members can bring to the process. The role of individual family members as well as examples of family organizations as research partners will be presented.

Another important topic covered in this workshop will be a discussion of the role of family members as reviewers of grant proposals, especially for federal programs. Topics will include the components of typical grant applications, the criteria for scoring these components, and the expectations of family members as members of the review team.

In addition, this workshop will present strategies for researchers and agency staff to increase the effectiveness of family partnerships in research projects and grant reviews. The workshop will conclude with an interactive discussion with the audience.

**Intensive Workshop #2 • Salon G & H**

*Studying Complex Systems: Epistemological Car Talk*

Michael Agar, PhD, *Professor Emeritus, University of Maryland, and Researcher, Ethnographics, Sante Fe, NM*; Steve Banks, PhD, *Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL and Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA*

This workshop will examine a variety of frameworks (e.g. qualitative, quantitative and mixed methods) for studying complex systems. The workshop will utilize an "Epistemological Car Talk" format, where real-world examples from "Click and Clack" (Drs. Agar and Banks) will be introduced and discussed with an emphasis on making the techniques relevant for studying systems of care for children. This workshop will be built on conversations among participants who have questions about their research "vehicles" and the hosts, both experienced research "mechanics" who have advised on dozens of projects over the years.

**Intensive Workshop #3 • Salon I & J**

*Building on Community Strengths through Asset Mapping*

Beverly Ward, *Dept. of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida*

Asset mapping catalogues both the demographic features of a community and its human and organizational resources. Cultural and historical resources, formal and informal services and supports, and infrastructure features such as transportation and housing are documented. Inventories of data analyzed are used to create maps of communities that can guide asset-based planning for systems improvement. This workshop will illustrate how an asset map can be constructed to support efforts to implement effective systems of care in targeted communities.

Acknowledgements

Our Center, which has been in operation since 1984, is based in the Department of Child and Family Studies of the Louis de la Parte Florida Mental Health Institute, University of South Florida. The success of our Center, and of our conference, is due in part to the great support of many people at our host organization, and especially our dedicated and talented team that organizes the conference every year. Join us in thanking them. Playing major roles in producing the annual conference are our Center Co-Principal Investigators, Al Duchnowski and Krista Kutash, our communications director, Cindy Liberton, our conference coordinator, Catherine Newman, and our event planner, Dan Casella. Others from the Department of Child and Family Studies making incredible contributions to the conference, and to the Center's work include Kenyatta Daniel, Sandra Dwinell, Michael Greeson, Dawn Khalil, Marty Kledzik, Margie LeHeup, Storie Miller, and Jonathan Wilson, along with our Center Investigators: Mary Armstrong, Mary Evans, Paul Greenbaum, Mario Hernandez, Sharon Hodges, Kathy Lazear, Teresa Nesman, and Carol Mackinnon-Lewis. Thanks also to our very supportive and helpful Board of Advisors, Co-Chaired currently by Eric Bruns and Christina Kloker Young, and to our federal project officers, Gary Blau, Bonnie Gracer, and Diane Sondheimer.

# SUNDAY MARCH 4, 2007

<b>Registration Opens — Noon</b>		
<i>Presenters and volunteers, please check in!</i>	Conference Foyer	
<b>Intensive Workshops on Methodology — 2:00 PM – 5:00 PM</b>		
Title	Presenters	Room
<i>Session 1 — The Developing Role of Family Members as Research Partners: An Introduction to the Research Process and the Role of Grant Reviewer</i>	Becker, Krishnan, Lazear, Duchnowski,	C/D
<i>Session 2 — Studying Complex Systems: Epistemological Car Talk</i>	Agar, Banks	G/H
<i>Session 3 — Building on Community Strengths through Asset Mapping</i>	Ward	I/J
<b>Special Session for Family Members — 5:00 – 6:00 PM Room 11</b>		
<i>Special Session for Family Members: Orientation to Research in Systems of Care</i>	Duchnowski & Becker	Rm 11

<b>Poster Presentations &amp; Networking — 6:00 – 8:00 PM — Salon E/F</b>	
Title	Presenters
1. Making It On Your Own: Social Support and Mental Health for Former Foster Youth	Hoffman
2. Treatment within a Child Welfare Setting: Assessing Parent Skills and Child Outcomes	Hull
3. Whatever Can Go Wrong Will: Implementation Research & Bureaucratic Change in Child Welfare	Bertram
4. Researching the Needs of Gay, Lesbian, Bisexual, Transgendered, and Questioning (GLBTQ) Youth in Systems of Care	Fisher, Poirier
5. A Preliminary Logic Model Addressing Suicide Issues in System of Care Communities	Fisher
6. Mental Illness Stigma and its Correlates among Adolescent Wraparound Clients	Moses
7. Implementation of Evidence-Based Substance Abuse Group Interventions for Youth	Haber, Hills
8. Children's Mental Health Services: Investigating Factors Related to Help-Seeking and Service Utilization Patterns	Tobon
9. An Evaluation of Collaboration and Communication among Trauma Centers in the NCTSN Network	Sukumar
10. Evaluating the Development, Dissemination and Adoption of Evidence-Based Practices and Products in the National Child Traumatic Stress Network	Douglas
11. The Departure Status of Youth from Residential Group Care: Implications for Aftercare	Epstein
12. Psychotropic Medication Utilization at a Group Home Residential Care Facility	Thompson
13. The Utility of Consumer Surveys for Improving the Quality of Behavioral Healthcare	Koch, Shawver, Cropsey, Kader
14. A Model of Mental Health Literacy Among Caregivers of Children with Serious Emotional Disturbance	Davis, Armstrong, Smith
15. Social Supports for Youth and Families	Kernan
16. The PEAK Project-Teaching Caregivers to be their Child's Best Advocate	Dykes, Panzarella, Tillery
17. National Estimates of U.S. Children with ADHD and Learning Disabilities: Their Use of Mental Health Services	Simpson
18. Validity of Caregiver Reports of Children's Grades in a SOC	Allen, Steinert, Patterson

**Attention Family Members!**  
**Session on Research for Families**  
**Sunday, March 4, 2007**  
**5:00 PM – 6:00 PM**  
**Salon C-D**

Interested family members are encouraged to meet and network throughout the conference. On Sunday, at 5:00 pm in Salon C-D, we are offering Research I, a family-friendly session where we can get to know each other as research terminology common to conference sessions is explained. At 6:00 pm, the conference's opening Poster Session begins; look for the Family Table to continue your conversations.

**Your Host: Albert Duchnowski, PhD, Deputy Director, Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida**

19. The Impact of School-Based Mental Health Services on Student Behavior and Functioning	Gemmill, Thomlinson
20. Evaluation of the Full Purpose Partnership Program	Houser, Anderson
21. Relationships between School/Residential Transitions and Mental Health Functioning for Youth with SED	Mitchell
22. Integrating Web-Based Data Management Tools to Assess the Impact of School-Based Programs	Nichols
23. Utilizing State-Wide Administrative Data Bases to Follow Postsecondary Outcomes for Youth with Emotional and/or Behavioral Disturbances	Karpur, Haber, Clark
24. Utilizing Organizational Change Models in the Development of a Theory of Change: Examples from the Harris County Systems of Hope Logic Model	Driver, Truxillo
25. Analyzing a System of Care using a Unique Cost/Benefit Model	Green
26. Evaluating the Statewide Implementation and Outcomes of Evidence-Based Practice: Preliminary Results of Connecticut's Multisystemic Therapy Progress Report	Schroeder, Connell
27. Program Adaptation without Compromising Program Fidelity: The Experience of a Model Program	Davenport
28. A Partnership Model Study between Juvenile Justice and Community Mental Health	Kapp, Robbins, Choi
29. Accountability for Meeting Youth and Family Needs Across System of Care Partners	Hodges
30. A Needs Assessment of Conflict in Systems of Care	Evans, Boustead
31. An Applied Cultural Competence Assessment in a System of Care: Hearing the Voices of Frontline Staff	Concha, Duresky, Villar
32. Black Fathers of Children with Special Needs: A Qualitative Study	Bridgers, Jr., Doggette, Randolph, MacKinnon, Roy
33. Defining What We Mean by Mental Health Disparity: Finding a Shared Definition to Drive Research and Development in the Field	L Friedman
34. Mental Health Service Utilization among Medicaid Eligible Hispanic Children	Greenbaum, Wang, Yampolskaya, Hernandez
35. The Prevention, Access, Self-Empowerment and Support (PASS) Program: A Culturally-Responsive Youth Development Program	Janice Cooper; Lenore Reid-Rose; Dana Finley

# MONDAY MARCH 5, 2007

Monday General Session – 8:30 – 10:00 AM			
Gwen Iding Brogden Distinguished Lecture: Methodology Issues for Systems of Care Research		Thomas Cook	E/F
Monday Morning Concurrent Sessions — 10:15 – 11:45 AM			
Session	Title	Presenters	Room
SS A	<i>conversation hour</i> : Follow-up to Keynote Address	Thomas Cook	RM 11
1	<i>paper presentation</i> : Evidence-Based Practice Issues Accountability & Family Choice	Spear, Warder, Sosna, Duchnowski	A
	<i>topical discussion</i> : Family/Parent Partners Making Family-Driven Care Work in the Real World	Osher, Blau, Osher, Penn, Adams, Burton, Spencer	
2	<i>paper presentation</i> : The National Behavior Research and Coordination Center: Overview and Year 1 Findings	Wagner, Sumi, Woodbridge	B
	<i>paper presentation</i> : School Functioning Over Time among Students Served in a System of Care	J Anderson	
3	<i>symposium</i> : Disparities in Children's Mental Health Systems of Care	Chair: Leaf, Discussants: Huang, Spencer	C
	<i>element of symposium</i> : Disparities in need and disparities in outcome. What have we learned to date through the National Evaluation?	Gilford, Walrath-Greene, Leaf	
	<i>element of symposium</i> : Demographic Disparities in the CMHS Demonstration Projects	Miech, Goldstein	
	<i>element of symposium</i> : Provider Practices: The Importance of Cultural Competence when Working with Racial and Ethnic Minority Children and Families	Stephens, Xu, Gyamfi	
4	<i>symposium</i> : State Evidence-Based Practices for Children's Mental Health—Measurement and Implementation Challenges	Chair: Holden, Discussant: Fixsen	D
	<i>element of symposium</i> : Measuring State Infrastructure for EBP Implementation and Sustainability	Ringeisen	
	<i>element of symposium</i> : Update on State Mental Health Agencies Strategies for Disseminating Evidence-Based Practices	Rivard	
	<i>element of symposium</i> : The New York State Office of Mental Health Evidence-Based Training and Dissemination Center Initiative on Cognitive Behavior Treatment for Depression and Trauma	Hoagwood	
4	<i>paper presentation</i> : Implementation of Evidence-Based Practice: The Role of Leadership and Provider Attitudes	Aarons	D
5	<i>symposium</i> : Theories of Change from a CQI Perspective: Logic Modeling, Measuring Performance and Benchmarking	Chair: Sheehan, Discussants: S Hodges, Hernandez	G
	<i>element of symposium</i> : Monroe County Logic Model Process	Levison-Johnson	
	<i>element of symposium</i> : Central Massachusetts Communities of Care Logic Model	Wenz-Gross	
	<i>element of symposium</i> : Using Logic Models as a Framework for Continuous Quality Improvement (CQI) Efforts: Results from the CMHS CQI Benchmarking Initiative	Sheehan	
6	<i>symposium</i> : Addressing Abuse and Mistreatment of Youth Placed in Residential "Treatment" Facilities	Chair: Pinto, Discussant: Friedman	H
	<i>element of symposium</i> : Identifying and Responding to Concerns Regarding Abuse and Mistreatment in Residential "Treatment" Programs	Behar, Boyles	
	<i>element of symposium</i> : A Pilot Study of State Regulations Pertaining to Youth Residential Treatment Programs	Katz-Leavy, Behar, Friedman, Pinto	
	<i>element of symposium</i> : Youth and Parent Perspectives on Residential Programs for "Troubled Teens"	Pinto, Kloker Young	
	<i>element of symposium</i> : Building Bridges with Residential Treatment Providers	R Friedman	
7	<i>topical discussion</i> : Advancing an Agenda to Strengthen Federal, Tribal, State and Local Policies for Children, Youth and Families Who Experience Trauma	Cooper, Compo, Gawron, Perez, Painte	I
	<i>topical discussion</i> : Bringing Collaboratives Together to Transform Policy and Implement a Newly Designed Behavioral Health System.	Shipp, Spaeth	
8	<i>topical discussion</i> : NIMH/CMHS Program Announcement (PA): Effectiveness, Practice, and Implementation in CMHS' Comprehensive Community Mental Health Services Program for Children and their Families Service Sites	Moten, Goldstein	J

Lunch on Your Own — 11:45 – 1:15 PM			
SS B	<i>Special issue lunch meeting</i> : Suicide Issues in Systems of Care	Roggenbaum, Fisher	RM 11
Monday Afternoon Concurrent Sessions — 1:15 – 2:45 PM			
Session	Title	Presenters	Room
SS C	<i>Workforce discussion</i> : Developing the Rural Behavioral Health Care Workforce for Children & Families	Sebian, Kitson, Mohatt, Francis	RM 11
	<i>Workforce discussion</i> : Graduate Certificate in Children's Mental Health	MacKinnon-Lewis, L. Friedman, Wienke Totura	
9	<i>symposium</i> : Civic Functioning and Mental Health During the Transition to Adulthood	Chair: M. Davis	A
	<i>element of symposium</i> : Arrests During the Transition to Adulthood, Gender and Public Mental Health System Involvement	M. Davis, Fisher	
	<i>element of symposium</i> : Pathways to Desistance in Serious Juvenile Offenders and Mental Health Considerations	Chung	
	<i>element of symposium</i> : Arrests During the Transition to Adulthood, Young Adults in State Adult Mental Health Services	Fisher, M. Davis	
10	<i>symposium</i> : Bridging Treatment and Prevention through Social Emotional Learning Programs	Duchnowski, Greenberg	B
11	<i>symposium</i> : Through a Cultural Looking Glass: Improving Services for Diverse Youth and Families	Chair: Huang, Discussant: Enomoto	C
	<i>element of symposium</i> : Predictors of Intake Attendance for Asian American Youth at an Asian-Oriented Ethnic-Specific Mental Health Program	Akutsu, Tsuru, Chu	
	<i>element of symposium</i> : Strengthening Intergenerational/Intercultural Ties in Immigrant Families: A Culturally-Based Intervention	Ying	
	<i>element of symposium</i> : Grandparents Caring for Grandchildren in Ethnically Diverse Communities: Health Services Implications	Yancura, Yee	
12	<i>symposium</i> : The CMHI Evidence-Based Practices Study, Past, Present, and Possible Future	Chair: Sheehan, Discussant: Echo-Hawk	D
	<i>element of symposium</i> : Organizational Supports for Evidence-Based Practice Implementation: Findings from the 2005 EBP Survey of Mental Health Providers in the Community-Based Service System	Sheehan	
	<i>element of symposium</i> : The Phase V Evidence-Based Practices Study: Plans and Preliminary Findings	Moore	
	<i>element of symposium</i> : The Near Future of Children's Mental Health Practice: A Practice-Based Research Network	Moore	
13	<i>symposium</i> : Using Data to Transform Indiana's Behavioral Health System for Children and Families	Chair & Discussant: R Friedman	G
	<i>element of symposium</i> : Applying Research to Transformation: Predicting Improvement for Children in Systems of Care	Walton	
	<i>element of symposium</i> : Implementation of the Consumer Services Review (CSR) in Indiana	Groves, McIntyre	
	<i>element of symposium</i> : Implementation of the CANS for Assessment and Quality Management across Children's Services	Lyons, Walton	
	<i>element of symposium</i> : Measuring Wraparound Fidelity in Indiana's Systems of Care	McIntyre	
	<i>paper presentation</i> : Research Based Engagement Strategies: A Concept Mapping Project	Scafid, Hydaker, Behar	
14	<i>60-minute paper presentation</i> : Connecting Inpatient and Residential Treatment to Systems of Care	Dollard, Blau	H
	<i>30-min paper presentation</i> : Outcomes in Residential Care vs. Intensive In-Home Therapy: A Propensity Score Analysis	Barth, Hurley, Goldsmith	
15	<i>topical discussion</i> : Child Protection, Education, and Systems of Care: Barriers and Opportunities for Collaboration	Fluke, Fisher, Berson	I
	<i>paper presentation</i> : Innovative Community Efforts to Support Early Childhood Mental Health	Pinto, Berson, Dent, Gonzalez	
16	<i>topical discussion</i> : Prioritizing and Scaling Up Evidence-Based Programs	Facilitator: Wallace Discussant: Blase	J
	• Assessing the Landscape: Evidence-Based Practices	Kanary	
	• Evaluating & Prioritizing Evidence-Based Practices for Implementation Statewide	Kiser, Zabel	
	• Going to Scale with Multiple EBPs: Organization, Community, and State Perspectives	Brown, Bernstein, Arler, Morton	

# MONDAY MARCH 5, 2007

Monday Afternoon Concurrent Sessions — 3:00 – 4:30 PM			
Session	Title	Presenters	Room
SS D	<i>Conversation Hour on School-Based Services Programming</i>	Mark Greenberg	RM 11
17	<i>symposium:</i> Partnerships for Youth Transition (PYT): Evaluating Progress of PYT Community Initiatives	Chair: Clark, Discussant: Sondheimer	A
	<i>element of symposium:</i> Partnering with Youth in Evaluation: Engagement, Energy, Innovation and Outcomes	Krynski, White, Orlando	
	<i>element of symposium:</i> Investigating the Relationship between Services and Outcomes in a Program for Transition aged Youth	Koroloff, Pullmann, Gordon	
	<i>element of symposium:</i> Partnerships for Youth Transition (PYT) Community Initiatives: Evaluating Some of the Cross-Site Findings	Clark, Karpur, Deschênes, Gamache	
	<i>paper presentation:</i> The Development of Fidelity Measures for Youth Transition Programs	Deschênes, Clark	
18	<i>symposium:</i> Mental Health Consultation in Early Education Settings: Building the Research Base	Chair: Meyers, Discussant: Kaufmann	B
	<i>element of symposium:</i> The Evidence Base for Child and Family Outcomes Resulting from Mental Health Consultation: A Research Synthesis	Brennan, Allen	
	<i>element of symposium:</i> Findings from a Random Controlled Trial of a Statewide Early Childhood Mental Health Consultation System	Gilliam	
	<i>element of symposium:</i> Mental Health Consultation in Preschool Classrooms: Preliminary Findings from a Randomized Trial in Head Start Settings	Raver	
19	<i>symposium:</i> Implementation and Adaptation of Evidence-Based Treatment for American Indian and Alaskan Native Children Exposed to Trauma	Chair: BigFoot, Discussant: Echo-Hawk	C
	<i>element of symposium:</i> Infrastructure Development for Implementing and Integrating Culturally Adapted Evidence-Based Practices into a System of Care for American Indian Youth in Oklahoma	Bartgis	
	<i>element of symposium:</i> School/Community-Based Prevention of American Indian Youth Suicide	LaFromboise	
20	<i>topical discussion:</i> Systems Transformation: Scaling Up Multiple Evidence Based Practices (EBPs)	Blase, Lofts Jarboe, Crandall, Carter	D
21	<i>symposium:</i> What have we Learned from the CMHS Systems of Care Initiative to Date?	Chair: Leaf, Discussants: Huang, Spencer, Friesen	G
	<i>element of symposium:</i> What have we Learned about Service Experiences and Outcomes?	Bruns	
	<i>element of symposium:</i> What Have we Learned about System Development and Change?	Hernandez	
	<i>element of symposium:</i> What Have we Learned about Child and Family Related Outcomes?	Brannan, Stephens, Walrath-Greene	
22	<i>paper presentation:</i> Caregiver Involvement: Service Planning and Positive Outcomes	Robinson	H
	<i>paper presentation:</i> Studying the Congruence Between System of Care Service Plans and Actual Targets of Treatment	Brogan, Mueller	
	<i>paper presentation:</i> Ethnic Disparities in Special Education Placement among Children with Attention Deficit/Hyperactivity Disorder	Mandell	
23	<i>topical discussion:</i> A Complexity Approach to Systems of Care	Pinto, Puddy, Van Dyke, Wallace	I
24	<i>topical discussion:</i> State Efforts Enhancing Treatment Systems for Adolescents with Substance Use/Co-Occurring Disorders	Cavanaugh, Kraft, Hornberger, Smith	J
	<i>topical discussion:</i> Using Administrative Data to Monitor Adolescent Treatment Quality/Performance: Dilemmas and Challenges	Doucette, Cavanaugh	

Monday Afternoon Concurrent Sessions — 4:45 – 5:45 PM			
Session	Title	Presenters	Room
25	<i>paper presentation:</i> Family Integrated Transitions (FIT): Reducing Juvenile Justice Recidivism in a Cost-Effective Manner	Lee, Cocozza, Trupin, Kerns	A
	<i>paper presentation:</i> Juvenile Justice Outcomes: Measuring Success in a System of Care	Klein, Papp	
26	<i>topical discussion:</i> Linking School Mental Health and Systems of Care	Sebian, Weist, Lever, Dodge	B
	<i>topical discussion:</i> Quality and School Mental Health	Weist, Lever, Paternite, S Evans	
27	<i>topical discussion:</i> Defining What We Mean by Mental Health Disparity: Finding a Shared Definition to Drive Research and Development in the Field	Batsche, Chiriboga, Hernandez, L Friedman	C
28	<i>symposium:</i> Implementation Capacity for Evidence-Based Practices: Supply, Demand, and Bridging the Gap	Chair & Discussant: Blase	D
	<i>element of symposium:</i> Access, Capacity, and Implementation Strategies of Developers of Evidence-Based Programs	Naoom	
	<i>element of symposium:</i> Community Development Teams: Bridging the Gap between Intervention Developers and Real World Service Systems	Marsenich	
	<i>element of symposium:</i> Nurse-Family Partnership Program Replication Infrastructure and Process: Lessons Learned	Hill, Teter	
29	<i>topical discussion:</i> Making Better Use of Data from the Child MH Services Demonstration Project	Leaf, Stephens, Walrath-Greene	G
30	<i>paper presentation:</i> Practice Elements Utilized in the Treatment of Youth Disruptive Behavior Disorder Demonstrating High and Low Levels of Success	Stumpf	H
	<i>paper presentation:</i> Children's and Adolescents' Perceptions of Stigmatization of and Treatment Options for Peers with Depression, ADHD, and Asthma	Walker, Friesen	
31	<i>symposium:</i> Establishing Effective Partnerships in Early Childhood Systems with Families and Across Agencies	Chair & Discussant: Connors-Tadros	I
	<i>element of symposium:</i> Supporting Parent-Professional Collaboration through Strength-Based Assessment	LeBuffe	
	<i>element of symposium:</i> Early Childhood Collaborative Partnerships in Southwest Missouri	Thomlinson	
	<i>element of symposium:</i> Cross-Setting Consistent and Setting Specific Strength Behaviors in Preschoolers: Influence on Reported Concerns	Rosas	
32	<i>topical discussion:</i> The Impact of Attention Deficit Hyperactivity Disorder (ADHD) and Executive Function Deficits on Learning and Behavior	Zeigler Dendy, Kloker Young	J
<b>Networking at the Florida Aquarium — 6:30 – 9:00 PM</b>			
<p><i>Matilda Garcia Initiative: Latin American Research Scholars Exchange presents Policy and Practice Issues Facing Latino Populations.</i></p> <p>Jump on the Tampa Street Car for a short ride to the Florida Aquarium. Presentations start at 7:00 pm in the Aquarium gallery.</p> <p>This special event is sponsored by:</p> <ul style="list-style-type: none"> <li>• <i>Matilda Garcia Initiative: Latin American Research Scholars Exchange</i></li> <li>• <i>Children's Future Hillsborough</i></li> <li>• <i>Girls and Boys Town National Research Institute for Child and Family Studies</i></li> </ul>		Martinez, Vargus	

Tuesday Morning Concurrent Sessions — 8:30 – 9:30 AM			
Session	Title	Presenters	Room
SS E	<b>Technology:</b> Multi-Site Web-Based Data Collection, Management, and Reporting Systems	Manteuffel, S Clark, Strasser, Wenz-Gross	RM 11
33	<b>symposium:</b> Current Research on Wraparound: Implications for Future Development and Research	Chair: VanDenBerg, Discussant: Blau	A
	<b>element of symposium:</b> High-Fidelity Wraparound: A Single-Subject, Multiple-Baseline Study of Eight Youths	Rast	
	<b>element of symposium:</b> Wraparound Fidelity in Systems of Care Sites and Association with Outcomes	Bruns, Leverenz-Brady	
	<b>element of symposium:</b> Outcomes of Wraparound in Oklahoma: Results of a Randomized Study	Vetter, Rast, VanDenBerg	
34	<b>paper presentation:</b> Patterns of Medication Prescribing for Children and Adolescents in the Massachusetts Child Welfare and Juvenile Justice Systems	Straus, Fields	B
	<b>paper presentation:</b> Medication Use among Youth in System of Care initiatives: A Longitudinal Analysis	Walrath-Greene, Pavkov	
35	<b>paper presentation:</b> African American and Hispanic Parents' Attitudes about Children's Mental Health Services in Primary Care Settings	Brown	C
	<b>paper presentation:</b> Defining Effectiveness in Culturally Based Programs: A Research Report.	Cross, Maher, Friesen	
36	<b>paper presentation:</b> Building a Science on Implementation and Dissemination Within a State Policy Context	Woodlock, Hoagwood, Pierce, Maciol, Long	D
37	<b>symposium:</b> Three Examples of Using Indicators of Child/Adolescent Functioning to Manage Children's Behavioral Health Services	Chair: Counihan, Discussant: Doucette	G
	<b>element of symposium:</b> Utilizing CAFAS Data to Understand Service Delivery within an Intensive Home-Based Program for Child and Adolescents with Serious Emotional Disorders	Connell, Anderson	
	<b>element of symposium:</b> Using Encounter and Outcome Data to Guide Management of Behavioral Health Services in Ontario	Barwick	
	<b>element of symposium:</b> Outcome Indicator "Dashboard" Helps Sustain Continuous Quality Improvement Efforts at the Provider Level	K Hodges, Wotring, Xue	
38	<b>paper presentation:</b> Strategies for Meeting the Needs of Children and Families Living with Parental Mental Illness	Nicholson, Hinden, Mikula	H
	<b>paper presentation:</b> Developing, Integrating and Using the CANS in Two Systems of Care	Klein, Rotto, Lyons	
39	<b>symposium:</b> Incidence and Short and Long Term Consequences of Childhood Neglect	Chair: English, Discussant: Echo-Hawk	I
	<b>element of symposium:</b> Child Neglect—An Overview of Reporting and Incidence	Fluke, Gaudiosi	
	<b>element of symposium:</b> Long-term Mental Health Consequences of Childhood Neglect	Spatz Widom	
	<b>element of symposium:</b> Characteristics of Neglect and Outcomes for Children Who Experience Neglect	English	
40	<b>topical discussion:</b> Addressing Racial/Ethnic Disparities: One Piece of the Puzzle - A Diverse and Culturally and Linguistically Competent Workforce	Jackson, Dodge, Ida	J

Tuesday Morning Concurrent Sessions — 9:45 – 10:45 AM			
Session	Title	Presenters	Room
SS F	<b>TA for Transformation:</b> Transformation Facilitation: A Model for Providing Intensive Technical Assistance (TA) to States	Goldman, Espiritu, Le	RM 11
41	<b>symposium:</b> Developing Measures for Wraparound Implementation	Chair: Bruns, Discussant: Rotto	A
	<b>element of symposium:</b> Pilot Testing of the Wraparound Fidelity Index, Version 4	Bruns, Sather	
	<b>element of symposium:</b> Pilot Testing of Three New Wraparound Fidelity Measures	Rast, Bruns	
	<b>element of symposium:</b> Assessing System Supports for Wraparound: The Community Supports for Wraparound Inventory	Walker, Bruns, Rast	
42	<b>topical discussion:</b> Examining the Interface between Very High Need Schools and Mental Health Systems	D Osher, Pessin, Bell, Greicius, Kendziora	B
	<b>topical discussion:</b> Innovating and Expanding the Positive Behavior Support (PBS) Model	Young, Atchley, Moore, Mix	
43	<b>symposium:</b> The Path to Cultural Competence Within a National Evaluation Framework: The American Indian and Alaska Native Experience	Chair: Echo-Hawk	C
	<b>element of symposium:</b> The Circle of Care Initiative: Participatory Action Research Fit with Cultural Engagement	Novins, Fleming	
	<b>element of symposium:</b> A Community Perspective on the Value and Challenges of a Cross-Cultural Evaluation Process	Baez	
	<b>element of symposium:</b> American Indian and Alaska Native Systems of Care: The Path to Evaluation	Manteuffel, Echo-Hawk	
44	<b>symposium:</b> Improving Quality in a System of Care by Implementing an EBP with Accountability	Chair: Wotring, Discussant: Fixsen	D
	<b>element of symposium:</b> Implementing Evidence-Based Practice in a State Public Mental Health System	Wotring	
	<b>element of symposium:</b> Statewide Initiative to Embed Evidence-Based Treatment in a Public Mental Health System	Goldman	
	<b>element of symposium:</b> Integrating Evidence-Based Practice in the System of Care	Gray	
	<b>element of symposium:</b> Outcome Indicators for Youth's Functioning and Parent's Child Management Skills: Evaluating PMTO Trainees	K Hodges	
	<b>element of symposium:</b> The Impact of Parent Management Training—Oregon Model (PMTO) on the Community	Roethler	
45	<b>paper presentation:</b> Preliminary Results from the ROLES Revision Project	Doucette, Heufner, O'Brien, Thompson, Rauktis, Pecora	G
	<b>paper presentation:</b> The Measurement and Management of Outcomes at Different Levels of the System for Children's Mental Health	Gawron, Lyons	
46	<b>symposium:</b> Youth Suicide: Addressing the Issue through Prevention and Intervention	Chair: Walrath-Greene, Discuss: Fisher	H
	<b>element of symposium:</b> Congruence of Caregiver and Youth Reports of Suicidal Ideation and Suicide Attempts	Krivelyova, Stephens	
	<b>element of symposium:</b> Suicide Attempt Subsequent to Entering System of Care Services: How Often Does it Happen, and to Whom?	Walrath	
	<b>element of symposium:</b> An Overview of the Cross-Site Evaluation of the Garrett Lee Smith (GLS) Suicide Prevention Initiative	Sheehan	
47	<b>90-minute symposium:</b> Mental Health Needs and Service Utilization ... in the Child Welfare System: Recent Findings from the National Survey of Child and Adolescent Well-Being	Chair: Holden, Discussant: Webb	I
	<b>element of symposium:</b> How and Why does Health Service Access Vary across Racial/Ethnic Groups for Children in the Child Welfare System?	Wells	
	<b>element of symposium:</b> Caregiver Risk Factors and Service Use	Burns	
	<b>element of symposium:</b> Behavioral/Emotional Problems and Mental Health Service Utilization among Very Young Children in the Child Welfare System	Ringelsen	
48	<b>90-minute symposium:</b> Featherless Bipeds: How Definitions Impact System Implementation	Chair: S Hodges, Discussants: Huang, Hernandez	J
	<b>element of symposium:</b> Defining Interagency Collaboration through a Common Understanding of Systems of Care	Cervine	
	<b>element of symposium:</b> How a Shared Definition for System of Care Supports Family Involvement	Baxter	
	<b>element of symposium:</b> Building Evaluation Using the System of Care Concept	Brogan	

# TUESDAY MARCH 6, 2007

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

Session	Title	Presenters	Room
SS G	<b>Financing Forum:</b> Financing Structures and Strategies to Support an Effective System of Care	Armstrong	RM 11
	• Financing to Support Family and Youth Partnerships	Stroul, Wood	
	• Financing to Support a Broad Array of Services and Support	Pires	
49	<b>paper presentation:</b> Utilizing the Participant Rating Form to Assess Child and Family Team Functioning and Enhance Wraparound Fidelity	J. Cook, Kilmer, Cable, Campbell	A
	<b>paper presentation:</b> San Diego County's Experience Measuring Wraparound Fidelity	Swaggerty, Rolls Reutz	
50	<b>paper presentation:</b> Coordination and Collaboration of School-Based Services: Roles, Responsibilities, and Outcomes	Davis	B
	<b>paper presentation:</b> Assessing School-Based Mental Health Needs and Services: Implications for Maximizing Youth Outcomes	Mcintosh, Mitchell	
51	<b>paper presentation:</b> Against the Odds: Addressing Race/Ethnicity Barriers via Systems of Care	Nechasek, Greenidge	C
	<b>paper presentation:</b> Results from a CMHS Demonstration of Integrated Wraparound and Multisystemic Therapy	Stambaugh	
52	<b>symposium:</b> Coaching: A Key to Effectiveness of Evidence-Based Practices Implementation	Chair & Discussant: Fixsen	D
	<b>element of symposium:</b> A State-Wide CBT Clinician Training and Consultation Model: EBP Engagement Strategies	Hoagwood	
	<b>element of symposium:</b> Multisystemic Therapy Supervision Model: Impact of Supervisors on Therapists and Youth Outcomes	Reiter-Lavery	
	<b>element of symposium:</b> Training and Supervision: What is Usual about Treatment as Usual?	Carroll	
53	<b>paper presentation:</b> Building Research Capacity in Child Mental Health Agencies: Collaborative Strategies for Transformation	Solloway	G
	<b>paper presentation:</b> Risk Adjustment Methods for Mental Health Evaluation Research	Robst	
54	<b>paper presentation:</b> Implementing an Evidence-Based Therapeutic Foster Visitation Program within Systems of Care	Silverman, Stein	H
	<b>paper presentation:</b> Practical Strategies Identified by Statistical Simulations to Address Post-Traumatic Stress Disorder of Youth in Foster Care	O'Brien, Pecora	

## Research Luncheon — 12:00 – 1:15 PM • Florida Ballroom

# STATE OF THE SCIENCE

## State-of-the-Science Sessions — 1:30 PM – 5:30 PM

<b>Opening Plenary:</b> What Do We Mean by Implementation?	Friedman, Hodges, Blase	E/F
<b>Session 1 — Implementing Effective Systems of Care: What Have We Learned from the National Evaluation?</b>	Manteuffel, Echo-Hawk, Conlan, Fisher Discussant: Burns	A/B
<b>Session 2 — Conceptualizing and Measuring Systems of Care</b>	Friedman, Hodges, Greenbaum, Brashears Discussants: Agar, Banks	C/D
<b>Session 3 — More and Better Systems of Care: What are the Leverage Points?</b>	Blau, Hicks, Pierce, Alfred, Aguirre Discussant: Stroul	G/H
<b>Session 4 — Who Do We Serve? Lessons Learned about Defining the Population</b>	Hernandez, Nesman, Cross, Cervine, Lofts Jarboe, Rotto Discussants: Anderson, Spencer	I/J
<b>Synthesis session:</b> Key constructs and issues from Sessions 1-4.	Burns, Agar, Banks, Stroul, Spencer	E/F

## Poster Presentations & Networking — 6:00 – 8:00 PM Florida Ballroom

Title	Presenters
1. Implementing Evidence-Based Practices within Systems of Care: Implications for Staff Turnover	Sommerfeld, Aarons
2. Defining and Applying Evidence-Based Mental Health Practices and Behavioral Supports	Reddy, Glover, DeKraai
3. MTFC Hawaii: Integrating an Evidence-Based Practice into an Established System of Care	Morton, Bouwman

4. Access to Public Substance Use Services for Rural Youth in Juvenile Justice	Pullmann, Heflinger
5. Mental Health Care Issues Facing Children and Adolescents in Rural Communities	Leland, Heflinger
6. Urban-Rural Differences in Use of the Emergency Room, TennCare 1996-2002	Heflinger
7. Influence of Community Characteristics in the System of Care	Luboyeski, Berger, Sieracki, Leon
8. Disparities in the Level of Care Placement of African American and Caucasian Youth with Substance Use Disorders	Mulatu, Rice-Reese
9. Revision of the Restrictiveness of Living Environment Scale (ROLES)	Huefner, Doucette, O'Brien, Thompson, Rautkis, Pecora
10. Impact of MAYSJ-2 Mental Health Screening in Juvenile Detention	Williams
11. Perception of Inpatient Acute Level Psychiatric Care for Children and Youth	Sood, Mcleod, Matsuyama
12. Integrating Management Information Systems with System of Care Philosophy: The LA-YES Approach	Lundberg
13. Building Research Capacity in the Child Mental Health Agency: Collaborative Strategies for Transformation	Solloway
14. Overlooking Deterioration Among Less-Impaired Clients: A Risk of Pre-Post Evaluation Designs	Sherwood, Chan-Sew
15. Child and Family Team Practice Improvement Reviews in Maricopa County, Phoenix, AZ.	Tramontana, Thelen, Tolliver
16. A Network Analysis Approach to Examining the Role of Family Organizations in Systems of Care	Lazear, Evans, Conlon
17. Discovering Parent Empowerment: Findings from Two Evaluations of Parent Advocate Trainings	Ramos, Burton, McDonald, Rodriguez, Hoagwood
18. The "Parent Connectors" Program: An Empirical Investigation of a Parent Support Program	Duchnowski, Kutash, Lynn, Romney
19. School-Based Mental Health and Support Services: From Pilot Graveyards to Sustainable Comprehensive Systems Change	Frankford
20. School Parent Empowerment Project	Olin, Maura, Shorter
21. Employment Outcomes of Caregivers in Systems of Care	Krivelyova, King, Storman
22. Treatment Costs for Children and Families Receiving Parent Child Interaction Therapy or Services as Usual in a System of Care Setting	Krivelyova, Sukumar, Stephens
23. Parent Child Interaction Therapy in Systems of Care: Treatment Outcomes for Children with Disruptive Behavior Disorders in Real World Settings	Sukumar, McNeil
24. Discharge Status and Associated Behavioral Health Care Costs in a Wraparound Services Program	Taub
25. Demonstrating Value in a System of Care: A Review of Expenditures and Outcomes	Papp, Parker, Craig
26. Outcomes of CASSP-Based Consultation Model and Fiscal Analysis in Children's Mental Health	Fillman, Shaw, Rimm
27. Implementation of Behavioral Health Overlay Services in a Pediatric Medical Home	Wilson, Joni Hollis
28. Attrition from Children's Mental Health Treatment: A Social Cognitive Approach	Urajnik
29. Predicting Adolescents' Willingness to Seek Help for Mental Illness from Formal vs. Informal Sources	Music
30. Race/Ethnicity and Psychotropic Medication Prescribing Patterns for Youth	Rice
31. Applying Complexity and Storytelling in Systems of Care to Respond to Multigenerational Trauma	Pinto
32. Supporting the Self-Determination of Youth with Disabilities in Foster Care	Powers
33. Mental Health and Spirituality among Youth in Foster Care	Pecora
34. Wraparound with Child Welfare Families	Oesterle
35. Recurrence of Child Maltreatment: A Two-Part Latent Growth Curve Model	Yampolskaya, Greenbaum
36. Parent-Child Interaction Therapy: An Evidence-Based Practice within a System of Care	Quist, Girard
37. Utilization of Individual versus Family Therapy among Adolescents with Severe Emotional Disturbance	Graves, Shelton, Fernandez

# WEDNESDAY MARCH 7, 2007

Intensive Workshops on Methodology — 9:00 AM – Noon		
<i>Workshop 4 — Using Evaluation to Implement Wraparound and Sustain Fidelity: Lesson Learned and Issues for Implementation</i>	Walker, Bruns, Rast, Sather, White, Shipp	A/B
<i>Workshop 5 — Organizational and Research-based Strategies for Increasing Access and Utilization of Mental Health Services for Diverse Populations</i>	Hernandez, Nesman, Callejas, L. Friedman	C/D
<i>Workshop 6 — Qualitative Measures for Systems of Care Research</i>	Agar	G/H

## Intensive Workshop 1 • Salons A & B

### *Using Evaluation to Implement Wraparound and Sustain Fidelity: Lesson Learned and Issues for Implementation*

Janet S. Walker, PhD, *Research and Training Center on Family Support and Children's Mental Health, Portland State University*; Eric J. Bruns, PhD, *University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy, Seattle, WA*; Jim Rast, PhD, *Research Director, Vroon VanDenBerg, LLP, University of Colorado at Denver Health Services Center, Parker, CO*; April Sather, MPH, *University of Washington School of Medicine, Division of Public Behavioral Health and Justice Policy, Seattle, WA*; Gwen White, *Allegheny County Behavioral Health Services, Pittsburgh, PA*; and Jacquelyn Shipp, *Oklahoma Department of Mental Health, Oklahoma City, OK*

The wraparound service process has been at the leading edge of developing systems of care for children with complex needs and their families. Although excellent results have been achieved for some programs, in many other communities the results have been less positive. Research is beginning to show that the fidelity of the process is associated with outcomes for children and families; however, maintaining fidelity to a practice model requires multiple types of quality assurance and evaluation efforts.

This workshop will address ways that agencies, communities and external evaluators can work together to measure the fidelity of the wraparound process and use this information to improve the quality of the process. The workshop will begin with a short overview to the use of fidelity instruments in wraparound, including measurement of adherence to the principles of wraparound and completion of specific activities of the process, and assessment of system supports necessary for high-quality implementation. Next, presenters will show how the phases and activities of wraparound, as specified by the National Wraparound Initiative ([www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)) have been used to define skill sets for providers and how these skill sets have been used in training and coaching activities for wraparound facilitators and parent support providers. Finally, three specific tools for measuring wraparound fidelity from the Wraparound Fidelity Assessment System (The Wraparound Fidelity Index, 4.0, the Team Observation Measure, and the Documentation of the Wraparound Process) will be described. With each instrument, user requirements, training methods, and sample reports will be presented, along with examples of their use in local communities. Workshop attendees will participate in exercises in using the instruments, and will be provided with sample materials to take to their home communities to assess their current level of wraparound implementation in each of the key areas.

## Intensive Workshop 2 • Salons C & D

### *Organizational and Research-Based Strategies for Increasing Access and Utilization of Mental Health Services for Diverse Populations*

Mario Hernandez, PhD, Teresa Nesman, PhD, Linda Callejas, PhD, & Laurel Friedman, *Research and Training Center for Children's Mental Health Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida*

Operationalizing and implementing cultural competence is necessary for improving mental health service access by diverse children and families. The research literature suggests that there are strategies that can be implemented within systems and organizations in order to facilitate access and utilization of services. This workshop will provide a description of what is meant by a "mental health disparity" and what organizations/systems can do in order to implement strategies for enhancing cultural competence. An implementation-based conceptual model regarding key organizational structures and processes that are important to achieving cultural competence will be provided. These structures and processes will include components of an organization's infrastructure, including its direct service activities. Participants will explore how the implementation model can be applied within their communities.

## Intensive Workshop 3 • Salons G & H

### *Qualitative Measures for Systems of Care Research*

Michael Agar, PhD, *Professor Emeritus, University of Maryland, and Researcher, Ethnknoworks, Sante Fe, NM*

Qualitative approaches for conducting research in systems of care are becoming more widely used. However, conducting this type of research with fidelity can be challenging and at times perplexing. Narratives, grounded theory studies, ethnographies, and case studies are valuable tools within the qualitative approach. During this intensive workshop, Dr. Michael Agar will share strategies for using these methods. Participants will understand how these methods can be applied in conducting research and evaluations within systems of care. Part of the workshop will be devoted to addressing real-world uses of qualitative methods.



# The Details.

The following pages of this agenda book provide a brief description of each presentation, as well as full authorship information (i.e., crediting authors who contributed, but will not actually present at the conference). For a list of presenters for each session see the At-A-Glance Agenda, pages 3-8.

## Poster Presentations & Networking Reception

### Salons E & F

6:00 PM - 8:00 PM

#### 1. Making It On Your Own: Social Support and Mental Health for Former Foster Youth

Cheri Hoffman, MMFT, *Human and Organizational Development, Vanderbilt University's Peabody College, Nashville TN*

Young people aging out of foster care typically find the transition to adulthood to be both premature and abrupt. Former foster youth have poorer outcomes in education, employment, housing, social support, and mental health when compared to similar youth who did not experience foster care. This study uses data from the Jim Casey Youth Opportunities Initiative in Nashville to examine the level of social support and mental health services received by former foster youth enrolled in the Opportunity Passport Program. Relationships between these variables and length of time enrolled in the Opportunity Passport, education, employment, and housing situation are examined.

#### 2. Treatment within a Child Welfare Setting: Assessing Parent Skills and Child Outcomes

Barbara A. Hull, MA, *Home-Based / Aftercare Services, KVC Behavioral Health Care, Kansas City MO*; Kay Hodges, PhD, *Eastern Michigan University, Ypsilanti MI*; Yange Xue, PhD, *University of Michigan, Ann Arbor MI*; Ashley Lyon, BA, *Eastern Michigan University, Ypsilanti MI*

A child welfare agency invites caregivers, who are being reunited with their children after removal due to neglect or abuse, to do a self-assessment of their own parenting skills, using the Caregiver Wish List. The strengths and weaknesses identified by the caregivers are used to plan the skills that are targeted in the individualized, home-based parent management training. Findings indicate that caregivers are willing to describe parenting challenges and their desire to improve specific skills. Outcome data on the child's functioning, using the Child and Adolescent Functional Assessment Scale (CAFAS), revealed significant change in overall functioning, positive changes in mood and compliance in the home, and reduction in substance use.

**Attention Family Members!**  
**Session on Research for Families**  
**Sunday • 5-6 pm • Salon CD**  
*(See page 3)*

#### 3. Whatever Can go Wrong Will: Implementation Research and Bureaucratic Change in Child Welfare

Rosalyn M. Bertram, PhD, *School of Social Work, University of Missouri Kansas City, Kansas City MO*

This presentation establishes implementation research lessons from the first 18 months of a multi-year child welfare project that seeks to better engage families with legally mandated respondents by transforming supervision to enhance staff ability to apply a theory-based model for team development (TBTD). Unexpected challenges to research design came from state level bureaucratic policy and paperwork changes that caused massive staff turnover, forcing project leaders to quickly capture change data and revise timelines. Baseline and current data on supervision and practice and from testing a theory-based measure of team composition, structure and cohesion are presented.

#### 4. Researching the Needs of Gay, Lesbian, Bisexual, Transgendered, and Questioning (GLBTQ) Youth in Systems of Care

Sylvia K. Fisher, PhD, *Child, Adolescent and Family Branch, CMHS/SAMHSA, Silver Spring MD*; Jeffrey M. Poirier, MA, *Education and Human Development Program, American Institutes for Research, Washington DC*

Gay, lesbian, bisexual, transgendered, and questioning (GLBTQ) youth frequently do not receive appropriate and culturally-competent mental health interventions, partly due to the unavailability of useful materials and practice guides for providers. This presentation describes interview data results collected from GLBTQ youth and systems of care program directors with the purpose of developing useful and appropriate materials to address the needs of GLBTQ youth in systems of care. GLBTQ youth were interviewed using detailed protocols emphasizing issues associated with stigmatization, mental health service experiences, useful interventions, and related issues. Implications of this research activity for future research and practice interventions with sexual minority youth are also provided.

#### 5. A Preliminary Logic Model Addressing Suicide Issues in System of Care Communities

Sylvia K. Fisher, PhD, *Child, Adolescent and Family Branch, Substance Abuse and Mental Health Services Administration, Silver Spring MD*; Kristin Williams, BA, *SAMHSA, Rockville MD*; Gary M. Blau, PhD, *CMHS/SAMHSA, Child, Adolescent and Family Branch, Rockville MD*; Stephen Roggenbaum, MA, *Dept. of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Jason H. Padgett, MPA, *Suicide Prevention Action Network USA (SPAN USA), Washington DC*

At a recent meeting, Child, Adolescent and Family Branch at SAMHSA, addressed "Suicide Issues in Systems of Care," resulting in the development of an accepted set of principles to address suicide throughout Systems of Care communities (SOCC). An additional product currently under development is a comprehensive logic model designed to address suicide prevention, intervention, and postvention issues within SOCC. The logic model identifies population characteristics and needs, appropriate individual, family, and community level interventions, and prospective short and long-term outcomes. Attendee feedback on the principles and the logic model will be sought for possible incorporation into both products.

## Sunday Evening Details

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### 6. Mental Illness Stigma and its Correlates among Adolescent Wraparound Clients

Tally Moses, PhD, *School of Social Work, University of Wisconsin-Madison, Madison WI*

Surprisingly little empirical attention has been directed toward identifying the extent to which adolescents diagnosed with mental disorders experience mental illness stigma (MIS) or understanding the factors that increase the likelihood of MIS and its negative byproducts (e.g. secretiveness and withdrawal from others) for youth. This study charts important territory by examining the MIS experiences of adolescents receiving wraparound services and identifies individual, familial, social, clinical, and treatment-related factors associated with MIS. The data presented are elicited from mixed method interviews with 40 teen clients (aged 12-18) and their parent/caregiver. The findings suggest teens report low levels of self-stigma (shame, self-blame) and general perceptions of societal devaluation, although all are exposed to public stigma (devaluation, rejection) to some degree. Correlations between MIS and individual and contextual factors point to interesting directions for further research.

### 7. Implementation of Evidence-Based Substance Abuse Group Interventions for Youth

Mason G. Haber, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Holly Hills, PhD, *Mental Health Law & Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*;

This study examines counselor and administrator survey data related to implementation of evidence-based practices (EBPs) for substance abuse group interventions used with youth and their families. Data are taken from a case study of three specialty agencies in the Greater Tampa area. Findings indicate that agencies provided evidence-based groups to youth, but often selected EBPs that were designed for adults and tended to implement groups in a manner that may limit their fidelity and effectiveness. Results underscore the need to improve implementation strategies to ensure that evidence-based practices for group treatment of youth perform as intended in community settings.

### 8. Children's Mental Health Services: Investigating Factors Related to Help-Seeking and Service Utilization Patterns

Juliana I. Tobon, BA BS, Graham J. Reid, PhD, CPsych & Richard W. J. Neufeld, PhD, *The University of Western Ontario, London ON*

In order to better understand what happens once a parent contacts a children's mental health center for help with their child's psychosocial problems, the current study examined factors associated with (1) a pattern of contacting two or more different mental health providers (high-volume) versus one agency and (2) a pattern of simultaneous service utilization across different mental health service providers versus non-simultaneous. The strongest predictor of high-volume help seeking was parental history of mental health service use. The simultaneous pattern of service utilization was associated with more severe child internalizing problems. Further analyses explore why parents may follow these patterns.

### 9. An Evaluation of Collaboration and Communication among Trauma Centers in the NCTSN Network

Bhuvana Sukumar, PhD, *ORC Macro, Atlanta GA*

The National Child Traumatic Stress Network (NCTSN) has developed a network of trauma centers that develop evidence-based treatments and disseminate them. In this study, the level of collaboration among NCTSN trauma centers on key Network activities is examined. Results from the network analysis indicate that centers are collaborating on key activities such as governance and on developing products and are communicating frequently with each other. Major facilitators of collaboration identified included shared focus and interest of NCTSN centers. Major barriers identified included time and resource constraints and long distance communication. Implications for future research are discussed.

### 10. Evaluating the Development, Dissemination and Adoption of Evidence-Based Practices and Products in the National Child Traumatic Stress Network

Elizabeth Douglas, MPH, *ORC Macro, Atlanta GA*; Judy H. Rothschild, PhD & John Hedderson, PhD, *Walter R. McDonald & Associates, Inc., Sacramento CA*

The mission of the National Child Traumatic Stress Network (NCTSN), a network of 44 academic- and community-based centers, is to improve access to services for children exposed to traumatic events and to raise the standard of their care. To this end, NCTSN centers promote the development, dissemination, and adoption of trauma-informed, evidence-based practices. This presentation reviews preliminary findings from two studies of the NCTSN cross-site evaluation designed to assess the extent to which such practices and products are in fact developed and disseminated by the NCTSN and the extent to which they are adopted by NCTSN centers and affiliated partners.

### 11. The Departure Status of Youth from Residential Group Care: Implications for Aftercare

Michael H. Epstein, EdD, *University of Nebraska Lincoln, Lincoln NE*; Beth M. Chmelka, BS, *Girls and Boys Town National Research Institute, Boys Town NE*; Alexandra L. Trout, PhD, *University of Nebraska - Lincoln, Lincoln NE*; Patrick Tyler, MAPC & Ronald W. Thompson, PhD, *Girls and Boys Town National Research Institute, Boys Town NE*

Youth departing from out-of-home care settings face numerous challenges as they adapt to new settings or return to placements that have been unsuccessful in the past. Although several thousand youth face this transition annually, little is known about their specific needs and risks at departure. The purpose of this study was to describe the status of youth at departure from a residential group care setting. The following questions were addressed: (a) to what settings do youth depart, (b) what are the demographic, family, educational, and behavioral characteristics of youth at departure, and (c) do these characteristics differ for youth departing to different levels of restrictiveness?

## 12. Psychotropic Medication Utilization at a Group Home Residential Care Facility

Ronald W. Thompson, PhD, *National Research Institute, Girls & Boys Town, Boys Town NE*; Michael L. Handwerk, BS, *Girls & Boys Town Clinical Services & Research, Boys Town NE*; Daniel L. Daly, PhD, *Girls & Boys Town Youthcare, Boys Town NE*; Gail L. Smith, BS, *Girls & Boys Town Clinical Services & Research, Boys Town NE*

The study examined psychotropic medication usage for approximately 1,000 adolescents admitted to a large residential facility over a four-year period. About 40% of youth were taking psychotropic medication at the time of admission. Rates of psychotropic medication at admission varied by demographic, psychological, and prior treatment. Of those youths taking psychotropic medication at admission, 45% were discharged on psychotropic medications. Of youth not admitted on psychotropic medication, 20% were later put on psychotropic medication at some point during their treatment. Variables impacting trends included functioning during treatment, type of medication utilized, and other demographic and psychological variables.

## 13. The Utility of Consumer Surveys for Improving the Quality of Behavioral Healthcare

J. Randy Koch, PhD, Mary N. Shawver, MS, MEd, *Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond VA*; Karen Cropsey, PhD, *L. Douglas Wilder School of Government and Public Affairs, Virginia Commonwealth University, Richmond VA*; Rehana Kader, MS, *Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond VA*

There has been significant growth in the use of consumer surveys to assess the quality of behavioral healthcare services. A key rationale for using consumer surveys is their presumed value for improving service quality. Although there is anecdotal evidence that some providers have successfully used consumer surveys, there is little empirical data to support this. Participants will discuss the extent to which consumer surveys are used for quality improvement, how they are used, barriers to effective use, and strategies to increase their use. Preliminary data from focus groups conducted as part of a sponsored research project will also be presented.

## 14. A Model of Mental Health Literacy among Caregivers of Children with Serious Emotional Disturbance

Christine S. Davis, PhD, *Communication Studies, University of North Carolina at Charlotte, Charlotte NC*; Mary I. Armstrong, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Richard Smith, PhD, *College of Business, University of South Florida St. Petersburg, St. Petersburg FL*

Consumers are becoming more directly involved in the maintenance and promotion of their own health, and in determining the kinds of health care services they receive. For this reason, it is important to understand how consumer knowledge influences behavioral health-care outcomes (e.g., utilization and service quality), and ultimately affects the quality of their health and life. Through a review of the relevant literature and focus groups, our research group defined and created operational measures of behavioral health knowledge and literacy among caregivers of children with serious emotional disturbances and their providers, and is currently working on development of an analytical model for assessing their impact on behavioral health service outcomes and patient health. We have thus far found a suggestive link between consumer mental health literacy and behavioral health outcomes.

## 15. Social Supports for Youth and Families

Joan B. Kernan, BS, *Family Medicine, University at Buffalo, Buffalo NY*; Marie Morilus-Black, LCSW-R, *Family Voices Network of Erie County, Erie County Dept. of Mental Health, Buffalo NY*

Social supports for youth and families receiving mental health services are important for family success and sustainability of systems of care. We are surveying youth and families enrolled in wraparound care coordination to determine what kinds of help and social support they receive. Thus far, results show that social support networks are weak for both family and youth. Variations in scores suggest that wraparound family teams should focus on strategies that enhance the development of informal supports. Six-month follow-up data will also be analyzed to see if families and youth have increased their social support networks, expanded the kinds of people that provide support to them, and to inform the system of care of what interpersonal and community supports help families and youth.

## 16. The PEAK Project-Teaching Caregivers to be Their Child's Best Advocate

Dwane Dykes, Catherine Panzarella, PhD & Mary Tillery, *Family and Youth Support & Advocacy Division, Mental Health Association of Southeastern Pennsylvania, Philadelphia PA*

Since 2002, the Mental Health Association of Southeastern Pennsylvania (MHASP) has provided an eight week workshop to over 285 families in Philadelphia, Pennsylvania. The workshops expose caregivers to information on the child-serving systems. Sessions are child-centered, family focused, community-based and culturally appropriate. PEAK participants are provided guidance on how to obtain behavioral health services for children under 12. PEAK's success stems from the premise that parents know their child and therefore make the best advocate for their child's behavioral health needs. Workshops have been offered in English, Spanish, Cambodian and tailored for the deaf and hard-of-hearing community.

## 17. National Estimates of U. S. Children with Attention-Deficit Hyperactivity Disorder and Learning Disabilities and their use of Mental Health Services

Gloria A. Simpson, MA & Robin A. Cohen, PhD, *CDC: National Center for Health Statistics, Hyattsville, MD*

This presentation will provide national estimates from the 2005 National Health Interview Survey (NHIS), an on-going annual household survey. In the NHIS, parents answered questions about their child's use of mental health services and including the use of medication. Approximately 7% of U. S. children 4 to 17 years of age were identified as having ADHD, and 7.4% had learning disabilities. The socio-demographic characteristics of these children and their utilization of mental health services will be described. Mental health services include whether the child had contact with a health provider or school professional, whether he/she ever took prescription medicine, whether he/she took prescription medicine for ADHD, whether he/she received any other type of treatment, and where the child received treatment when he/she received treatment other than medication.

## Sunday Evening Details

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### 18. Validity of Caregiver Reports of Children's Grades in a System of Care

Jeffrey S. Allen, PhD, *Research Division, Mental Health Mental Retardation of Tarrant County, Fort Worth TX*; Michael Steinert, MA, *Student and Social Services, Fort Worth Independent School District, Fort Worth TX*; Camille Patterson, PhD, *Fort Worth TX*

Many sites have reported that children's grades improve after enrolling in wraparound, based on caregiver report. Caregiver reports of 76 children's grades were compared to actual academic data obtained from the Fort Worth Independent School District in Fort Worth, Texas. Despite caregiver reports of dramatic improvement in grades, there was no evidence of actual grades improving. Caregivers tended to greatly underestimate their children's grades at baseline. At six-month follow-up boys (but not girls) continued to be underestimated. These findings indicate that caregiver reports are not a valid measure of a child's actual academic performance.

### 19. The Impact of School-Based Mental Health Services on Student Behavior and Functioning

Clay Gemmill, MPH, MSW & Paul Thomlinson, PhD, *Research, Burrell Behavioral Health, Springfield MO*

Responses to recent school shootings and violence often miss the mark in that they do not address the need for "safety from within" or prevention efforts targeting the social, emotional, and behavioral problems that are very often precursors to school attacks. A collaborative project providing school-based services in Springfield, Missouri has directly addressed the concept of safety from within through the provision of preventative, responsive mental health services in district middle and high schools. The program has decreased discipline referrals and drug and alcohol related offenses and shown improvements in problem severity, hopefulness, and behavioral health functioning.

### 20. Evaluation of the Full Purpose Partnership Program

John H. Houser, BS, *School Psychology, Indiana University - Bloomington, Bloomington IN*; Jeffrey A. Anderson, PhD, *School of Education, Indiana University Purdue University Indianapolis, Indianapolis IN*

This presentation describes the implementation and preliminary impact of the Full Purpose Partnership, a school-wide model operating in four elementary schools. The model represents a partnership between an existing system of care and an urban public school district. Using the constant-comparative method, interviews and focus groups with program stakeholders were analyzed and interpreted to create a multi-source depiction of the workings of the model. Findings suggest that the model fills gaps that often occur in school. Implications for educators, administrators, and policymakers who are involved in implementing new or current system of care school-based models are discussed.

### 21. Relationships between School/Residential Transitions and Mental Health Functioning for Youth with Serious Emotional Disturbance

Monica J. Mitchell, PhD & La'Trice Montgomery, *INNOVATIONS/ Cincinnati Children's Hospital Medical Center, Cincinnati OH*; Sharon Foster, MSW & Mary DePaola, MSW, *Talbert House, Cincinnati OH*; Lori E. Crosby, PsyD & Matthew Ross *INNOVATIONS/ Cincinnati Children's Hospital Medical Center Cincinnati OH*

Research suggests that children with high mobility rates (e.g. change in schools or guardianship) may have mental health problems. This presentation examines the relationship between school and residential transitions and general mental health functioning for diverse youth who participated in Project Wraparound, an individualized, community-based mental health program for youth. Despite similar mental health stressors and risk factors, Project Wraparound youth with stable school and residential placements showed greater improvement in mental health functioning scores than students who experienced residential or school transitions. Implications for future research with at-risk children and adolescents, including those who are highly transient, are provided.

### 22. Integrating Web-Based Data Management Tools to Assess the Impact of School-Based Programs

Alisha Nichols, MPA, *INNOVATIONS, Cincinnati Children's Hospital Medical Center, Cincinnati OH*; Rebecca Kelley, JD, *YMCA of Greater Cincinnati, Cincinnati OH*; Christie Crosby, BS, *INNOVATIONS/ Cincinnati Children's Hospital Medical Center, Cincinnati OH*; Kenneth Gilyard, *Gzine Technology, Drexel Hill PA*; Kimbaird Avant, *Cincinnati Children's Hospital Medical Center, Cincinnati OH*

Over the past decade, program evaluation requirements have become more complex and stringent for community agencies, including those that serve school-aged children. These agencies must often forfeit time devoted to program administration to focus more on the intricacies of program evaluation and documentation. INNOVATIONS, a community-collaborative evaluation and consultation program of Cincinnati Children's Hospital Medical Center, encourage agencies to incorporate web-based technology into their services for program alignment and efficiency. This presentation demonstrates cost-effective and time-efficient strategies for agencies to integrate this technology into program evaluations using an after school program as a model.

### 23. Utilizing State-Wide Administrative Data Bases to Follow Postsecondary Outcomes for Youth with Emotional and/or Behavioral Disturbances

Arun Karpur, MBBS, MPH, Mason G. Haber, PhD & Hewitt B. "Rusty" Clark, PhD, *National Center on Youth Transition for Behavioral Health, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Existing administrative databases are rich sources of information that, if available, can inform on a wide range of issues, including impact of programs and policies on postsecondary outcomes for transitional-aged youth with emotional and/or behavioral disturbances (EBD). The purpose of this presentation is to provide illustrations from the analyses of existing state-wide data bases and engage the audience into a discussion regarding the potential impact of secondary school exits and utilization of mental health or substance use services on postsecondary outcomes of employment, postsecondary education enrollment, and involvement with criminal justice system for young people with EBD.

### 24. Utilizing Organizational Change Models in the Development of a Theory of Change: Examples from the Harris County Systems of Hope Logic Model

Demori E. Driver, LMSW & Jeannette B. Truxillo, DrPH, *Research and Grants Management, DePelchin Children's Center, Houston TX*

During the development of the Harris County System of Hope logic model, information on the theoretical basis for organizational and system-level change was lacking. Theory-based health promotion programs have long referred to organizational change models to select strategies for designing behavioral health interventions. Following this tradition, the theoretical basis of strategies was examined in light of organizational development literature to justify that the selected strategies were theoretically linked to desired outcomes. This literature provides insights into how systems and complex organizations change over time, and can offer a valuable knowledge base to those developing, improving, and evaluating systems of care.

### 25. Analyzing a System of Care using a Unique Cost/Benefit Model

Denise M. Green, PhD, LCSW, *Department of Human Resources, Social Work, and Rehabilitation, Troy University, Troy AL*

A system of care (SOC) is a unique program no two are alike. This uniqueness causes many difficulties when trying to present the merit and worth of a SOC. As SOCs struggle with sustainability issues, the necessity of a cost/benefit (C/B) analysis becomes apparent. Funding sources demand a C/B analysis before considering providing support. Most traditional C/B analysis represents an SOC as an expensive undertaking. This presentation looks at a model utilizing avoidance savings as a center-piece of the analysis. Using this model creates a C/B analysis that reflects the benefits created by a SOC.

### 26. Evaluating the Statewide Implementation and Outcomes of Evidence-Based Practice: Preliminary Results of Connecticut's Multisystemic Therapy Progress Report

Jennifer A. Schroeder, PhD, *Connecticut Center for Effective Practice, CHDI / Yale University School of Medicine, Farmington CT*; Michael M. Connell, PhD, *The Consultation Center, Yale University School of Medicine, New Haven CT*; Robert P. Franks, PhD, *Child Health & Development Institute Connecticut Center for Effective Practice, Farmington CT*; Jacob K. Tebes, PhD, *Yale University School of Medicine, New Haven CT*

This presentation will provide an overview of the methodology and preliminary results of a three-year retrospective analysis of the statewide implementation and outcomes of Multisystemic Therapy (MST) in the State of Connecticut. Detailed information on qualitative and quantitative methodologies assessing the elements of implementation, including consumer, clinician, organizational, and systemic factors will be described, as well as program fidelity indicators and treatment outcomes. Preliminary study results will be discussed within the context of recent analyses of outcome and implementation literature.

### 27. Program Adaptation without Compromising Program Fidelity: The Experience of a Model Program

Pat Davenport, *FAST National Training and Evaluation Center, Madison WI*

As model programs that are theory-driven and well-evaluated are implemented more frequently, they need to be adapted to local circumstances, but at the same time maintain a delicate balance between program fidelity and adaptation. This presents the case of one family-based SAMHSA model prevention program, Families and Schools Together (FAST), and presents outcome data for Elementary School and Middle School replications.

### 28. A Partnership Model Study between Juvenile Justice and Community Mental Health

Stephen A. Kapp, PhD, *School of Social Welfare, The University of Kansas, Lawrence KS*; Mary Lee Robbins, MA, MSW, LCSW & J. J. Choi, MSW, *School of Social Welfare, The University of Kansas, Lawrence KS*

This qualitative study explored youth and family perspectives regarding the nature of service delivery and collaboration for youth with mental health needs who are involved in both the juvenile justice and community mental health systems. We developed four-way perspectives derived from comparing the dual-system experiences of youth, their parents, community mental health professionals, and juvenile justice service providers. We found a wide range of approaches and mostly informal collaborations with inconsistent outcomes. Findings strongly indicate the need to bridge the gap between these two philosophically different systems with formal collaborative policies, programs and best practices treatment modalities.

### 29. Accountability for Meeting Youth and Family Needs across System of Care Partners

Kay Hodges, PhD, Psychology, *Eastern Michigan University, Ann Arbor MI*; Cynthia Smith, MA, *Juvenile Assessment Center, Detroit MI*; Yange Xue, PhD, *University of Michigan, Ann Arbor MI*

A juvenile justice agency describes processes it has developed to identify service needs that require collaboration with other child-serving agencies such as mental health, school, child welfare, and primary medical care. The agency conducts comprehensive evaluations on all adjudicated youths, including assessing level of impairment with the Child and Adolescent Functional Assessment Scale (CAFAS). Data on their youths indicate a high level of impairment and a need for services from multiple child-serving agencies. Assessments and processes developed to identify service needs, implement accountability for delivering services, and track changes in child functioning over time are described. One of the instruments, the Juvenile Inventory for Functioning D JIFF, is described.

### 30. A Needs Assessment of Conflict in Systems of Care

Mary E. Evans, RN, PhD, FAAN, *College of Nursing, MDN, University of South Florida, Tampa FL*; Robyn Boustead, MPA, *Missouri Institute of Mental Health, Jefferson City MO*; Roger A. Boothroyd, PhD, *Department of Mental Health Law and Policy, Tampa FL*; Huey-Jen Chen, PhD, RN, *College of Nursing, Georgia State University, Atlanta GA*; Sheryl Schrepf, MSW, *Technical Assistance Partnership, Region III, Lincoln NE*; Andrea Blanch, PhD, *National Trauma Consortium, Sarasota FL*

Systems of care (SOCs) require effective partnerships among service sectors with different missions and mandates. Consequently, conflict may occur. The purpose of our needs assessment was to determine the presence, nature and resolution of conflicts within Center for Mental Health Services (CMHS) funded SOC sites. Web and mail surveys yielded 208 responses from 43 sites. Major sources of conflict noted by at least 70% of respondents were: incompatible goals, scarce resources, overlapping authority, communication, decision making and relationships. The most common resolution strategies were: not acknowledging it, behind the scenes dealing, and developing strategies to address the conflict.

## Sunday Evening Details

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### 31. An Applied Cultural Competence Assessment in a System of Care: Hearing the Voices of Frontline Staff

Maritza E. Concha, MA, *Covian Consulting, Miami FL*; Maria Elena Villar, MPH, *University of Miami, Coral Gables FL*; Marilia Diaz, BSA, *Covian Consulting, Miami FL*; David Duresky, *Children's Services Council, Ft. Lauderdale FL*

This presentation will highlight the findings of a cultural competence assessment in Broward County. The results were used to determine how cultural competence is incorporated into organizational policies and procedures. The findings were also used for the development of a cultural competence training for Broward county behavioral agencies.

### 32. Black Fathers of Children with Special Needs: A Qualitative Study

James C. Bridgers, Jr., MS, *Department of Family Studies; University of Maryland, College Park, The MayaTech Corporation, Silver Spring MD*; Cecil H. Doggette, *Communications and Marketing, Health Services for Children with Special Needs, Washington DC*; Suzanne M. Randolph, PhD, *Department of Family Studies, University of Maryland, College Park, College Park MD*; Jessie MacKinnon & Oliver L. Roy, *Health Services for Children with Special Needs, Washington DC*

An ecological systems framework was used to develop a university-community partnership designed to examine the personal rewards, family challenges, and support needs of African American fathers who have children with special needs. This theoretical framework also guided the use of qualitative approaches to analyze focus group data and refine theory as it relates to African American fathers who are parenting children with special needs. This qualitative study was implemented to gather data to adapt a model parenting program and evaluate it for use as a locally effective intervention.

### 33. Defining What We Mean by Mental Health Disparity: Finding a Shared Definition to Drive Research and Development in the Field

Laurel H Friedman, BA, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Catherine Batsche, PhD, *Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; David Chiriboga, PhD, *Department of Aging and Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Mario Hernandez, PhD, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

In literature and in practice, the concept of "mental health disparities" carries with it many different (and often diverging) definitions and approaches to measurement and assessment. Based on a series of round table discussions occurring within the Minority Mental Health Interest Group (MMHI) housed at FMHI, this presentation will offer a history of mental health disparities in the United States and present various definitions of "mental health disparities" based in the literature and round table discussions. This living/breathing presentation will also invite participation from conference attendees. The input collected from this discussion will be included in the presentation of the same focus.

### 34. Mental Health Service Utilization among Medicaid Eligible Hispanic Children

Paul E. Greenbaum, PhD, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; ; Wei Wang, PhD, *Biostatistics and Epidemiology, USF, Tampa FL*; Svetlana Yampolskaya, PhD, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Mario Hernandez, PhD, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Few studies have used longitudinal indicators to measure children's mental health services. This study examined prevalence of mental health disorders and service use among Medicaid-eligible children. All children in Florida who received behavioral health services between birth and age 17 during FY 2001-2002 were participants. Data were obtained from the Medicaid database. Five service use indicators were developed. Analytic strategies included multiple regression, Poisson regression, logistic regression, and Cox regression. Results indicated that Hispanic children had significantly fewer hospitalizations and had significantly shorter length of hospital stays. Additionally, Hispanic children had more days to readmission and had more crisis-oriented services.

### 35. Igniting the Transformation Process through Hope and Self-Confidence: The Prevention, Access, Self-Empowerment and Support (PASS) Program: A Culturally-Responsive Youth Development Program

Janice L. Cooper, PhD, MPA, *National Center for Children in Poverty, Mailman School of Public Health, New York City NY*; Lenore Reid-Rose, BA & Dana Finley, PASS Program, Coordinated Care Services Inc, Rochester NY

Research establishes that some youth successfully adapt, despite adversity. The Prevention, Access, Self-Empowerment and Support (PASS) initiative supports youth to become successful young people. It builds upon individual, family and community factors that research demonstrates promote resilience. Using a culturally competent curriculum and staff, PASS aims to improve participant-family communication, social competencies, advocacy, and leadership skills. Part of Monroe County, NY, System of Care initiative, PASS averages 20 youth, the majority of whom report behavioral challenges. In 2006, participants included African-American (59%), White (29%) and Latino (12%) youth. Factors that promote participant success, individual and programmatic outcomes, will be presented.

# Plenary Session

## Salons E & F • Opening Presentations

8:30 AM – 10:00 AM

### Welcome and Opening Remarks

Robert M. Friedman, PhD, Director, Research & Training Center for Children's Mental Health, Interim Dean, Louis de la Parte Florida Mental Health Institute, University of South Florida.

### The Gwen Iding Brogden Distinguished Lecture

#### Methodology Issues for Systems of Care Research



Thomas D. Cook, PhD, *Professor of Sociology, Psychology, Education and Social Policy, Joan and Serepta Harrison Chair in Ethics and Justice, Faculty Fellow, Institute for Policy Research, Northwestern University*

For our 20th Anniversary, we open with one of the most influential social scientists in the nation. The annual research conference was conceptualized to build an empirical foundation for implementing effective systems of care. At this juncture, in the context of two decades of inquiry, our speaker's views on the relationship between research and policy can help refine the blueprint, and frame best practice for the field.

This presentation will discuss what is meant by evidence-based policy, and will offer a discussion of how well research is doing today in meeting the needs for evidence that informs policy in rather direct ways. The discussion will center around how well we describe national needs, how well we do efficacy studies of what can work, how well we do effectiveness studies concerned with what is likely to work in actual practice, and how well we develop substantive theories of the conditions under which a given intervention should work. The discussion will focus both on single studies and on literature reviews of different kinds.

Thomas Cook's early groundbreaking work in experimental design revolutionized how we conduct research on social issues. Now, as a national spokesman for rigorous study design and analysis in the social and behavioral sciences, his work instructs today's researchers and evaluators on a full range of methodologies across the continuum of arenas for societal change.

Cook is interested in methods for inferring causation, and through this interest he examines issues in evaluation and research, particularly pertaining to community health and education. He has authored or edited several books on these topics, including *Quasi-Experimentation Design and Analysis Issues for Field Settings*, *Qualitative and Quantitative Methods in Evaluation Research*, and *The Foundations of Evaluation Theory*. He is also interested in understanding how individual and institutional factors combine to help some adolescents successfully navigate both middle class and impoverished environments.

Cook has written or edited ten books and published numerous articles and book chapters. He received the Myrdal Prize for Science from the Evaluation Research Society in 1982, the Donald Campbell Prize for Innovative Methodology from the Policy Sciences Organization in 1988, and the Distinguished Scientist Award of Division 5 of the American Psychological Association in 1997. He is a trustee of the Russell Sage Foundation and a member of its Committee on the Future of Work. Cook was elected to the American Academy of Arts and Sciences in April 2000 and was inducted as the Margaret Mead Fellow of the American Academy of Political and Social Science in April 2003. He serves as a National Fellow for the Inequality and Social Policy Program of Harvard's Kennedy School of Government. He holds a B.A. from Oxford University and a PhD from Stanford University.

# Special Session A

## Meeting Room 11

10:15 AM - 11:15 AM

### Conversation Hour with Thomas Cook

Following our plenary session, conference participants are invited to join our distinguished lecturer in an informal setting for further discussion. The Center is pleased to offer this opportunity to explore the intricacies of bringing research findings to policy with one of our nation's premier social scientists.

# Session 1

## Salon A • paper presentations

10:15 AM - 10:45 AM

### Evidence-Based Practice Controversies within the Context of the Accountability Movement

Shelley Spear, PhD, *Statewide Family Networks Technical Assistance Center, United Advocates for Children of California, Santa Barbara CA*; Albert Duchnowski, PhD, *Research and Training Center for Children's Mental Health, Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Rosa Warder, MS, *United Advocates for Children of California, Oakland CA*; Todd Sosna, PhD, *California Institute for Mental Health, Santa Barbara CA*

This presentation discusses controversies and responses to those controversies related to evidence-based practice within the accountability movement. Specifically, it examines the grounding of the movement and proposes other approaches to achieving the goals of evaluating programs for families of children with serious mental health conditions. At the same time, it explains and rebuts arguments in favor of a radical transformation of research methodology and supports the legitimacy and cultural competence of preferred methodology. The presentation is intended to provide participants with oftentimes opposing viewpoints on the topic: those of families and family organizations and those of the research community.

# Monday Morning Details

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## topical discussion

10:45 AM - 11:45 AM

### Family/Parent Partners Making Family-Driven Care Work in the Real World

Trina W. Osher, MA, *Huff Osher Consulting, Inc., Takoma Park MD*; Gary M. Blau, PhD, *SAMHSA/CMHS/DSSI/CAFB, Department of Health & Human Services, Rockville MD*; David M. Osher, PhD, *Education and Human Development, American Institutes for Research, Washington DC*; Marlene Penn, PhD, *New Jersey Alliance of Family Support Organizations, Medford NJ*; Jane Adams, *Keys for Networking, Topeka KS*; Geraldine Burton, FDC, *Co-Project Director and Family Advocate, Columbia University and Mental Health Association of NYC, New York NY*; Sandra Spencer, *Executive Director, Federation of Families for Children's Mental Health, Rockville MD*; Eric J. Bruns, PhD, *University of Washington, Department of Psychiatry, Seattle Washington*; Kimberly E. Hoagwood, PhD, *Columbia University and NYS Office of Mental Health, New York NY*

This discussion will trace the transformation of the family involvement leading to the definition of family-driven care and the development of procedures and tools, such as the Ambassador's Guide to Family-driven Care and the National Wraparound Initiative's specification of the family/parent partner role, to insure its implementation with fidelity on a broad scale. A statewide and local example of effective implementation of family-driven care will illustrate this paradigm shift. The Federation of Families for Children's Mental Health will describe its efforts to evaluate the effectiveness of the Ambassador's Guide followed by open discussion with participants.

## Session 2

### Salon B • paper presentations

10:15 AM - 11:00 AM

#### The National Behavior Research and Coordination Center: Overview and Year 1 Findings

William C. Sumi, PhD, Mary Wagner, PhD & Michelle Woodbridge, PhD, *Center for Education and Human Services, SRI International, Menlo Park CA*

The National Center for Special Education Research in the Institute of Education Sciences is funding four Behavior Research Centers (BRCs) and the National Behavior Research Coordination Center (NBRCC) to investigate the effectiveness of interventions for children with serious behavior problems. The BRCs, in collaboration with NBRCC, are conducting randomized clinical trials of behavioral interventions that were found to be efficacious in previous research. The purpose of this presentation is to describe how the NBRCC is coordinating, synthesizing, and conducting analyses across the BRCs and present baseline findings from year 1.

11:00 AM - 11:45 AM

### Educational Characteristics of Students Served in Systems of Care: A National Perspective

Jeffrey A. Anderson, PhD, *School of Education, Indiana University Purdue University Indianapolis, Indianapolis IN*; Allison Howland, MSED, *Special Education, Indiana University – Bloomington, Bloomington IN*; John H. Houser, BS, *School Psychology, Indiana University - Bloomington, Bloomington IN*

This presentation describes the educational profiles of students across the United States who have participated in local systems of care (SOC). Results based on caregiver responses to educational questionnaires administered every six months are presented for characteristics including school, grade level, post-secondary plans, attendance, absenteeism, suspensions, school setting, special education services, grades, and school efficacy. In general, SOC participation is associated with positive school outcomes over time. Specifically, fewer caregivers reported that their child was being educated in a restrictive setting, a higher percentage of caregivers reported improvements in school performance over time, and caregiver satisfaction with the school system improved.

## Session 3

### Salon C • 90-minute symposium

10:15 AM - 11:45 AM

#### Disparities in Children's Mental Health Systems of Care

Chair: Philip J. Leaf, PhD, *Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore MD*; Discussant: Larke Huang, PhD, *Substance Abuse and Mental Health Services Administration, Rockville MD*; Sandra Spencer, *Federation of Families for Children's Mental Health, Rockville MD*

Disparities exist in mental health service utilization and in treatment outcomes. The President's New Freedom Commission on Mental Health recommends eliminating disparities by improving access to culturally competent care and care in remote areas of the country. In order to achieve these goals, it is necessary to have an understanding of who is affected by disparities, the context in which the disparities occur, and what works to reduce disparities. The goal of this presentation is to discuss findings regarding disparities among children and families served by the Comprehensive Community Mental Health Services for Children and their Families (CMHS) program.

#### **Disparities in Need and Disparities in Outcome. What Have we Learned to Date through the National Evaluation?**

John Gilford, PhD, *ORC Macro, Atlanta GA*; Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*; Phil Leaf, PhD, *Johns Hopkins Bloomberg School of Public Health, Baltimore MD*

Disparities in mental health services use and treatment outcomes are a major public health concern. The Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS) was designed to meet the mental health needs of 4.5-6.3 million children, yet little is known regarding the extent to which disparities exist for children served by CMHS. This presentation reviews key findings from the National Evaluation of the CMHS Program regarding racial, ethnic, gender, and geographic disparities among children and adolescents receiving services in this program. Disparities with regard to functional impairment, diagnoses, availability of services, and service utilization are discussed.



## **Demographic Disparities in the CMHS Demonstration Projects**

Richard Miech, PhD, *Department of Health and Behavioral Sciences, University of Colorado at Denver and Health Sciences Center, Denver CO*; Amy Goldstein PhD, *National Institute of Mental Health, Bethesda MD*; Melissa Azur, PhD, Kerri Jowers, Tracy Patterson & Philip Leaf, PhD, *Johns Hopkins Bloomberg School of Public Health, Baltimore MD*

The Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS) serves children in 125 grantee communities in the United States, yet little is known about how the children receive mental health services through CMHS programs differ from children in the general community. This presentation uses data from the National Evaluation of the CMHS Program to describe the demographic characteristics of children served by CMHS and to examine whether disparities exist between children served by individual CMHS program sites and children residing in that site's geographic catchment area.

## **Provider Practices: The Importance of Cultural Competence when Working with Racial and Ethnic Minority Children and Families**

Robert L. Stephens, PhD, Ye Xu, MS, MA & Phyllis Gyamfi, PhD, *ORC Macro, Atlanta GA*

Culture influences the way mental illnesses are experienced, reported, diagnosed, and treated. The Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS) aims to provide culturally competent systems of care to mentally ill children and their families. This presentation uses data from the National Evaluation of the CMHS Program to examine racial or ethnic differences among caregivers in their perceptions regarding the importance of cultural competence and the cultural competence of their service providers. A total of 503 caregivers rated their provider's understanding and inclusion of their culture in services. Racial and ethnic differences are discussed.

## Session 4

### **Salon D • 60-minute symposium**

10:15 AM - 11:15 AM

### **State Evidence-Based Practices for Children's Mental Health—Measurement and Implementation Challenges**

Chair: E. Wayne Holden, PhD, *Social and Statistical Sciences, RTI International, Research Triangle Park NC*; Discussant: Dean L. Fixsen, PhD, *National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Early examinations of evidence-based practice (EBP) implementation efforts for children's mental health show the importance of supportive infrastructure. This presentation will highlight several aspects of EBP implementation and infrastructure development. The first presentation will describe a measurement development effort targeting State Mental Health Representatives for Children and Youth. The second presentation summarizes a survey of State Mental Health Agencies to examine changes in their use of evidence-based and promising practices between 2004 and 2006. The last presentation will describe an initiative across the state of New York to train front-line clinicians in the use of evidence-based treatments for youth.

## **Measuring State Infrastructure for Evidence-Based Practice Implementation and Sustainability**

Heather Ringeisen, PhD, *Survey Research Division, RTI International, Research Triangle Park NC*; Leyla Stambaugh, PhD & Barbara J. Burns, PhD, *Duke University, Durham NC*; E. Wayne Holden, PhD, *RTI International, Research Triangle Park NC*

This presentation will describe the development and pilot testing of an instrument to assess state capacity for the implementation of evidence-based practices (EBPs) in children's mental health. We will present findings from an interdisciplinary literature review that identifies core constructs at the macro-administrative level associated with the successful implementation of EBPs. The presentation will describe a conceptual framework to support the measurement of state infrastructure across several domains including organizational readiness, implementation processes, and sustainability planning. This presentation expands upon existing measurement and conceptual efforts that characterize local organizational and/or provider capacity for EBP implementation through its focus upon state administration.

## **Update on State Mental Health Agencies' Strategies for Disseminating Evidence-Based Practices**

Jeanne C. Rivard, PhD, *NASMHPD Research Institute, Inc., Alexandria VA*

Findings will be presented of a study of State Mental Health Agencies that examined changes in the use of evidence-based practices since a prior survey administration in 2004, and strategies used to disseminate evidence-based practices (EBP) to other regions and statewide. Results will also be described of analyses conducted to compare evidence-based and promising practices implemented during each period (by type, number, and scope), and to explore associations between the scale of EBP implementation and type of strategies used to expand uptake.

## **The New York State Office of Mental Health Evidence-Based Training and Dissemination Center Initiative (EBTDC) on Cognitive Behavior Treatment for Depression and Trauma**

Kimberly Eaton Hoagwood, PhD, *New York State Office of Mental Health, New York NY*; Alissa Taylor, PhD, Jessica Levitt, PhD, Eliot Goldman, PhD & Anne Marie Albano, PhD, *Columbia University, New York NY*; Michael Bigley MSW & Janet Chassman MSW, *New York State Office of Mental Health, Albany NY*,

The Evidence Based Training and Dissemination Center (EBTDC) is an initiative through the New York State Office of Mental Health (OMH) to train front-line clinicians in OMH licensed clinics in the use of evidence-based treatments for youth. EBTDC involved an intensive three-day training of community clinicians in the use of manualized cognitive-behavioral treatments for depression and trauma, with ongoing year-long consultation on the implementation of these treatments. One of the primary goals of the EBTDC is to evaluate the dissemination of the initiative and consequently improve the quality of routine care in outpatient clinics for youth with trauma symptoms or depression.

*Session 4 continued page 18*

# Monday Morning Details

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## paper presentation

11:15 AM - 11:45 AM

### **Implementation of Evidence-Based Practice: The Role of Leadership and Provider Attitudes**

Gregory Aarons, PhD, *Child & Adolescent Services Research Center, Rady Children's Hospital, San Diego CA*

Systems of care are increasingly implementing evidence-based practices (EBP). Little attention has been paid to provider attitudes to EBP or optimal leadership for implementation. This presentation describes two studies examining leadership and mental health provider attitudes toward adopting EBPs. Participants in Study I included consumers, administrators and policy makers, and in Study II 303 public sector mental health providers from a large youth system of care. Concept Mapping and regression analyses indicated more positive leadership associated with more favorable provider attitudes toward the adoption of EBPs. Systems of care may benefit from improving supervisor leadership in preparation for implementing EBPs.

## Session 5

### **Salon G • 90-minute symposium**

10:15 AM - 11:45 AM

### **Theories of Change from a Continuous Quality Improvement (CQI) Perspective: Logic Modeling, Measuring Performance and Benchmarking**

Chair: Angela K. Sheehan, MPA, *ORC Macro, New York NY*; Discussants: Sharon Hodges, PhD & Mario Hernandez, PhD, *Department of Child & Family Studies, de la Parte Institute, University of South Florida, Tampa FL*

This presentation will exemplify how logic models can be used as the framework for continuous quality improvement efforts, from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program on. The presentation will open with the framework from the National Evaluation for how logic modeling, performance measurement and benchmarking are inter-related in support of CQI. Local examples of how developing theories of change and how clearly defined logic models serve as the framework for continuous quality improvement efforts will be presented. Project staff from two federally-funded system-of-care communities will present their logic models, highlighting the purpose and process of their efforts as well as their actual and intended utilization. Following the local presentations, the national evaluators for the Comprehensive Community Mental Health Services for Children and Their Families Program will present preliminary findings from the CQI Report and Benchmarking Initiative and discuss the utility of the program logic model in designing the report and interpreting the findings. Finally, there will be an opportunity for discussion lead by Mario Hernandez and Sharon Hodges centered on the utility of logic models from various perspectives.

#### **Monroe County Logic Model Process**

Jody Levison-Johnson, LCSW, *Monroe County ACCESS, c/o Coordinated Care Services, Inc., Rochester NY*

This presentation will include an overview of the process used to develop Monroe County's (Rochester, NY) logic model, including how the community articulated a theory of change that represented the views of the broader community. The discussion will address how the project team, five Council ACCESS governance structure, and other work teams plan

to use the logic model, data from the national and local evaluations, and other sources of information as the basis for the CQI process, including specific focus on the identification of technical assistance (TA) needs and the development of the community's single coordinated TA plan.

#### **Central Massachusetts Communities of Care Logic Model**

Melodie Wenz-Gross, PhD, *Department of Psychiatry Director of Research and Evaluation Central Massachusetts Communities of Care, University of Massachusetts Medical School, Worcester MA*

Central Massachusetts Communities of Care (CMCC) is a system of care grant awarded to the Massachusetts Department of Mental Health by the Comprehensive Community Mental Health Services for Children and Their Families Program in 2005. The goal of this cooperative agreement is to decrease & prevent youth with Serious Emotional Disturbance from becoming involved with the courts and to reduce the seriousness and duration of juvenile justice involvement for this group. This presentation describes the collaborative planning process and development of a logic model that serves as both a mechanism for continuous quality improvement and a tool for social marketing.

#### **Using Logic Models as a Framework for Continuous Quality Improvement (CQI) Efforts: Results from the CMHS CQI Benchmarking Initiative**

Angela K. Sheehan, MPA, *ORC Macro, New York NY*

Developing a well-defined concept for how a system will be built, the strategies necessary to affect change, and the accountability measures to assess change are critical components of continuous quality improvement (CQI) efforts. These components also constitute a well-defined theory of change. As part of a community's CQI efforts, developing tools to measure how well a community is achieving their mission and reaching established goals, as outlined by the theory of change, is critical to success. The CMHS CQI Benchmarking Initiative is one example of a data-driven approach to support the realization of a program's theory of change in a CQI context. The CQI Benchmarking Initiative builds upon the program's theory of change to identify key indicators of performance and provide a reporting mechanism to assess performance at the national and the local level in support of CQI.

## Session 6

### **Salon H • 90-minute symposium**

10:15 AM - 11:45 AM

### **Addressing Abuse and Mistreatment of Youth Placed in Residential "Treatment" Facilities**

Chair: Allison Pinto, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, Tampa FL*; Discussant: Robert R. Friedman, PhD, *de la Parte Institute, University of South Florida, Tampa FL*

There is considerable inconsistency in how states across the U.S. regulate residential treatment programs for youth. In states with little oversight, the health and safety of youth are unprotected and they may be subject to substandard treatment, rights violations, and/or abuse. Four initiatives to address this issue will be described: (1) a survey of former program participants; (2) a four-state pilot study of state regulations; (3) a bridge-building conference between residential treatment providers and mental health leaders and (4) a youth-led advocacy effort. Next steps for the fields of law, mental health, education and family advocacy will be discussed.

## **Identifying and Responding to Concerns Regarding Abuse and Mistreatment in Residential “Treatment” Programs**

Lenore B. Behar, PhD, *Child & Family Program Strategies, Durham NC*; Bill Boyles, BA, *Orlando FL*

Numerous concerns have been reported by youth, parents, former program staff and investigative reporters regarding the treatment of youth in unregulated residential programs, including the following: (1) Basic human rights violations including youth deaths, degrading discipline, inappropriate seclusion and restraint, medical and nutritional neglect, and severe restrictions of communication and visitation; (2) Substandard psychotherapeutic interventions and education by unqualified staff; (3) Financial opportunism by program operators; and (4) Financial incentives to educational consultants.

## **A Pilot Study of State Regulations Pertaining to Youth Residential Treatment Programs**

Judith Katz-Leavy, MEd, *Child and Family Mental Health, Washington DC*; Lenore Behar, PhD, *Child & Family Program Strategies, Durham NC*; Robert R. Friedman, PhD & Allison Pinto, PhD, *de la Parte Institute, University of South Florida, Tampa FL*

A pilot study of four states was undertaken to identify issues related to state policies that protect or endanger children and families involved in residential treatment programs for youth. The study was conducted in Connecticut, Missouri, Utah, and California. Respondents were from the protection and advocacy agency, child welfare, education, juvenile justice and mental health. Findings are presented regarding: (1) the degree to which respondents were knowledgeable of relevant state regulations and the monitoring process; and (2) the extent to which there were laws, regulations and policies in place to protect youth in residential treatment programs.

## **Youth and Parent Perspectives on Residential Programs for “Troubled Teens”**

Allison Pinto, PhD, *de la Parte Institute, University of South Florida, Tampa FL*; Christina Kloker Young, MBA, *C.K. Young & Associates, Creative Planning Systems, Oak Ridge TN*

As a means of gathering information about institutionalized abuse in unregulated residential facilities, an online survey has been developed and posted to collect firsthand reports from young adults who attended residential “specialty” programs when they were adolescents and the parents of program participants. To date, hundreds of former program participants and over one hundred parents have shared their experiences and expressed their concerns through this survey. Survey results will be presented to describe the range of programs, participants, and concerns related to rights violations, misuse of seclusion and restraint, inhumane treatment, and distress and suffering.

## **Building Bridges with Residential Treatment Providers**

Robert R. Friedman, PhD, *de la Parte Institute, University of South Florida, Tampa FL*

Concerns about state policies regarding residential treatment have been supported by a related development. The Child, Adolescent, and Family Branch of the U.S. Center for Mental Health Services convened a meeting in Omaha, Nebraska in June, 2006, to address the historic split between providers of residential care for children with mental health challenges, and advocates for home and community-based care within systems of care. The meeting brought together representatives from the federal, state, and local level, youth and family advocates, system of care council members, tribal representatives, providers of service, and representatives of national associations related to children’s mental health and to residential care. Although unlicensed, unregulated residential programs were not represented, the agreements that emerged should serve to inform parents, professionals who provide referrals to residential treatment programs, and the operators of all residential programs of the expectations that constitute good care and treatment.

# Session 7

## **Salon I • topical discussions**

10:15 AM - 11:00 AM

## **Advancing an Agenda to Strengthen Federal, Tribal, State and Local Policies for Children, Youth and Families Who Experience Trauma**

Janice L. Cooper, PhD, *National Center for Children in Poverty, Mailman School of Public Health, New York City NY*; Mary Compo, MSED, *North Country’s Children’s Clinic, Watertown NY*; Tim Gawron, MS, *Illinois Department of Children and Family Services, Chicago IL*; Arabella Perez, LCSW, MSW, *Thrive: Trauma Informed System of Care, Auburn ME*; Deborah Painte, MPA, *Mountain Moon Initiative Native American Training Institute, Bismarck ND*; James T. Yoe, PhD, *Maine Department of Health and Human Services, Augusta ME*; Julie Young, MS, *Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City OK*

The proportion of children and youth who experience trauma is widespread and demands a systematic response. Studies show that up to 50% of children and youth in child welfare, 60-90% of youth in juvenile justice, and 83-91% of urban youth experience trauma. Experts attribute high rates of suicide, violence and substance abuse among Native Alaskan/American Indian youth to historical trauma. Presenters report on case studies of communities implementing trauma informed systems of care using an indigenous approach, a statewide approach and a school-based integrated model. Two state-agency based infrastructural models (Illinois and Oklahoma) are also profiled.

11:00 AM - 11:45 AM

## **Bringing Collaboratives Together to Transform Policy and Implement a Newly Designed Behavioral Health System.**

Jacquelyn B. Shipp, MHR LPC & Debbie Spaeth, LMFT, LPC, LADC, *Mental Health Recovery, Oklahoma Health Care Authority, Oklahoma City Oklahoma*

The behavioral health collaborative in Oklahoma would like to present our model for developing an integrated system across the lifespan, and then lead a discussion of evaluating both the process and the product. This will include a description of the single payer system which is under development. We will also provide an overview of the financing methods, performance measurement strategies, and planned methods to ensure access to care and choice of care. We will discuss our ongoing efforts to integrate evidence-based practices into our system of care, with continuous quality improvement loops that will result in an outcomes-based system.

## Monday Afternoon Details

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### Session 8

#### Salon J • topical discussion

10:15 AM - 11:45 AM

#### **NIMH/CMHS Program Announcement (PA): Effectiveness, Practice, and Implementation in CMHS' Comprehensive Community Mental Health Services Program for Children and their Families Service Sites**

Carmen P. Moten, PhD, *Division of Services and Intervention Research, National Institute of Mental Health, Bethesda MD*; Amy Goldstein, PhD, *National Institute of Mental Health, Bethesda, MD*; Sylvia K. Fisher, PhD, *Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville MD*

The purpose of this presentation is to present and discuss the recent release of the NIMH/SAMHSA program announcement (PA), effectiveness, practice, and implementation in CMHS' Comprehensive Community Mental Health Services Program for Children and their Families Service Sites. This PA encourages interested parties, including research investigators, evaluators, program staff, and others interested in children's mental health issues to apply for research grant applications on varied topics related to the services delivered to children, adolescents, and their families through the Center for Mental Health Service's (CMHS) Children's Services Programs. The PA also encourages studies of the effectiveness of interventions delivered at these sites, the nature and impact of routine prevention or clinical practice, and factors related to successful implementation of preventive or treatment interventions. This presentation will also highlight NIMH/SAMHSA research priorities and relevant grant mechanisms, and emphasize community-academic partnerships in the grant application development. A question and answer session will follow.

### Lunch on Your Own

11:45 AM – 1:15 PM

Take this opportunity to link-up with colleagues and friends at a Marriott restaurant or one of the several establishments just up the road at Channelside. This is also a splendid chance to explore downtown Tampa on the Trolley or on foot.

### Special Session B

#### Room 8 • Lunch Meeting

12:00 PM - 1:00 PM

#### **Special Issues Meeting: Suicide Issues in Systems of Care**

Steve Roggenbaum, MA, *Dept. of Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Sylvia K. Fisher, PhD, *Child, Adolescent and Family Branch, Center for Mental Health Services, SAMHSA, Silver Spring MD*

You're invited to provide valuable feedback and reactions to a draft policy statement and proposed logic model regarding suicide prevention and systems of care. Facilitators will record input to refine the framework under development. Bring your own lunch or order ahead at the registration table to have your lunch delivered (COD) from the Marriott's Champions Restaurant. In September 2006, the Substance Abuse Mental Health Services Administration (SAMHSA) hosted a special meeting regarding suicide issues in systems of care. The meeting brought together individuals from the System of Care arena and Suicide Prevention & Research experts. The special issues meeting will continue attention and discussion on this important topic. Specifically participants will be asked to provide feedback and reactions to a draft policy statement and proposed logic model derived from the September meeting. These documents incorporate policies and procedures for suicide prevention, intervention, and postvention (including reduction of stigma associated with help-seeking behavior). Participant feedback is essential to the development of the final framework.

### Special Session C

#### Room 11 • Workforce Development

#### **Discussions**

1:15 PM - 2:00 PM

#### **Developing the Rural Behavioral Health Care Workforce for Children and Families**

Joyce K. Sebian, MS Ed, *National Technical Assistance Center for Children's Mental Health, Georgetown University, Washington DC*; Jennifer Kitson, *National Center for Mental Health Promotion and Youth Violence, Education Development Center, Hays KS*; Dennis Mohatt, *Western Interstate Commission for Higher Education, Mental Health Program, Lincoln NE*; Karen Francis, *American Institutes for Research (AIR), Technical Assistance Partnership, Washington DC*

This presentation is focused on the issues of developing the rural behavioral health care workforce for children and families. SAMHSA/CMHS has engaged its partners to guide the development and implementation of a national plan for rural behavioral health focusing initially on workforce Development. Four key action areas from the plan will guide this dialogue and provide participants with opportunities for learning, networking and knowledge development. Action Areas include: (1) Creating a framework for a population-based rural system of care for behavioral health, (2) Financing Behavioral Health Services, (3) Linking Behavioral Health with Primary Care, and (4) Training a Rural Behavioral Health Workforce. Presenters will facilitate peer to peer sharing and provide information about promising workforce development activities underway at the federal, state and community levels.

2:00 PM - 2:45 PM

### **Graduate Certificate in Children's Mental Health**

Carol MacKinnon-Lewis, PhD, Laurel H. Friedman, BA & Christine Wienke Totura, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

The purpose of this presentation is to engage current and prospective students in a dialogue about the University of South Florida, Louis de la Parte Florida Mental Health Institute's Graduate Certificate in Children's Mental Health. Currently enrolled students from Florida, Georgia and Kentucky will share their academic experiences, identifying ways in which the Certificate coursework meets their professional needs with regard to their learning and practice behaviors. Prospective students will be encouraged to participate specifically for the purpose of soliciting their reactions and suggestions for refinements to the curriculum and its dissemination, thereby increasing the content's saliency for subsequent users.

## Session 9

### **Salon A • 90-minute symposium**

1:15 PM - 2:45 PM

#### **Civic Functioning and Mental Health During the Transition to Adulthood**

Chair: Maryann Davis, PhD, *Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester MA*

In this session three large scale studies will examine various issues of the overlap of mental health and juvenile or criminal justice involvement during the transition to adulthood. The goal of the session is to inform the audience about the prevalence and nature of arrests in public system mental health populations during the transition years, similarities and differences in comparison to general offenders, and information about factors contributing to decreases or increases in offending. Policy and service implications will be emphasized.

#### **Arrests During the Transition to Adulthood; Gender and Public Mental Health System Involvement**

Maryann Davis, PhD & William Fisher, PhD, *Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester MA*

Adolescents with serious emotional disturbances (SED) are at high risk of arrest during adolescence and early adulthood. The current study examined gender differences and differences between a public mental health and general population of arrestees in age of arrest onset, frequency of arrest, types of charges, and likelihood of re-arrest using existing administrative databases and statewide populations of the same age. Implications for services will be discussed.

#### **Pathways to Desistance in Serious Juvenile Offenders and Mental Health Considerations**

He Len Chung, PhD, Edward Mulvey, PhD & Carol Schubert, MPH, *Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine, Pittsburgh PA*

A pressing mental health consideration for the juvenile justice field is the robust link between substance use and delinquent behavior during and beyond adolescence. The Pathways to Desistance study is a longitudinal project designed to examine such issues among serious adolescent offenders in Pennsylvania and Arizona. Developmental trajectory modeling is used to compare trajectories of offending among

1,083 males with varying levels of substance use problems. Results indicate that while most offenders show declining patterns of antisocial behavior in early adulthood, individuals with diagnosable substance use disorders are at particular risk for significant and persistent offending beyond adolescence.

#### **Arrests During the Transition to Adulthood; Young Adults in State Adult Mental Health Services**

William Fisher, PhD & Maryann Davis, PhD, *Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, Worcester MA*

Young adults with serious mental health problems are at high risk for involvement with the criminal justice system. Using data from a 10-year cohort study of individuals receiving services from the Massachusetts Department of Mental Health in 1991, we describe risk for and patterns of arrest among persons a cohort of individuals age 18-25 ( $N = 1,101$ ). This group experienced a 50.1% arrest rate over the period; arrest rates were highest and roughly equal (29.6% and 29.9%) for crimes against public order and serious violent felonies. Case management and residential services appear to reduce arrest risk, but less effectively than among older members of the cohort.

## Session 10

### **Salon B • 90-minute symposium**

1:15 PM - 2:45 PM

#### **Bridging Treatment and Prevention through Social Emotional Learning Programs**

Chair: Albert Duchnowski, PhD, *Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*;

Presentation by Mark Greenberg, PhD, *Penn State College of Health and Human Development*

A major goal in school-based mental health has been to support high-quality social emotional learning (SEL) programs in schools. Unfortunately, to date there has been little intentional linkage between these SEL programs and the coordination of school-based treatment and treatment planning. This presentation will begin with a brief review of the empirical base for SEL programs and the implementation challenges they face. Using the example of the PATHS Curriculum, new ways of linking treatment and prevention programs will be illustrated. This presentation will conclude with a facilitated discussion with audience participation on how to better link treatment and prevention.

Dr. Greenberg holds The Bennett Endowed Chair in Prevention Research in Penn State's College of Health and Human Development. He is the Director of the Prevention Research Center for the Promotion of Human Development. Since 1981, Dr. Greenberg has been examining the effectiveness of school-based curricula to improve the social, emotional, and cognitive competence of elementary-aged children. He is also a developer of the PATHS Curriculum (a Blueprint Program). Dr. Greenberg provides ongoing consultation to local, state and federal agencies and to foundations concerning prevention activities. He has published over 200 scientific articles on child development. Dr. Greenberg is a member of the Pennsylvania Governor's Commission for Children and Families and the Advisory Council of the National Institute of Drug Abuse. In 2002, he received the Research Scientist Award from the Society for Prevention Research.

## Monday Afternoon Details

### Session 11

#### Salon C • 90-minute symposium

1:15 PM - 2:45 PM

##### **Through a Cultural Looking Glass: Improving Services for Diverse Youth and Families**

Chair: Larke Nahme Huang, PhD, *Substance Abuse and Mental Health Services Administration, Rockville MD*; Discussant: Kana Enomoto, MA, *Substance Abuse and Mental Health Services Administration, Rockville MD*

Behavioral health services continue to confront challenges in providing effective care for ethnically, racially and culturally diverse youth and families. The pathway to care and the structure of interventions must take into consideration unique help-seeking patterns. This presentation will address three important, yet under-researched, issues: youth and family engagement in ethnic-specific mental health services; an empirically supported intervention for intercultural family conflict and acculturation stress; and intergenerational care-giving and service utilization. Three researchers will discuss their services and intervention research focusing on Asian American and other ethnically diverse populations. A discussant will address implications for policy and practice.

##### **Predictors of Intake Attendance for Asian American Youth at an Asian-Oriented Ethnic-Specific Mental Health Program**

Phillip D. Akutsu, PhD, *Department of Psychology, University of Michigan, Ann Arbor MI*; Garyn K. Tsuru, MS, *Counseling and Psychological Services, University of Michigan, Ann Arbor MI*; Joyce P. Chu, PhD, *Langley Porter Psychiatric Hospital and Clinics, University of California, San Francisco, San Francisco CA*

This study examined the relationship of demographic, clinical, and service program factors to intake attendance for 179 Asian American youth (ages 12-17 years) at an Asian-oriented ethnic-specific mental health program. The results showed younger age, urgent care status or need for the earliest intake appointment, and the assignment of the prescreening interviewer as the intake therapist increased the likelihood of intake attendance. Ethnic match with prescreening interviewer was marginally found to increase intake attendance. Implications of these findings for service improvements to Asian American youth groups will be discussed.

##### **Strengthening Intergenerational/Intercultural Ties in Immigrant Families: A Culturally-Based Intervention**

Yu-Wen Ying, PhD, *School of Social Welfare, University of California, Berkeley CA*

The majority of Latino and Asian American children are growing up in immigrant households. In these families, acculturation conflicts often lead to family turmoil and mental health problems. Yet research has documented that these families underutilize traditional mental services due to cultural barriers. Thus, community-based, non-mental health specific services are needed to assist them. Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) is a culturally-informed intervention designed to ameliorate intergenerational conflict. This presentation examines the problem, presents the SITIF intervention, and provides initial evidence of its effectiveness with Chinese American parents.

##### **Grandparents Caring for Grandchildren in Ethnically Diverse Communities: Health Services Implications**

Loriena A. Yancura, PhD & Barbara W. K. Yee, PhD, *Dept of Family and Consumer Sciences, University of Hawai'i at Manoa, Honolulu HI*

Obtaining health care services for the rapidly growing number of children in grandparent-headed households may be problematic because many grandparents are single, female, ethnic minorities, and often do not have legal custody of their grandchildren. This study explored the health needs and services utilization of 23 culturally diverse grandparents raising grandchildren in the state of Hawai'i using both quantitative and qualitative interview data. Some of the grandparents reported that their grandchildren had medical problems. Surprisingly, none reported that they had foregone medical care themselves to get care for their grandchildren. Implications of these findings for health care delivery are discussed.

### Session 12

#### Salon D • 90-minute symposium

1:15 PM - 2:45 PM

##### **The CMHI Evidence-Based Practices Study; Past, Present, and Possible Future**

Chair: Angela K. Sheehan, MPA, *ORC Macro, New York NY*; Discussant: Holly Echo-Hawk, MS, *Echo-Hawk & Associates, Vancouver WA*

The Evidence-Based Practices Study has been an important component of the CMHI national evaluation effort since 2004. In this presentation, two of the study's leaders will present three papers sharing recent empirical research data, current research questions and methods, and possible future directions for this topic. The Discussant will encourage questions, comments, and suggestions.

##### **Organizational Supports for Evidence-Based Practice Implementation: Findings from the 2005 EBP Survey of Mental Health Providers in the Community-Based Service System**

Angela K. Sheehan, MPA, *ORC Macro, New York NY*

Data from the Evidence-Based Practice (EBP) Survey of providers affiliated with CMHS-funded systems of care were analyzed to describe organizational supports available to respondents in their use of evidence-based practices (EBPs). Descriptive analyses were used to summarize the types of supports provided to respondents ( $n = 175$ ) in the previous year and linear regression modeling was used to explore the relationships between types of supports received and provider feelings of support, autonomy and agency requirements. Direct service providers who responded to the EBP Survey were supported by their agencies in their efforts to use EBP and the receipt of certain types of support may increase a provider's feelings of autonomy, feelings of support, and feelings that they have adequate time for EBP implementation.

##### **The Phase V Evidence-Based Practices Study: Plans and Preliminary Findings**

Geoffrey Kurt Moore, PhD, *Walter R. McDonald & Assoc., Inc., Greenwood Village CO*

This portion of the presentation describes preliminary data from the CMHI Phase V Evidence-Based Practices (EBP) Study. This study builds on the evidence-based treatments studies from previous phases of the CMHI evaluation. Instead of comparing the outcomes of specific practices, it examines some of the factors influencing the adoption, implementation, and life cycle of evidence-based practices in general. Given the current dissension and confusion surrounding EBP, we believe that these are relevant and worthwhile issues to explore.

### ***The Near Future of Children's Mental Health Practice: A Practice-Based Research Network***

Geoffrey Kurt Moore, PhD, *Walter R. McDonald & Assoc., Inc., Greenwood Village CO*

The issues around evidence-based practices and programs for children's mental health are challenging and confounding. Practice-based research networks (PBRNs) have been successfully used by pediatricians and family practitioners to study real-world treatment results. In this presentation, we will explore ways in which a PBRN could be created within the system of care movement as a means to better understand the efficacy and effectiveness of various programs and practices in different cultural and linguistic contexts.

## Session 13

### **Salon G • 60-minute symposium**

1:15 PM - 2:15 PM

### **Using Data to Transform Indiana's Behavioral Health System for Children and Families**

Chair & Discussant: Robert R. Friedman, PhD, *Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Transformation of Indiana's behavioral health system has included a focus on the quality of data available on which to base decisions. This presentation will start with lessons learned from existing data on mental health and addiction services in Indiana, including the level of system of care development in the state and wraparound fidelity. Next, the collaborative, cross-system process to adopt the Child and Adolescent Needs and Strengths assessment and results from Indiana's initial implementation of the Consumer Services Review will be presented. The moderator will facilitate a discussion about the unique combination of the quality management processes being developed.

### ***Applying Research to Transformation: Predicting Improvement for Children in Systems of Care***

Betty A. Walton, PhD, ACSW, LCSW & Gina Eckart, LCHC, NCC, *Office of Mental Health Policy & Planning, Indiana Family and Social Service Administration Division of Mental Health and Addiction, Indianapolis IN*; Janet S. McIntyre, MPA, *Choices, Inc., Indianapolis IN*

The statewide development of systems of care provides an opportunity to compare outcomes for children served through wraparound in child and family teams with the outcomes of a matched sample of children receiving usual public mental health services. Functional assessment data from a state database were examined using logistic regression models. The level of development of wraparound services was used as a fidelity measure. Findings were not significant unless fidelity was considered. The results suggest circumstances in which systems of care are effective. Lessons learned in this study are being applied to transformation of the state's behavioral health system.

### ***Implementation of the Consumer Services Review (CSR) in Indiana***

Ivor D. Groves, PhD, *Human Systems & Outcomes, Inc., Tallahassee FL*; Janet S. McIntyre, MPA, *Technical Assistance Center for Systems of Care and Evidence Based Practices, Choices, Inc., Indianapolis IN*

In 2006, Indiana started using the Consumer Services Review (CSR) developed by Human Systems and Outcomes to initiate a comprehensive quality improvement process to aid transformation of the public mental health and addictions system. Child and family status, recent progress, and practice performance were examined by case reviewers

at each community mental health center to give baseline data against which future progress can be measured. Annual reviews are planned for subsequent years. Preliminary CSR results indicated that 24% of youth and families were not doing well and present services were unacceptable, suggesting a broad focus for improvement efforts.

### ***Implementation of the CANS for Assessment and Quality Management across Children's Services***

John S. Lyons, PhD, *Mental Health Services & Policy Program, Northwestern University, Chicago IL*; Betty A. Walton, PhD, ACSW, LCSW, *Office of Mental Health Policy & Planning, Indiana Family and Social Service Administration Division of Mental Health and Addiction, Indianapolis IN*; Vicki Sprague Effland, PhD, *Choices, Inc., Indianapolis IN*

As part of the state's transformation process, an interagency team is working together to implement a common assessment tool and quality management processes across state child service systems: mental health and addiction, Medicaid services, child welfare, education, juvenile justice and corrections. This presentation will describe the assessment tool, the Child and Adolescent Needs and Strength (CANS), the implementation plan, and present preliminary data. In 2007, as multiple local applications become statewide, a web based data system will be implemented to collect data and routinely report information to clinicians, local and state agencies.

### ***Measuring Wraparound Fidelity in Indiana's Systems of Care***

Janet S. McIntyre, MPA, *Technical Assistance Center for Systems of Care and Evidence Based Practices, Choices, Inc., Indianapolis IN*; Betty A. Walton, PhD, ACSW, LCSW, *Indiana Family and Social Service Administration Division of Mental Health and Addiction, Indianapolis IN*

Systems of care are a central part of Indiana's efforts to transform the mental health and addiction system. Understanding the extent to which these systems of care implement the elements of wraparound is important in providing the best quality of care possible to youth and their families. This pilot study used the Wraparound Fidelity Index 3.0 (WFI) to assess fidelity to wraparound in fifteen local communities in Indiana. Results indicate that these systems of care achieved an adequate level of wraparound fidelity and are consistent with WFI scores observed in a national sample of system of care communities.

## paper presentation

2:15 PM - 2:45 PM

### **Research Based Engagement Strategies: A Concept Mapping Project**

Brenda Scafidi, EdD, *Department of Mental Health, State of Mississippi, Jackson MS*; William M. Hydaker, MA, *Hydaker Community Consulting, Cullowhee NC*; Lenore Behar, PhD, *Child & Family Program Strategies, Durham NC*

System of Care communities continue to explore strategies to engage system partners in transformation efforts. Concept Mapping is an effective strategy, as a mixed qualitative-quantitative method whereby qualitative procedures are used to generate data that can be analyzed using quantitative methods. Concept Mapping is a structured, research-based process that allows a group of stakeholders to identify the importance and feasibility of action steps toward their goal through brainstorming and rating activities where each participant has equal voice. Concept Mapping was used in Mississippi's COMPASS SOC to compare the responses of the community with those generated by the state-level planning council.

## Monday Afternoon Details

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### Session 14

#### Salon H • paper presentations

1:15 PM - 2:15 PM

##### **Connecting Inpatient and Residential Treatment to Systems of Care**

Norin Dollard, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Gary M. Blau, PhD, *SAMHSA/CMHS/DSSI/CAFB, Department of Health & Human Services, Rockville MD*

The origins of systems of care philosophy lie, at least in part, in the historical over reliance upon restrictive mental health treatment for children and youth and a paucity of appropriate community-based treatment options. While much progress has been made in building community-based services, collaboration across child serving systems and building partnerships with youth and families, the role and relationship of inpatient and residential treatment in the context of a system of care has been minimized, ignored or even denigrated. The purpose of this presentation is to provide (1) a brief overview of the outcomes of inpatient and residential mental health treatment, (2) describe the youth served, costs and outcomes of Florida's inpatient treatment, (3) present evaluation findings from a program that supports the transition from inpatient psychiatric services, (4) the child, community and system factors that are associated with youth recidivating to inpatient hospitals and (5) describe how children and youth move within Florida's public mental health system and across mental health, child welfare and justice systems.

2:15 PM - 2:45 PM

##### **Outcomes in Residential Care vs. Intensive In-Home Therapy: A Propensity Score Analysis**

Richard P. Barth, MSW, *School of Social Work, University of Maryland, Baltimore MD*; Sarah Hurley, MA, *Youth Villages, Memphis TN*; Tim Goldsmith, PhD, *Youth Villages, Bartlett TN*

The study tests whether intensive in-home therapy (IIHT) derived from Multisystemic Therapy is more effective than residential care (RC) for behaviorally difficult youth. Propensity score matching identified matched pairs of youth ( $n = 684$ ) with equivalent propensity for RC. Logistic regression was conducted on outcome differences at one-year post-discharge. IIHT recipients had a greater tendency (.615) toward living with family, making progress in school, not experiencing trouble with the law, and placement stability than RC youth (.558;  $p < .10$ ), suggesting that IIHT is at least as effective for achieving positive outcomes. Given IIHT's reduced restrictiveness and cost, it should be considered best practice.

### Session 15

#### Salon I • topical discussion

1:15 PM - 2:00 PM

##### **Child Protection, Education, and Systems of Care: Barriers and Opportunities for Collaboration**

John D. Fluke, PhD, *Walter R. McDonald & Associates, Inc., Denver CO*; Sylvia K. Fisher, PhD, *Child, Adolescent and Family Branch, SAMHSA, Silver Spring MD*; Ilene R. Berson, PhD, *Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

This presentation will focus on knowledge gained about children, families, and child-serving sectors (child welfare and education) to strengthen the development of collaborative linkages that will enhance the shared functioning of both sectors in meeting the needs of young children who are in systems of care. Discussion themes include screening, cultural disparities, diagnosis, coercive intervention, school-based mental services, liaisons between systems, and funding. Presentations by representatives of each of these three child-serving systems will emphasize gains resulting from continued collaboration between child-serving sectors for children who are multiply at risk and who are currently enrolled in systems of care.

#### paper presentation

2:00 PM - 2:45 PM

##### **Innovative Community Efforts to Support Early Childhood Mental Health**

Allison Pinto, PhD, *Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Ilene Berson, PhD, *Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Donna S. Dent, LPC, *Outpatient Services, Blue Ridge Behavioral Healthcare, Roanoke VA*; Elena Gonzalez, LCSW, *Westside Infant-Family Network, Culver City CA*; Thomas Washington, PhD, *Office of Mental Health, Baton Rouge LA*

Many communities are now seeking to nurture the mental health of infants, toddlers and young children. These efforts are occurring in creative ways that often do not involve federal Systems of Care funding. This presentation will provide an opportunity to learn about a variety of efforts that have emerged across the country (in California, Louisiana, Virginia and Florida) to support early childhood mental health, including privately funded community initiatives, "franchise" models to cultivate local ownership of programming, focused investment in local workforce development, and developmentally informed adaptations of the traditional systems of care approach. Implications for policy, planning and sustainability will be addressed.



# Session 16

## Salon J • topical discussions

### Prioritizing and Scaling Up Evidence-Based Programs

Facilitator: Frances Wallace, MPH, *National Implementation Research Network, de la Parte Institute, University of South Florida, Tampa FL*; Discussant: Karen A. Blase, PhD, *National Implementation Research Network, de la Parte Institute, University of South Florida, Tampa FL*

This session will highlight key challenges and useful strategies related to selecting, implementing, and sustaining evidence-based practices within organizations, communities, and states. Presenters will address issues such as, “How do we select an evidence-based program or practice in our community, our organization or our state?” “Who will guide us through the implementation process?” “What can states and communities do to create hospitable environments for implementing and sustaining effective services?” “What challenges should we be prepared to meet?”

1:15 PM - 1:45 PM

### Assessing the Landscape: Evidence-Based Practices

Patrick J. Canary, MEd, *Center for Innovative Practices, Canton OH*; Bill Carter, PhD, *California Institute for Mental Health, Sacramento CA*; Karen Blase, PhD, *National Implementation Research Network, de la Parte Institute, University of South Florida, Tampa FL*

Providers, communities, and states are increasingly interested in integrating EBPs into their systems of care. SAMHSA requires the implementation of at least three (3) EBPs in the SOC grants program; states are increasingly requiring the use of EBPs; practitioners are exposed to EBPs through training and conferences; families and youth want to know what works; and EBPs often stimulate system transformation. Yet EBPs are still “boutique” services and ‘treatment as usual’ dominates the service landscape. This presentation provides an overview of key issues encountered in exploring, investing in, and sustaining evidence-based programs and practices and provides a framework of the subsequent presentations.”

1:45 PM - 2:00 PM

### Evaluating and Prioritizing EBTs for Implementation Statewide

Laurel J. Kiser, PhD, *Department of Psychiatry, University of Maryland Baltimore School of Medicine, Baltimore MD*; Michelle Zabel, MSS, *Department of Psychiatry, University of Maryland Baltimore School of Medicine, Baltimore MD*; Joan Smith & Albert Zachik, MD, *Maryland Mental Hygiene Authority, Catonsville MD*

In Maryland’s public mental health system there is increasing emphasis on the deployment of services that are empirically tested and shown to be efficacious. The State of Maryland has been a pioneer in its development of an infrastructure to implement processes that promote the implementation of evidence-based practices (EBPs) for adults with serious mental illness. Implementation of EBTs for adult consumers has received considerable attention and resources spurring child and adolescent stakeholders to action. Prioritizing child EBTs for implementation is seen as an important first step. Accordingly, under the auspices of Maryland’s Blueprint Committee for Children’s Mental Health, a committee of diverse mental health stakeholders charged with making recommendations on how to improve and better integrate the current mental health system for children, the State Mental Hygiene Authority (MHA) has convened a subcommittee and developed a consensus-based process for evaluating and prioritizing EBTs for implementation statewide.

2:00 PM - 2:45 PM

### Going to Scale with Multiple Evidence-Based Practices: Organization, Community, and State Perspectives

Jacquie Brown, MES, RSW, *Kinark Child and Family Services, Markham ON*; David Bernstein, MSW, *The Center for Effective Interventions, Denver CO*; Jennifer V. Adler, JD, *Invest in Kids, Denver CO*; Teru A. Morton, PhD, *Hawaii Department of Health, Practice Development, Child and Adolescent Mental Health Division, Honolulu HI*; Lesley A. Slavin, PhD, *State of Hawaii Department of Health, Honolulu HI*

Many communities, organizations and states wonder if it is possible to attend to all the details needed to implement and sustain one evidence-based program or practice with fidelity, let alone several. This discussion will provide the perspectives of organizations and states that have taken on that challenge and are succeeding and learning as they go. After brief presentations to highlight strategies and challenges, there will be facilitated discussion with the audience and the panel members as both experts and learners. System of Care sites will benefit from learning about strategies and challenges. State officials and Federal officers will learn about the types of policies and system alignment required to ‘transform’ organizations and entire service systems. Program developers will learn about facilitative relationships that need to exist when interacting with organizations, communities, and intermediary organizations.

# Special Session D

## Meeting Room 11

3:00 PM - 4:00 PM

### Conversation Hour with Mark Greenberg

This follow-up session to the symposium, Bridging Treatment and Prevention through Social Emotional Learning Programs (Session 10), provides an opportunity for practical discussion about how linkages can be accomplished between social emotional learning (SEL) programs and school-based treatment and treatment planning.

## Monday Afternoon Details

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### Session 17

3:00 PM - 4:00 PM

#### Salon A • 60-minute symposium

##### **Partnerships for Youth Transition (PYT): Evaluating Progress of PYT Community Initiatives**

Chair: Hewitt B. Clark, PhD, *Department of Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Discussant: Diane Sondheimer, MA, *Child, Adolescent, and Family Branch, Center for Mental Health Services, SAMHSA, Rockville MD*

In 2002, five Partnerships for Youth Transition (PYT) community sites were funded to plan, develop, implement, and document models of comprehensive community-based programs to assist in improving the outcomes for youth with serious emotional disturbances or serious mental illnesses (SED/SMI) as they transition to adulthood. This presentation will cover three evaluation-related aspects of PYT initiative: (a) strategies for involving youth in the evaluation process; (b) analysis of outcomes from a TIP community transition site; and (c) cross-site findings on youth progress indicators. Findings from these presentations should assist in advancing the field's knowledge base related to program design and effectiveness.

##### **Partnering with Youth in Evaluation: Engagement, Energy, Innovation and Outcomes**

Alexandra Krynski, BA, Gwen White, MSW & Robin Orlando, MA, *Allegheny County System of Care Initiatives, Pittsburgh PA*

This presentation will discuss the development of this partnership that has led to a youth-driven and youth-supported evaluation process. The key activities that led to this partnership, lessons learned, and suggestions on how to replicate in other communities will be discussed. Discussion will include tips on how to engage youth in a creative process that results in productive youth-professional partnerships. This includes the creation of youth/family evaluation positions, informative youth focus groups, a "youth think tank" to review assessments and surveys, the payment of stipends, and consistent leadership opportunities at meetings and conferences to be a voice in evaluation."

##### **Investigating the Relationship between Services and Outcomes in a Program for Transition aged Youth**

Nancy Koroloff, PhD, *Regional Research Institute for Human Services, Portland State University, Portland OR*; Mike Pullmann, MS, *Center for Evaluation and Program Improvement Vanderbilt University Peabody, Nashville TN*; Lynwood Gordon, MSW, *Behavioral Health Services, Clark County Department of Community Services, Vancouver WA*

The data for this study were obtained from the evaluation of a program for transition aged youth with mental health disabilities in Vancouver, Washington. Data were collected on 51 youth who remained in the program for nine months. About half of the youth (46%) showed consistently positive outcomes in all four or three domains by nine months and 31% of the youth showed negative outcomes in three or all four domains. A significant difference was found between substantiated offenses pre intake as compared to during the program. There was a significant correlation between employment services received and employment outcomes. No other relationship between services and outcome were significant however, level of mental health disability has not yet been accounted for.

##### **Partnerships for Youth Transition (PYT) Community Initiatives: Evaluating Some of the Cross-Site Findings**

Hewitt B. "Rusty" Clark, PhD & Arun Kapur, MBBS, MPH & Nicole Deschênes, MEd, *National Center on Youth Transition for Behavioral Health, de la Parte Institute, University of South Florida, Tampa FL*; Peter Gamache, MPH, *Transition to Independence Process (TIP): System Development and Research Team, de la Parte Institute, University of South Florida, Tampa FL*

This presentation describes aggregated cross-site findings on youth progress in the five Partnerships for Youth Transition (PYT) community sites serving youth and young adults with serious emotional disturbances or serious mental illnesses (SED/SMI) and their families. Analysis of trends of progress indicators provides an evidence of progress of youth with SED/SMI in their transition to adult roles.

#### paper presentation

4:00 PM - 4:30 PM

##### **The Development of Fidelity Measures for Youth Transition Programs**

Nicole Deschênes, MEd & Hewitt B. "Rusty" Clark, PhD, *National Center on Youth Transition for Behavioral Health, de la Parte Institute, University of South Florida, Tampa FL*

Fidelity can be defined as the extent to which delivery of an intervention adheres to the program model originally developed. Fidelity measurement has increasing significance for evaluation. This presentation describes the development and implementation of a Comprehensive Program Fidelity Assessment for Transition-Age Youth Protocol. Results based on the application of the protocol will be presented and discussed.

### Session 18

#### Salon B • 90-minute symposium

3:00 PM - 4:30 PM

##### **Mental Health Consultation in Early Education Settings: Building the Research Base**

Chair: Judith C. Meyers, PhD, *Child Health & Development Institute of Connecticut, Farmington CT*; Discussant: Roxane Kaufmann, MA, *National Technical Assistance Center for Children's Mental Health, Georgetown University, Washington DC*

Mental health consultation to early education settings is an increasingly widespread strategy to foster the social and emotional development of children and provide early intervention and treatment for young children with challenging behaviors or other mental health concerns. The presentation focuses on recent efforts to identify and build an evidence-base to support the effectiveness of this intervention. The results of a review and synthesis of research addressing the child and family outcomes of mental health consultation will be followed by presentations summarizing the only two randomized control studies of mental health consultation that have been done: the Early Childhood Consultation Partnership in 43 preschool classrooms in Connecticut, and the Chicago School Readiness Project in 35 Head Start classrooms. The implications for policy, practice, and future research will be discussed.

### ***The Evidence Base for Child and Family Outcomes Resulting from Mental Health Consultation: A Research Synthesis***

Eileen M. Brennan, PhD, Mary Dallas Allen, PhD, *Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland OR*; Deborah F. Perry, PhD, *Women's and Children's Health Policy Center/Johns Hopkins University School of Public Health, Baltimore MD*; Jennifer R. Bradley, PhD, *Research and Training Center on Family Support and Children's Mental Health; Portland State University, Portland OR*

Mental health consultants assist early childhood staff and family members to deal with difficult or troubling behavior of young children in early care and education settings. We report the results of content analysis of 27 empirical research studies investigating the effects of mental health consultation on child and family outcomes. Children receiving consultation showed gains in social and emotional development and reduced problem behaviors; preschool expulsions decreased. Family access to mental health services increased, and parenting skills improved, but parent stress did not diminish. A case is made for support for a rigorous set of studies using consistent measurement.

### ***Findings from a Random Controlled Trial of a Statewide Early Childhood Mental Health Consultation System***

Walter S. Gilliam, PhD, *Child Psychiatry and Psychology, Yale University Child Study Center, New Haven CT*

Effects of a statewide system of early childhood mental health consultation were studied using a random controlled trial with baseline control and blind classroom raters ( $n = 43$  treatment classes and 42 control classes). Treatment consisted of a consultant that provided both classroom-based and child-specific consultation for 8 weeks, plus a week-12 final consultation. Two target children were followed per class. Controlling for baseline differences, significant effects were found in the areas of teacher-rated child oppositionality, hyperactivity, impulsivity, and total externalizing behavior problems (Cohen  $d$  ranging from 0.23 to 0.41). No significant differences were found for global classroom quality or teacher-child interactions; teachers' beliefs and practices; teacher job stress, control, and satisfaction; or teacher depression. The nature and implications of these mixed findings are discussed.

### ***Mental Health Consultation in Preschool Classrooms: Preliminary Findings from a Randomized Trial in Head Start Settings***

C. Cybele Raver, PhD, *Harris School of Public Policy, University of Chicago, Chicago IL*; Stephanie Jones, PhD, *Fordham University, New York NY*; Christine Li-Grining, PhD, Latriese Sardin-Adjei, BA & Darlene Jones-Lewis, MA, *University of Chicago, Chicago IL*

Preschools in low-income neighborhoods are likely called upon to serve a disproportionately high number of young children with behavior problems. Using a clustered randomized controlled trial design, the Chicago School Readiness Project (CSR) aimed to improve classroom processes in 35 Head Start classrooms through 30 hours of teacher training and weekly classroom visits by mental health consultants. Hierarchical linear modeling analyses revealed that the CSR intervention benefited classrooms by improving positive classroom climate, teacher sensitivity, and classroom behavior management. Discussion of these findings reflects on policy implications, future research, and lessons from the field.

## Session 19

### **Salon C • 90-minute symposium**

3:00 PM - 4:30 PM

### **Implementation and Adaptation of Evidence-Based Treatment for American Indian and Alaskan Native Children Exposed to Trauma**

Chair: Dolores Subia BigFoot, PhD, *Pediatric, University of Oklahoma Health Sciences Center, Oklahoma City OK*; Discussant: Holly Echo-Hawk, MS, *Echo-Hawk & Associates, Vancouver WA*

This presentation will cover the issue of evidence based treatment with American Indian (AI) and Alaska Native (AN) populations. It will include the adaptation and implementation process of evidence based treatments (EBT) with AI/AN children exposed to trauma. Steps of implementation for creating culturally based adaptations of EBT will be presented including the essential considerations and the current knowledge necessary to move EBT to American Indian and Alaska Native treatment providers and tribal communities. Three adapted evidence based treatments will be presented, Honoring Children-Mending the Circle (TF-CBT); Honoring Children-Respectful Ways (Treatment of Children with Sexual Behavior Problems) and Honoring Children-Making Relatives (Parent-Child Interaction Therapy).

### ***Infrastructure Development for Implementing and Integrating Culturally Adapted Evidence-Based Practices into a System of Care for American Indian Youth in Oklahoma***

Jami Bartgis, PhD, *Indian Health Care Resource Center, Tulsa OK*; David Asetoyer, BA, CCDC II, *Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City OK*

This presentation addresses the infrastructure development and integration of two culturally adapted evidence-based practices (EBPs) into a system of care that serves a high population of American Indians. The methods include implementing culturally adapted EBPs at the organizational level and creating collaborative avenues for integrating EBPs into a greater system of care at the system level. At the organizational level, major challenges for implementation included clinical support for continued training and staffing. At the system level, major challenges for integration included developing formal collaborative agreements for streamlining referrals. For both organizational and system level, buy-in is needed from top administration to direct service providers.

### ***School/Community-Based Prevention of American Indian Youth Suicide***

Teresa D. LaFromboise, PhD, *School of Education, Stanford University, Stanford CA*

This presentation will discuss the American Indian Life Skills Development curriculum and the need for school/community-based prevention curriculum for AI/AN youth. We will discuss the research on AI/AN suicide and the need for early intervention toward elementary and middle school students. Current programs in suicide intervention and prevention will be discussed.

## Monday Afternoon Details

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### Session 20

#### Salon D • topical discussion

3:00 PM - 4:30 PM

##### **Systems Transformation: Scaling Up Multiple Evidence-Based Practices (EBPs)**

Chair: Karen A. Blase, PhD, *National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Phillip Crandall, Karen Lofts-Jarboe, Cynthia Sutcliffe and Helene Barney, Humboldt Department of Health and Human Services, and Bill Carter of the California Institute of Mental Health will discuss the development, implementation, monitoring and analysis of eight evidenced based practices instituted across the mental health, social service and public health service systems in Humboldt County and system changes needed to insure their success. Presenters will discuss integrative and system transformation, system infra-structures and functions, and development of Rapid Cycle change processes and administrative structures needed for success.”

### Session 21

#### Salon G • 90-minute symposium

3:00 PM - 4:30 PM

##### **What Have We Learned from the CMHS Systems of Care Initiative to Date?**

Chair: Philip J. Leaf, PhD, *Mental Health, Johns Hopkins Bloomberg School of Public Health, Baltimore MD*; Discussants: Larke Huang, PhD, *Substance Abuse and Mental Health Services Administration, Rockville MD*; Sandra Spencer, *Federation of Families for Children's Mental Health, Rockville MD*; Barbara J. Friesen, PhD, *Research & Training Center on Family Support and Children's Mental Health, Regional Research Institute, Portland State University, Portland OR*

In efforts to meet the mental health needs of children and youth, the Center for Mental Health Services established the Comprehensive Community Mental Health Services Program for Children and Their Families to provide states with funds to establish and enhance systems of care. This presentation reviews lessons learned from the CMHS Systems of Care Initiative. Topics include factors related to the delivery of quality mental health services, challenges in creating systems of care, and child and family level outcomes among children who received services through the Systems of Care Initiative. The presentation concludes with a discussion of implications.

##### **What Have We Learned about Service Experiences and Outcomes?**

Eric J. Bruns, PhD, *Department of Psychiatry, University of Washington, Seattle WA*

In recent years efforts have increased to improve mental health services for children and adolescents. The quality and effectiveness of mental health services are influenced by family, organizational, and system level characteristics. This session reviews current knowledge about mental health services, factors related to the delivery of quality services, and lessons learned in recent years regarding mental health service systems.

##### **What Have We Learned about System Development and Change?**

Mario Hernandez, PhD, *Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, USF, Tampa FL*

Systems of care are a complex approach to providing comprehensive services to children with mental illness. These systems follow a broadly based set of principles and values, but the specific systems often vary from community to community. In addition to variation between communities, systems of care have also changed and evolved within communities. This session reviews the development of systems of care, discusses the current state of knowledge regarding these systems, and provides commentary on theories of change for systems development.

##### **What Have We Learned about Child and Family Related Outcomes?**

Ana Maria Brannan, PhD, *Center for Evaluation and Program Improvement, Vanderbilt University, Nashville TN*; Robert L. Stephens, PhD, *ORC Macro, Atlanta GA*; Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*

Mental illness affects both the child with the disorder and the child's family. This session reviews key findings on child and family related outcomes among children receiving services through the CMHS Systems of Care Initiative. The outcomes discussed include child behavior problems, child functioning, and school attendance. Parent satisfaction with services and the relation between child mental illness and caregiver strain are also discussed.

### Session 22

#### Salon H • paper presentations

3:00 PM - 3:30 PM

##### **Caregiver Involvement: Service Planning and Positive Outcomes**

Adjoa D. Robinson, PhD, *Social Work, University at Buffalo - SUNY, Buffalo NY*

A secondary analysis was performed on 5-waves of data from 104 caregivers in systems of care program site to determine the relationship between caregiver involvement in service planning and functional outcomes (i.e., caregiver empowerment and child behavioral strengths). A Generalized Estimating Equations regression analysis demonstrated that prior levels of empowerment ( $R^2 = .31$ ) and caregiver involvement ( $R^2 = .04$ ) predicted changes in caregiver empowerment. Caregiver involvement showed significant indirect effects ( $R^2 = .04$ ) on behavioral strengths. Results suggest that caregivers empowered by their involvement in planning services for their children perceive greater functional improvement in their child.

3:30 PM - 4:00 PM

### **Studying the Congruence Between System of Care Service Plans and Actual Targets of Treatment**

Mary Brogan, MEd, *Child and Adolescent Mental Health Division, State of Hawaii Department of Health, Aiea HI*; Charles W. Mueller, PhD, *Department of Psychology, University of Hawaii, Honolulu HI*; John N. Young, MA, *University of Hawaii at Manoa, Honolulu HI*; Eric Daleiden, PhD, *Hawaii State Dept. of Health, Child and Adolescent Mental Health Division, Honolulu*; Bruce Chorpita, PhD, Judy Lee, MA, Ryan Tolman, BA & Jason Schiffman, PhD., *University of Hawaii at Manoa, Honolulu HI*

Systems of care almost universally use individualized/wraparound plans as a basis for determining service and treatment needs for youth. Hawaii uses Coordinated Service Plans (CSP) based on the wraparound planning model and principles. An assumption of the Hawaii practice model is assuring continuity of care where issues that are identified in assessments are addressed in CSP, further reflected in provider treatment plans and then actually targeted in treatment. To examine the congruence between youths' core service planning documents and what is actually targeted in treatment, the Hawaii Child and Adolescent Mental Health Division conducted a study as part of its performance improvement system. It found a low level of similarity among mental health assessments (MHA), CSP, and mental health treatment plans (MHTP). Further, the MHA, CSP, and the MHTP had a high rate of missing crucial practice targets between documents, including: psychosis, run-away, safe environment, self-harm, sexual misconduct, and suicidal"

4:00 PM - 4:30 PM

### **Ethnic Disparities in Special Education Placement among Children with Attention Deficit/Hyperactivity Disorder**

David S. Mandell, ScD, *Psychiatry and Pediatrics, University of Pennsylvania School of Medicine - Center for Mental Health Policy and Services Research, Philadelphia PA*; Jasmine K. Davis, Hampton University, Hampton VA; James P. Guevara, MD, MPH, *The Children's Hospital of Philadelphia, Philadelphia PA*

This study examined disparities in special education placement among 4,852 children diagnosed with Attention Deficit/Hyperactivity Disorder in the Philadelphia mental health system. Thirty-eight percent had any special education placement, with learning disability placement most common. Black children were more likely to receive a disruptive disorder diagnosis and to receive intensive behavioral treatments and less likely to use stimulants. In adjusted analyses, black children were less likely than white children to have any special education placement. Among those in special education, black children were more likely to be placed in the emotional disturbance category.

## Session 23

### **Salon I • topical discussion**

3:00 PM - 4:30 PM

#### **A Complexity Approach to Systems of Care**

Allison Pinto, PhD, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, Tampa FL*; Richard Puddy, PhD, *USF Collaborative for Children, Families and Communities, de la Parte Institute, University of South Florida, Tampa FL*; Melissa Van Dyke, MSW, *Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*; Frances Wallace, MPH, *National Implementation Research Network, de la Parte Institute, University of South Florida, Tampa FL*

Numerous efforts are underway at the Louis de la Parte Florida Mental Health Institute to apply complex systems thinking to systems of care. The complexity approach is an emerging paradigm that provides an alternative to the traditional model of organizational/systems change. While the traditional model views systems as complicated arrangements of parts and processes, the complexity model views organizations/systems as Complex Adaptive Systems that are constantly emerging in response to an ever-changing environment. This perspective is useful in addressing issues relating to systems that are hoping to undergo massive transformation, and as such may be particularly useful in addressing systems of care and the transformation of mental health care in America.

Given that the complexity approach emphasizes emergence and self-organization, it is not possible to predict beforehand what participants will discuss in this session! The kinds of questions that might come up include: How can Systems of Care gather information about needs emerging "just beyond the horizon" in local communities? How can Systems of Care create facilitative conditions in communities, rather than creating rules and incentives to address problems by controlling "stakeholder" behavior? How can Systems of Care collect ongoing feedback to navigate continual development, rather than focusing on the measurement of end-point outcomes to establish success?

## Session 24

### **Salon J • topical discussions**

3:00 PM - 3:45 PM

#### **State Efforts Enhancing Treatment Systems for Adolescents with Substance Use/Co-Occurring Disorders**

Ann Doucette, PhD, *Center for Health Services Research and Policy, George Washington University, Washington DC*; Doreen Cavanaugh, PhD, *Health Policy Institute, Georgetown University, Washington DC*; Kay Miller, BA, *MedStat, Santa Barbara California*; Chris Bender, MPP, *Georgetown University, Health Policy Institute, Washington DC*; Brian Mullin, BA & Sara L. Nechasek, MM, *Neighborhood Health Plan, Boston MA*; Katherine Grimes, MD, MPH, *Harvard Medical School, Boston, MA*

The Center for Substance Abuse Treatment (CSAT) is supporting fifteen states and the District of Columbia in their efforts to enhance the treatment system for adolescents with substance use/co-occurring disorders. This three year infrastructure grant program is focused on five areas: interagency collaboration coordinated financing, workforce development, the dissemination of evidence-based practices and parent involvement. In this presentation presenters will share findings from the first year of the program and lead a discussion on ideas for breaking through the barriers in the five areas of interest.

*Session 24 continued page 30*

# Monday Afternoon Details

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3:45 PM - 4:30 PM

## Using Administrative Data to Monitor Adolescent Treatment Quality/Performance: Dilemmas and Challenges

Chair: Doreen Cavanaugh, Health Policy Institute, Georgetown University, Washington DC; Kate Kraft, PhD, Princeton NJ; Steve Hornberger, MSW, Silver Spring MD; Sharon L. Smith, Momstell, Mechanicsburg PA; Chris E. Bender, MPP, Georgetown University, Health Policy Institute, Washington DC

There is a growing demand for quality/outcome monitoring and accountability in behavioral healthcare requiring the management of complex information. The movement of behavioral healthcare toward a “managed care” perspective in the private and public sectors has increased administrative functions charged with enhancing quality while reducing the associated costs. This discussion focuses on two distinct approaches used to assess the performance of treatment systems delivering care for adolescents with substance abuse /co-occurring disorders. The first approach uses administrative data and tracks movement within and across treatment episodes. The second approach focuses on self-report data from the adolescent and/or from his/her caregivers.

## Session 25

### Salon A • paper presentations

4:45 PM - 5:15 PM

#### Family Integrated Transitions (FIT): Reducing Juvenile Justice Recidivism in a Cost-Effective Manner

Terry G. Lee, MD, Division of Public Behavioral Health & Public Policy, University of Washington, School of Medicine, Seattle WA; Joseph J. Cocozza, PhD, National Center for Mental Health and Juvenile Justice, Policy Research Associates, Delmar NY; Eric W. Trupin, PhD; & Suzanne E. U. Kerns, PhD, Division of Public Behavioral Health & Justice Policy, University of Washington, School of Medicine, Seattle WA

This presentation provides a comprehensive conceptualization and novel approach toward reducing recidivism and improving the quality of life for juvenile justice involved youth with co-occurring disorders. The Family Integrated Transitions (FIT) program strategically combines three evidence-based programs: Multi-Systemic Therapy, Dialectical Behavior Therapy, and Motivational Enhancement Therapy, to provide an ecologically comprehensive and culturally competent intervention during a high-risk time for recidivism. This presentation consists of: (1) a description of recidivism and mental health issues in adjudicated adolescents, (2) an overview of the FIT program, and (3) pilot study results indicating a positive impact on recidivism and an impressive cost-benefit.

5:15 PM - 5:45 PM

## Juvenile Justice Outcomes: Measuring Success in a System of Care

Ann E. Klein, MA, James M. Papp, MSW, Hamilton Choices, LLC, Cincinnati OH; Courtney Hess, Chess Strategies, Modoc IN; Maria Laib, Deanna M. Nadermann & Cathy Schmuck, Hamilton County Juvenile Court, Cincinnati OH

Recidivism is an on-going problem for youth involved in the juvenile justice system, and the measurement of program outcomes relating to these youth is a challenge to child-serving systems nationally. Through a collaborative process, Hamilton Choices has developed a methodology that uses both type and frequency of court adjudications to measure outcomes for youth served in a system of care. This presentation outlines the methodology used to determine decreased juvenile justice involvement as well as related outcomes that evidence improved functioning and decreased service expenditures for juvenile justice involved youth.

## Session 26

### Salon B • topical discussions

4:45 PM - 5:15 PM

#### Linking School Mental Health and Systems of Care

Joyce K. Sebian, MS Ed, National Technical Assistance Center for Children's Mental Health, Georgetown University, Washington DC; Mark Weist, PhD, Nancy Lever, PhD, University of Maryland, Center for School Mental Health Analysis and Action, Baltimore MD; Joan Dodge, PhD, National Technical Assistance Center for Children's Mental Health, Georgetown University, Washington DC; Lisa Rubenstein, SAMHSA/Center for Mental Health Services, Rockville MD; Sharon Hoover Stephan, PhD, Center for Mental Health Analysis and Action, Baltimore MD

This presentation focuses on the critical need for enhancing linkages between systems of care, mental health and education. School environments can be a critical protective factor or can intensify risks for all children and youth. A facilitated discussion will engage participants in examining key questions regarding mental health, system of care and education. The presenters provide background and information about current initiatives at the federal and state levels as well as resources on evidence based practices to guide their work in the area of school mental health.

5:15 PM - 5:45 PM

#### Quality and School Mental Health

Mark D. Weist, PhD, Nancy Lever, PhD, Center for School Mental Health Analysis & Action, University of Maryland School of Medicine, Baltimore MD; Carl Paternite, PhD, Center for School-Based Mental Health Programs, Miami University, Oxford OH; Steve Evans, PhD, Alvin V. Baird Attention & Learning Disabilities Center, James Madison University, Harrisonburg VA; Sharon Stephan, PhD & Elizabeth A. Moore, MS, Center for School Mental Health Analysis & Action, Baltimore MD

Within the developing school mental health (SMH) field, a central issue is how to deliver high quality, evidence-based services that contribute to the achievement of outcomes valued by families, schools and community stakeholders. In this presentation, staff from the University of Maryland will discuss themes and preliminary findings from a program of research focusing on enhancing quality in school mental health. Collaborators from other SMH research and policy centers will react to themes presented by the University of Maryland team, and will present key ideas for advancing this critical research agenda, along with implications for training, practice and policy.

### Session 27

#### Salon C • topical discussion

4:45 PM - 5:45 PM

##### **Defining What We Mean by Mental Health Disparity: Finding a Shared Definition to Drive Research and Development in the Field**

Catherine Batsche, PhD, *Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; David Chiriboga, PhD, *Department of Aging and Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Mario Hernandez, PhD & Laurel Friedman, BA, *Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

In the literature and in practice, the concept of “mental health disparities” carries with it many different (and often diverging) definitions and approaches to measurement and assessment. Based on a series of round table discussions occurring within the Minority Mental Health Interest Group (MMHI) housed at the Florida Mental Health Institute, this presentation is a continuation of a poster session with the same focus, which invited attendee participation. This discussion will offer a history of mental health disparities, present definitions of “mental health disparities,” and begin to develop a more unified definition of mental health disparities.

### Session 28

#### Salon D • 60-minute symposium

4:45 PM - 5:45 PM

##### **Implementation Capacity for Evidence-Based Practices: Supply, Demand, and Bridging the Gap**

Chair & Discussant: Karen A. Blase, PhD, *National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Evidence-based interventions are increasingly seen as important for an effective system of care. But, how many researchers are prepared to assist communities with the realities of implementation and do they use the current science of implementation? How can intermediary organizations help bridge the gap between the limited “supply” of “purveyors” and the growing demand. This presentation will highlight the results of a qualitative study of 64 program developers and their implementation strategies. In addition, an experienced “purveyor” will discuss their evolution in assisting communities with scale-up. An intermediary organization will highlight strategies in bridging the gap between program developers and communities interested in implementing ebps.

##### **Access, Capacity, and Implementation Strategies of Developers of Evidence-Based Programs**

Sandra F. Naoom, MSPH, Karen A. Blase, PhD, Dean L. Fixsen, PhD, Tracy N. Gilbert-Johnson, MA, Frances Wallace, MPH, *National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

Little cumulative, formal information exists regarding the processes; products and procedures utilized by program developers as they take responsibility for helping others implement their evidence-based intervention. If evidence-based practices and programs are to achieve their promise, they must be accessible; there must be a capacity to assist new sites; we must understand the current capacity in relation to need, demand, and emergent knowledge must be shared so that both the science and practices of implementation can improve. This qualitative study of in-depth interviews with a random sample of 64 program developers examines program developers’ capacity, accessibility, and their implementation strategies.

##### **Community Development Teams: Bridging the Gap between Intervention Developers and Real World Service Systems**

Lynne Marsenich, MSW, Todd Sosna, PhD & Bill Carter, MSW, *California Institute for Mental Health, Sacramento CA*

Despite the increasing availability and demand for well-validated interventions, it is estimated that 90% of publicly funded service systems do not deliver treatment or services that are evidence based. Although integrating evidence-based practices into existing systems promises to improve the quality of care for children and their families, there are many challenges to their adoption and implementation. Successful incorporation of such interventions typically requires changes in existing policies, procedures and practices. This presentation will review the Community Development Team model which is a strategy for engaging and supporting service systems to increase willingness to implement and sustain evidence-based practice.

##### **Nurse-Family Partnership Program Replication Infrastructure and Process: Lessons Learned**

Peggy L. Hill, MS & Kellie L. Teter, MPA, *Nurse-Family Partnership National Service Office, Denver CO*

After ten years of delivering, evaluating, and improving replication services related to the Nurse-Family Partnership, clarity is emerging about essential strategies on the part of program developers to assist new sites in achieving fidelity and sustainability. This presentation will review the lessons learned and the evolution of technical assistance to sites related to model building, defining core intervention components, evaluation, national monitoring, and building a community of practice. Strategies related to developing a learning community and feedback loops for the developers as replication experts also will be detailed.

## Monday Afternoon Details

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### Session 29

#### Salon G • topical discussion

4:45 PM - 5:45 PM

##### **Making Better Use of Data from the Child Mental Health Services Demonstration Project**

Phil J. Leaf, PhD, *Johns Hopkins Bloomberg School of Public Health, Baltimore MD*; Robert L. Stephens, PhD, *ORC Macro, Atlanta GA*; Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*

This session discusses the development and implementation of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program longitudinal outcome study. One-hundred-twenty-five communities have participated in the national evaluation and over 22,000 children and families have enrolled in the longitudinal outcome study. The outcome study's research design and enrollment and retention information are reviewed. Suggestions for designing future evaluation initiatives and the future direction of federal programs for transformation of systems for children's mental health service delivery are discussed.

### Session 30

#### Salon H • paper presentation

4:45 PM - 5:15 PM

##### **Practice Elements Utilized in the Treatment of Youth with Disruptive Behavior Disorder Demonstrating High and Low Levels of Success**

Roxanna E. Stumpf, BA, *Research and Evaluation Training, State of Hawaii, Department of Health, Child and Adolescent Mental Health Division, Honolulu HI*; Ryan T. Tolman, BA, *State of Hawaii, Department of Health, Child and Adolescent Mental Health Division, Honolulu HI*; Charles W. Mueller, PhD & Bruce F. Chorpita, PhD, *University of Hawaii at Manoa, Honolulu HI*; Eric L. Daleiden, PhD, *State of Hawaii, Department of Health, Child and Adolescent Mental Health Division, Honolulu HI*

The current investigation examined practice elements utilized in the treatment of disruptive behavior youth demonstrating high and low levels of success. Analyses were conducted utilizing data from a sample of youth with a diagnosis of disruptive behavior disorder (i.e., conduct disorder, oppositional defiant disorder, and disruptive behavior disorder) within Hawaii's Child and Adolescent Mental Health Division (CAMHD) system. Results indicated that reported use of practice elements varied widely, ranging from high levels of utilization to no utilization. Furthermore, results suggest that practice element utilization may differ in the treatment of youth exhibiting high and low levels of success.

5:15 PM - 5:45 PM

##### **Childrens' and Adolescents' Perceptions of Stigmatization of and Treatment Options for Peers with Depression, ADHD, and Asthma**

Janet S. Walker, PhD & Barbara J. Friesen, PhD, *Research and Training Center on Family Support and Children's Mental Health, Regional Research Institute, Portland State University, Portland OR*

There is a general lack of research on attitudes about stigmatization of and appropriate mental health treatment for youth with mental health difficulties, and within that research, there are two areas that are particularly under explored. One area is the perspectives of young people themselves, and another is how attitudes about stigmatization and treatment may vary according to the type of mental health difficulty that a young person experiences. Knowing more about young people's attitudes can contribute to better-designed efforts to increase service utilization and to combat stigmatization. This presentation describes findings from a survey of a nationally representative sample of 1,318 children and adolescents aged 8-18.

### Session 31

#### Salon I • 60-minute symposium

4:45 PM - 5:45 PM

##### **Establishing Effective Partnerships in Early Childhood Systems with Families and across Agencies**

Chair & Discussant: Lori Connors-Tadros, PhD, *National Child Care Information Center, Child Care Bureau, Fairfax VA*

This presentation will review barriers to collaboration that occur through the use of deficit-focused instruments and undeveloped methodologies for utilizing behavioral ratings from multiple informants or across settings. Measures such as the Devereux Early Childhood Assessment (DECA), the Ages & Stages Questionnaire (ASQ), and the Parent Stress Index (PSI) will be considered for their potential to promote collaboration across agencies and with families. Presentations will explore statistical strategies for making rater-comparisons, data-based strategies for integrating and utilizing assessments across raters and settings, and practical strategies for cross-agency partnerships to promote effective work with families and efficient system enhancement.

##### **Supporting Parent-Professional Collaboration through Strength-Based Assessment**

Paul A. LeBuffe, MA & Valerie B. Shapiro, MSS, LSW, *Institute of Clinical Training and Research, Villanova PA*

Effective and sustainable parent-professional collaboration depends not only on the attitudes and values of practitioners, but on access to empirically sound tools that elicit, structure, and sustain such partnerships. In this presentation, an early childhood assessment designed to promote collaboration will be introduced. The ways in which these tools facilitate collaboration through data collection, analysis, presentation, and strategy planning will be presented. This paper will provide the context for the remaining two papers to be presented.



### **Early Childhood Collaborative Partnerships in Southwest Missouri**

Paul Thomlinson, PhD, Sandra L. D'Angelo, PhD & Connie Maples, MS, *Burrell Behavioral Health, Springfield MO*

Two examples of partnerships addressing early childhood mental health by the "Show Me Kids" System of Care project will be discussed in this presentation. First, parent educators work through the Women, Infants, and Children (WIC) programs to provide screening, education (particularly in brain development and its relationship to social and emotional skills), and referral services to caregivers of at-risk children through a partnership with a mental health agency. Second, Head Start, Early Childhood and Kindergarten programs, and the mental health center share a research agenda to create a regional description of children's social and emotional readiness for school.

### **Cross-Setting Consistent and Setting Specific Strength Behaviors in Preschoolers: Influence on Reported Concerns**

Scott Rosas, PhD, Lynn Chaiken, MSW, LSW & Jane Case, MS, *Center for Children's Health Innovation, Nemours Health and Prevention Services, Newark DE*

This study examined the influence of preschool children's strength behaviors on levels of teacher- and parent-reported behavior concerns. Using the Devereux Early Childhood Assessment, data on 1,596 children from Head Start and state funded preschools were collected from teachers and parents. Three levels of behavior concerns were examined in relation to cross-setting consistent and setting specific strength behaviors. Overall, MANOVA results revealed children with higher levels of behavior concerns had fewer strengths. However, cross-setting consistent strengths had a larger influence on levels of both teacher- and parent-reported behavior concerns. Results have implications for integration of information from multiple raters to reduce problem behaviors.

## Session 32

### **Salon J • topical discussion**

4:45 PM - 5:45 PM

### **The Impact of Attention Deficit Hyperactivity Disorder (ADHD) and Executive Function Deficits on Learning and Behavior**

Chris A. Zeigler Dendy, MS, *Cherish the Children, Cedar Bluff AL*; Christina Kloker Young, MBA, *C.K. Young & Associates, Creative Planning Systems, Oak Ridge TN*

An overview of current ADHD research that is relevant to mental health treatment within a system of care will be reviewed. Treatment implications based upon several key issues including the NIMH/MTA study on ADHD, deficits in executive functions, and effective use of behavioral interventions will be discussed. Related issues that impact behavior and academic performance will also be identified, for example, sleep disturbances, an impaired sense of time, and driving risks. A summary of outcome data will also be presented plus a brief description of the new CHADD Educator's Manual on ADHD that is being given to every public school in the country.

## Networking at the Florida Aquarium

**Florida Aquarium • 6:30 – 9:00 PM**

### **Hosted by the Matilda Garcia Initiative: Latin American Research Scholars Exchange Special Presentation**

### **From Policy to Practice: Emerging Mental Health Issues Facing U.S. Latinos**

For the 20th Anniversary Conference, the Matilda García Initiative: Latin American Research Scholars Exchange is pleased to present Dr. Ken Martinez, Mental Health Resource Specialist at the Technical Assistance Partnership in Washington, D.C., and Dr. Luis Vargas, Associate Professor of Psychiatry at the University of New Mexico. Dr. Martinez will discuss policy issues at state and federal levels affecting access to mental health services for Latino communities in the U.S. Dr. Vargas will discuss current issues regarding the availability of culturally and linguistically competent services for Latinos.

Matilda Garcia, the local activist and benefactor who funds the Research Exchange Initiative, which helps to support such events during our annual conference, will be on-hand to meet with conference guests. Our special presentations will begin at 7 p.m.

Guests attending this special evening will be transported by Tampa Streetcar to the nearby Florida Aquarium, a magical setting for presentations and networking. The evening will include light refreshments and full access to the aquarium for a fascinating background to the evening's presentations and networking session.

**Ken Martinez, Psy.D., Technical Assistance Partnership, Washington, D.C.**

Dr. Martinez is a Licensed Clinical Psychologist and a national expert in several areas related to mental health. He currently serves as the Mental Health Resource Specialist for the Technical Assistance Partnership in Washington, D.C.

Formerly the State Children's Behavioral Health Director in New Mexico, he served as immediate past Chair of the National Association of State Mental Health Program Directors (NASMHPD), Children, Youth and Families Division, where he represented the children's mental health directors of the 50 U.S. states and territories. Dr. Martinez serves on a number of national committees and advisory boards, including the National Center for Mental Health and Juvenile Justice and our own Research and Training Center.

Dr. Martinez has also authored and presented papers and articles in several areas, including cultural applications in child and family psychotherapy, cultural competence, evidence-based practices/practice-based evidence and financing strategies.

**Luis A. Vargas, PhD, Department of Psychiatry, University of New Mexico**

Dr. Vargas is an Associate Professor in the Department of Psychiatry at the University of New Mexico. He was previously the director of the psychology internship program for fourteen years. During these years, the internship program had a strong focus on training psychology interns to be culturally responsive and to serve culturally diverse patient populations within the public sector.

Dr. Vargas has written and edited a number of articles and books focused on providing culturally appropriate services to diverse children and adolescents, particularly in Latino communities. He is co-editor of *Working with Culture: Psychotherapeutic Interventions with Ethnic Minority Children and Adolescents* and a co-author of *Working with Latino Youth: Culture, Development, and Context*, both published by Jossey-Bass. Dr. Vargas is past president of APA Division 37 (Child, Youth, and Family Services) and a fellow of Divisions 12 and 37.



## Tuesday Morning Details

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### Special Session E

#### Room 11 • topical discussion

8:30 AM - 9:30 AM

#### Multi-Site Web-Based Data Collection, Management, and Reporting Systems

Brigitte A. Manteuffel, PhD, *ORC Macro, Atlanta GA*; Spencer Clark, MSW, ACSW, *Community Policy Management Section, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Raleigh NC*; Jim Strasser, PhD, *Project BLOOM Evaluation - State Partnership, Colorado Mental Health Services, Denver CO*; Melodie Wenz-Gross, PhD, *Central Massachusetts Communities of Care, Worcester MA*; Anna Krivelyova, MS, *ORC Macro, Atlanta GA*; Maria Fernandez, PhD, *NC DHHS, Raleigh NC*; Andy Smitely, *Sandbills Local Management Entity, Sandbills NC*; Nancy Nagel Johnson, PhD, *Colorado Mental Health Services, Denver CO*; Toni Dubrino MA & Anthony Irsfeld PhD, *Central Massachusetts Communities of Care, Worcester MA*

Three system of care grantees and national evaluation staff will present brief overviews of their web-based data collection, tracking and management systems, their impetus development, decision-making processes involved, and issues encountered. Facilitated discussion will provide the opportunity to gain additional information and engage in dialogue about the system development. North Carolina will describe how the Division of Mental Health, Developmental Disabilities and Substance Abuse Services developed NC TOPPS into a web-based instrument for tracking changes among all consumers with substance abuse and mental health problems who receive publicly-funded services through the Division. Colorado will describe their community driven and designed Tracking Systems of Care (TSOC) data system. This web-based application is the result of unique experiencing of Early Childhood and the challenges and difficulties of collecting and sharing real-time data. Central Massachusetts Communities of Care will present their web-based application for recording and tracking service enrollment and demographic and descriptive information.

### Session 33

#### Salon A • 60-minute symposium

8:30 AM - 9:30 AM

#### Current Research on Wraparound: Implications for Future Development and Research

Chair: John VanDenBerg, PhD, *Vroon VanDenBerg, Parker CO*; Discussant: Gary M. Blau, PhD, *Center for Mental Health Services, SAMHSA, Rockville MD*

This presentation will explain three papers discussing current research on the wraparound service coordination process. The chair will discuss recent specification of the wraparound model and the need for research on the impact of these changes. The first presentation will present findings from a study using a single subject multiple baseline approach with eight youth in the child welfare system in Nevada. The second presentation will report results from a study of wraparound fidelity in federal systems of care sites and its association with outcomes. The third presentation will present preliminary results and lessons about implementation of wraparound by staff within a child welfare system in Oklahoma. The discussant will review the papers and discuss the implication of results for implementation of wraparound and development of systems of care.

#### High-Fidelity Wraparound: A Single-Subject, Multiple-Baseline Study of Eight Youths

Jim Rast, PhD, *University of Colorado Health Sciences Center, Vroon VanDenBerg, Parker CO*; Christa Peterson, PhD, *Division of Child and Family Services, Las Vegas NV*

As part of a larger pilot study of wraparound implementation in the Nevada child welfare system, eight youths enrolled in a matched control “services as usual” group for 18 months were then assigned to high fidelity wraparound and followed for 12 additional months. Using a multiple baseline design and time series analysis, significant positive changes in residential, educational, behavioral, and functioning outcomes were found. In addition to results and their implications, methodology used in this study will be presented and discussed in terms of using single subject designs as one approach to applied research.

#### Wraparound Fidelity in Systems of Care Sites and Association with Outcomes

Eric J. Bruns, PhD, *Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle WA*; Kristen M. Leverenz-Brady, PhD, *Psychology, University of Vermont, Burlington VT*

The current study was designed to measure wraparound fidelity in several CMHS-funded systems of care and then compare service processes and outcomes for communities that implemented wraparound with different levels of fidelity. Results will focus on differences in wraparound fidelity across study sites (which were found to be modest), site-level differences in outcomes, and youth- and family-level associations between wraparound fidelity, service use, and outcomes. Discussion will focus on implementation of wraparound in systems of care sites, the adequacy of wraparound fidelity measures for conducting research, and outcomes that can be expected from the wraparound process.

#### Outcomes of Wraparound in Oklahoma: Results of a Randomized Study

John Vetter, MA, *College of Continuing Education, E-TEAM, University of Oklahoma, Norman OK*; Jim Rast, PhD, *University of Colorado Health Sciences Center, Vroon VanDenBerg, Parker CO*; John VanDenBerg, PhD, *Vroon VanDenBerg, Parker CO*

This presentation will report preliminary data from a study conducted in Oklahoma in which 102 children and youth have been randomly assigned to (1) wraparound as implemented through a local mental health center, (2) wraparound as implemented by their child welfare case workers, or (3) services as usual. Variables assessed over time include wraparound fidelity, services and costs, behavioral and functional outcomes, and residential and child welfare outcomes. The presentation will summarize the results for the first 18 months of the study and lessons learned in implementing a research study for children with severe challenges in the child welfare system.

## Session 34

### Salon B • paper presentations

8:30 AM - 9:00 AM

#### Patterns of Medication Prescribing for Children and Adolescents in the Massachusetts Child Welfare and Juvenile Justice Systems

John Straus, MD, Suzanne Fields, MSW, LICSW, Ginny Kula, RPh, Loren Schecter, MD & Marolyn Moriarty, RN, MSN, *Massachusetts Behavioral Health Partnership, Boston MA*

To address concerns about the overuse and underuse of psychotropic medications for children in state custody, a comparative analysis was conducted of medication prescribing for children in the child welfare and juvenile justice systems to children not in state custody. Findings demonstrated that children in the child welfare and juvenile justice systems were not medicated differently than other children in the Medicaid MCO plan. There were small but statistically significant number of children in the study group that had higher levels of polypharmacy and more instances of prescriptions that were not appropriate for the diagnosis. Implications for managed care will be discussed including the absence of a community standard for the utilization of psychotropic medications in children.

9:00 AM - 9:30 AM

#### Medication Use among Youth in System of Care Initiatives: A Longitudinal Analysis

Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*; Thomas W. Pavkov, PhD, *Department of Behavioral Sciences, Purdue University Calumet, Hammond IN*

This study presents findings from a large sample investigation into the relationship between medication usage by children with serious emotional disturbance and their six-month outcomes after entering system-of-care services. The results from the investigation indicate that child and family six-month outcomes differ as a function of medication status. In addition and in a smaller sample, it appears that medication usage at six-months into services is predicted as much if not more by non-clinical characteristics of children (e.g., race/ethnicity, referral source) than by clinical characteristics (e.g., functioning). The implication of these findings will be discussed.

## Session 35

### Salon C • paper presentations

8:30 AM - 9:00 AM

#### African American and Hispanic Parents' Attitudes about Children's Mental Health Services in Primary Care Settings

Jonathan D. Brown, PhD, MHS, *Mathematica Policy Research, Inc., Washington DC*; Ciara Zachary, BS, *University of North Carolina School of Public Health, Chapel Hill NC*; Lawrence S. Wissow, MD, MPH, *Johns Hopkins School of Public Health, Baltimore MD*

This research investigated parents' attitudes about the appropriateness of their child receiving mental health services in primary care settings among 773 parents (33.3% African-American, 56.5% Caucasian, 10.1% Hispanic) visiting 54 primary care providers (PCPs). Method: Following the visit, parents reported their attitudes about the appro-

priateness of receiving mental health services from the PCP. Findings: African American and Hispanic parents believed that treating mental health problems was part of the PCPs' job. Hispanic parents were significantly more willing than Caucasian parents to allow their child to receive medication or counseling for a mental health problem. African American (OR: 2.5, CI: 1.08 – 5.81) and Hispanic parents (OR: 3.89, CI: 1.35 – 11.24) were more likely to report that they would have liked to discuss a mental health topic with the PCP but did not have the opportunity to do so. Conclusion: Primary care is an excellent point of intervention for minority youth who have mental health needs because minority parents have positive attitudes about mental health services in primary care settings.

9:00 AM - 9:30 AM

#### Defining Effectiveness in Culturally Based Programs: A Research Report.

Terry L. Cross, MSW, *National Indian Child Welfare Association, Portland OR*; Nichole J. Maher, BS, *Native American Youth and Family Center, Portland OR*; Barbara J. Friesen, PhD, *Portland State University, Research & Training Center on Family Support and Children's Mental Health, Portland OR*; Jody Becker-Green, MSW, *National Indian Child Welfare Association, Portland OR*; Pauline R. Jivanjee, PhD, *Research & Training Center on Family Support and Children's Mental Health, Portland OR*; Korinna Wolfe, MSW, *NAYA Youth and Family Center, Portland OR*

This presentation illustrates a conceptual foundation for building practice-based evidence within culturally-based programs, reports on findings from a focus group study addressing the question, "What is 'success' for Native American youth?" and describes the next steps in conducting effectiveness evaluation in culturally- and community-imbedded programs. The overall question for this project is, "What are feasible, culturally appropriate, and rigorous research and evaluation strategies to describe, document, evaluate, and disseminate methods to study the effectiveness of culturally-specific and/or community-imbedded programs and practices?"

## Session 36

### Salon D • paper presentation

8:30 AM - 9:30 AM

#### Building a Science on Implementation and Dissemination Within a State Policy Context

David J. Woodlock, MS, *Division of Children and Families Services, New York State Office of Mental Health, Albany NY*; Kimberly E. Hoagwood, PhD, *Youth Services Evaluation Research, Center for Evaluation Technology & Evaluation Research, New York State Office of Mental Health, Albany NY*; Paige Pierce, BA, *Families Together in New York State, Inc., Albany NY*; Katherine E. Maciol, MSW, *Rensselaer County Dept. of Mental Health, Unified Services, Troy NY*; Leslie Lynn Long, *Developing Center-EBP for Children, Albany NY*; Peter Jensen, MD, *Columbia University, New York NY*; Mary McKay, PhD, *Mount Sinai School of Medicine, New York NY*; James Rodriguez, PhD & Alissa Taylor, PhD, *Columbia University, New York NY*

A new NIMH-funded Developing Center on Implementation of Evidence-based Practices (EBPs) for Children will build on the Achieving the Promise Initiatives described in this presentation. The primary goal of the Center is to improve knowledge about effective ways to implement and sustain services within the State's community-based mental health system. This presentation will describe initial findings from several implementation studies, including studies of family support, and will discuss issues related to connecting science to practice and policy.

## Tuesday Morning Details

### Session 37

#### Salon G • 60-minute symposium

8:30 AM - 9:30 AM

##### **Three Examples of Using Indicators of Child/Adolescent Functioning to Manage Children's Behavioral Health Services**

Chair: Christopher Counihan, MSW, *Consultant, Rhode Island Department of Children, Youth and Families, Providence RI*; Discussant: Ann Doucette, PhD, *Center for Health Services Research and Policy, George Washington University, Washington*

This presentation will show how the Child and Adolescent Functional Assessment Scale (CAFAS) has been utilized within the context of broader evaluation efforts by three systems of care for children and families in Rhode Island, Michigan, and Ontario. The examples from these settings will serve as a basis for comparing how policy makers have used the CAFAS and other clinical information to implement performance improvement strategies and increase accountability in a challenging budget climate. Examples will relate to both programmatic and system-level applications and demonstrate the utility of such approaches for effective performance monitoring.

##### **Utilizing CAFAS Data to Understand Service Delivery within an Intensive Home-Based Program for Child and Adolescents with Serious Emotional Disorders**

Christian Connell, PhD, *Yale Consultation Center, Yale University School of Medicine, New Haven CT*; Janet Anderson, EdD, *Rhode Island Department of Children Youth and Families, State of Rhode Island, Providence RI*

The Rhode Island Children's Intensive Services (CIS) program is an intensive outpatient treatment model for children and adolescents with Serious Emotional Disorders (SED). This presentation will describe the clinical and service utilization patterns of CIS clients, incorporating admission data for the Child and Adolescent Functional Assessment Scale Scores (CAFAS) as a way of identifying meaningful clinical groups within the program. The presentation will discuss the relation of CAFAS subgroups to child characteristics, service utilization, and program outcomes; as well as the utility of these methods as a tool for implementing performance improvement strategies with the provider network.

##### **Using Encounter and Outcome Data to Guide Management of Behavioral Health Services in Ontario**

Melanie Barwick, PhD, *Community Health Systems Resource Group Director Knowledge Translation, Child Health and Evaluative Sciences, The Hospital for Sick Children, Toronto ON*

Six years of mandated implementation of the CAFAS to measure outcomes in Ontario's system of care for child and youth mental health has provided a significant aggregate data set from which to begin making system-wide decisions. We have achieved nearly 100% uptake among 120 child and youth mental health organizations. While there is still progress needed in the type of program level data being collected, there is sufficient data to develop a relatively accurate view of how clients are functioning when they enter and leave service. This presentation will profile Ontario data collected over 18 months; just under 16,000 cases.

##### **Outcome Indicator "Dashboard" Helps Sustain Continuous Quality Improvement Efforts at the Provider Level**

Kay Hodges, PhD, *Department of Psychology, Eastern Michigan University, Ann Arbor MI*; Jim Wotring, MSW, *Michigan Department of Community Health, State of Michigan, Lansing MI*; Yange Xue, PhD, *School of Public Health, University of Michigan, Ann Arbor MI*

A collaborative effort by providers, state administrators, and a university evaluator to promote continuous quality improvement (CQI) activities by local providers is now in its 11th year. In an effort to sustain the CQI activities at the level exhibited by "early adopters" while folding in "late adopters", "dashboard" indicators have been developed. These indicators are discussed, as well as the user-friendly format for illustrating them. The goal is to encourage more provider self-scrutiny of site-specific data reports. Procedures and plans for sustaining genuine CQI efforts into the future will be discussed.

### Session 38

#### Salon H • paper presentations

8:30 AM - 9:00 AM

##### **Implementation Challenges in Wrapping Interventions Around Families Living with Parental Mental Illness**

Joanne Nicholson, PhD, *Center for Mental Health Services Research, University of Massachusetts Medical School, Worcester MA*; Beth R. Hinden, PhD, *Department of Psychiatry, University of Massachusetts Medical School, West Roxbury MA*; Joan Mikula, MA, *Child and Adolescent Services, Massachusetts Department of Mental Health, Boston MA*; Kathleen Biebel, PhD, Valerie Williams, MA, MS, Katherine Woolsey, BA & Elizabeth Aaker, BA, *University of Massachusetts Medical School*

Parental mental illness challenges service providers in adult mental health, child welfare and children's mental health systems of care. This presentation describes the development and implementation of Family Options, a family-centered, strengths-based, family-driven intervention for families living with parental mental illness. Findings from the Family Options implementation study suggest strategies for the replication of the intervention, as well as recommendations for the enhancement of existing programs like children's systems of care to meet parents' needs and improve outcomes for all family members.

9:00 AM - 9:30 AM

##### **Developing, Integrating and Using the CANS in Two Systems of Care**

Ann E. Klein, MA, *Hamilton Choices, LLC, Cincinnati OH*; Knute I. Rotto, ACSW, *Choices, Inc., Indianapolis IN*; John S. Lyons, PhD, *Mental Health Services & Policy Program, Northwestern University, Chicago IL*; Vicki Sprague Efland, PhD & Shannon Van Deman, BS, *Choices, Inc., Indianapolis IN*

The Child and Adolescent Needs and Strengths assessment (CANS) serves as the primary clinical tool for the Dawn Project in Indianapolis, Indiana and Hamilton Choices in Cincinnati, Ohio. Learn how these systems of care worked with their community partners and management teams to develop customized versions of the CANS. The CANS has been integrated into the projects' information management system, allowing care coordinators to directly link their treatment and safety plans to the needs and strengths identified in the CANS. The CANS will be used to determine level of care, make placement decisions and improve clinical decision making.

### Session 39

#### Salon I • 60-minute symposium

8:30 AM - 9:30 AM

#### **Incidence and Short and Long Term Consequences of Childhood Neglect**

Chair: Diana J. English, PhD, *School of Social Work, Child Welfare Research Group, Seattle WA*; Discussant: Holly Echo-Hawk, *Echo-Hawk & Associates, Vancouver WA*

Neglected children are the largest single group of children who experience maltreatment and yet are less likely to be prioritized for intervention until a “pattern” of neglect has emerged. This presentation will provide information on incidence of neglect, key risk factors and service provision (or the lack thereof) within child protective services from a national perspective. After a broad overview, data from two studies will provide information on short term developmental, adaptive and social emotional outcomes through age eight, and longer term psychiatric, social and behavioral outcomes through adulthood will be presented.

#### ***Child Neglect—An Overview of Reporting and Incidence***

John D. Fluke, PhD, *Walter R. McDonald & Associates, Inc., Greenwood Village, CO*; John Gaudiosi, PhD, *ACYF-Children's Bureau, Washington, DC*; Ying Ying T. Yuan, PhD, *Walter R. McDonald & Associates, Inc., Rockville MD*

A presentation describing neglected children based on national data systems including the National Child Abuse and Data system (NCANDS). Findings include the rates of neglect, demographic characteristics of children and families, service provision, and child welfare outcomes. Issues include definitional concerns, service gaps, and disparities.

#### ***Long-Term Mental Health Consequences of Childhood Neglect***

Cathy Spatz Widom, PhD, *Department of Psychology, City University of New York, John Jay College, New York NY*

A presentation describing the long term mental health consequences of childhood neglect based on findings from a prospective cohort design study with documented cases of childhood neglect and physical and sexual abuse and matched controls. Children were followed into adulthood and were assessed across multiple domains of functioning, including psychiatric, social and behavioral outcomes. Implications of the findings are discussed.

#### ***Characteristics of Neglect and Outcomes for Children Who Experience Neglect***

Diana J. English, PhD, *Child Welfare Research Group, University of Washington, School of Social Work, Seattle WA*

A presentation describing the characteristics of neglect, differences between chronic and situational neglect of children, and the longitudinal experience of neglect. Data regarding the experience of neglect based on a sample of 252 children from the LONGSCAN study will be reported including developmental, adaptive, social and emotional/behavioral functioning through age eight.

### Session 40

#### Salon J • topical discussion

8:30 AM - 9:30 AM

#### **Addressing Racial/Ethnic Disparities: One Piece of the Puzzle - A Diverse and Culturally and Linguistically Competent Workforce**

Vivian H. Jackson, MSW, *National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington DC*; Joan Dodge, PhD, *National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Washington DC*; D.J. Ida, PhD, *National Asian American Pacific Islander Mental Health Association, Denver CO*

This presentation will focus on the role of a diverse and culturally and linguistically competent workforce as one significant component required to successfully address racial/ethnic disparities. It will highlight the growing discrepancy between the diversity of the population of children, youth and families served by public child-serving systems and the limited racial/ethnic diversity of professional mental health providers. Solutions to this dilemma may require different approaches to: (1) professional training; (2) staff recruitment, retention and promotion; (3) workforce composition; and (4) service design. The session will share recommendations by the Annapolis Coalition Sub-committee on Cultural Competence and conclude with discussion of potential research questions.

### Special Session F

#### Meeting Room 11

9:45 AM - 10:45 AM

#### **Transformation Facilitation: A Model for Providing Intensive Technical Assistance (TA) to States**

Sybil K. Goldman, MSW, Rachele Espiritu, PhD & Lan Le, MPA, *National Technical Assistance Center for Children's Mental Health, Georgetown University, Washington DC*

Transformation Facilitation (TF) is an intensive process undertaken by the Georgetown University National Technical Assistance Center for Children's Mental Health to assist states and territories in implementing strategic goals and activities to transform their mental health service systems for children and their families. TF is a process that is planful, accountable, intensive, and relationship based. Transformation Facilitators work with State Child Mental Health Directors to assess their service system, identify transformation goals and outcomes, develop action plans, leverage strategic opportunities and resources, facilitate alliances, and track accomplishments and outcomes. Facilitators serve multiple roles such as coaches, brokers, TA providers, and convenors; and use diverse TA strategies. This presentation will describe the TF process and experience, report on outcomes of an evaluation of this effort, and describe lessons learned and the implications for implementing a model of intensive TA.

## Tuesday Morning Details

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### Session 41

#### Salon A • 60-minute symposium

9:45 AM - 10:45 AM

##### Developing Measures for Wraparound Implementation

Chair: Eric J. Bruns, PhD, *Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle WA*; Discussant: Knute Rotto, PhD, *Choices, Inc., Indianapolis IN*

This presentation will represent papers discussing development of tools to measure wraparound implementation fidelity. The first presentation will present pilot data, psychometrics, and feedback from pilot sites on the Wraparound Fidelity Index, version 4 (WFI 4.0). The second presentation will present pilot data on three new tools that assess wraparound fidelity from multiple perspectives. These include a Team Observation Measure, a Documentation Review, and a Process Interview. The third presentation presents background and pilot data for the Community Supports for Wraparound Inventory (CSWI) which measures the presence (or absence) of necessary system supports to implement and sustain wraparound.

##### **Pilot Testing of the Wraparound Fidelity Index, Version 4**

Eric J. Bruns, PhD, *Division of Public Behavioral Health & Justice Policy, University of Washington School of Medicine, Seattle WA*; April K. Sather, MPH, *Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle WA*

Recent specification of the wraparound process has facilitated revision of the Wraparound Fidelity Index (WFI) to focus on whether key wraparound activities are actually occurring in practice. The WFI-4, uses interviews with four parents/caregivers, wraparound facilitators, youths, and team members to assess adherence to the specified activities of the wraparound process, as well as the 10 principles of wraparound. In this presentation, we will present results of an initial pilot test conducted in over 10 communities nationally, including psychometrics of the WFI-4, a profile of adherence to wraparound nationally, and results of focus groups with evaluators and family members who used the WFI-4.

##### **Pilot Testing of Three New Wraparound Fidelity Measures**

Jim Rast, PhD, *University of Colorado Health Sciences Center, Vroom VanDenBerg, Parker CO*; Eric J. Bruns, PhD, *Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle WA*; April K. Sather, MPH, *University of Washington School of Medicine, Seattle WA*

The presentation will describe the development of three new tools that are being used to do comprehensive wraparound fidelity assessments through (1) interviewing primary participants in the process about how wraparound has been implemented, (2) observing team meetings, and (3) reviewing documentation for specific families enrolled in the wraparound initiative. The presentation will describe each of the tools individually, present pilot data from three sites, and describe a process of measure refinement based on initial pilot tests and feedback from use.

##### **Assessing System Supports for Wraparound: The Community Supports for Wraparound Inventory**

Janet S. Walker, PhD, *Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland OR*; Eric J. Bruns, PhD, *Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, Seattle WA*; Jim Rast, PhD, *University of Colorado Health Sciences Center, Vroom VanDenBerg, Parker CO*

This presentation describes the development and initial pilot testing of the Community Supports for Wraparound Inventory (CSWI), a survey tool that assesses the adequacy of the implementation context for wraparound. A workgroup from the National Wraparound Initiative worked collaboratively to refine the structure of the tool and the constituent items. The draft CSWI was then reviewed by 41 experts representing the diversity of roles in wraparound implementation. Based on quantitative and open-ended feedback, the CSWI was revised and subsequently pilot tested. This session will present data relevant to the development of the CSWI and pilot data from five communities nationally.

### Session 42

#### Salon B • topical discussions

9:45 AM - 10:45 AM

##### **Examining the Interface between Very High Need Schools and Mental Health Systems**

Chair: David M. Osher, PhD, *Education and Human Development, American Institutes for Research, Washington DC*; Neil Pessin, PhD & Andrew Bell, PhD, *Visiting Nurse Service of New York, Bronx NY*; Greg Greicius, MS, *Turnaround for Children, New York NY*; Kimberly Kendziora, PhD, *American Institutes for Research, Washington DC*

This presentation uses the example of the Safe Schools, Successful Students Initiative as a catalyst for addressing broader issues regarding the interface between the education and mental health systems. Schools that have the greatest need for mental health services and supports are often functionally left out of collaborative initiatives because of their high rates of chaos and disruption. The Safe Schools Initiative was established to develop and test ways to strengthen very low-performing schools so that they can access mental health supports and better address their students' educational needs. The Safe Schools Initiative's evidence-based approach to mental health in schools both co-locates services in schools and focuses on changing the ways adults interact with students. In this presentation, we describe the mental health and educational components of the model, present initial evaluation findings, and then open a discussion of how the highest-need schools can effectively partner with mental health services

##### **Innovating and Expanding the Positive Behavior Support (PBS) Model**

Taylor Young, PhD, *Special Services, Tulsa Public Schools, Tulsa OK*; Gerald W. Atchley, MHR, LPC, *Children and Family Services, Associated Centers for Therapy, Tulsa OK*; Melinda Moore, MS & Linda Mix, MEd, *Special Services, Tulsa Public Schools, Tulsa OK*

Tulsa Public Schools (TPS) mental health agencies successfully decreased suspension rates by 30-50% by creating Tulsa's Positive Behavior Intervention Services (PBIS) model to provide intensive therapeutic services at 11 schools with the highest suspension rates. Taylor Young will facilitate discussion of best practices implementation, research-based approaches used and school data. The Tulsa model includes three intervention levels incorporating behavior coaches, social workers, therapeutic services and Wraparound Tulsa (Systems of Care). Descriptions also include ongoing transition from disconnected community programs and services to a network of community and district partners with the ultimate goal of reaching all 88 TPS schools.

### Session 43

#### Salon C • 60-minute symposium

9:45 AM - 10:45 AM

##### **The Path to Cultural Competence Within a National Evaluation Framework: The American Indian and Alaska Native Experience**

Chair: Holly Echo-Hawk, MS, *National Indian Child Welfare Association, Vancouver WA*

Efforts to reform the delivery of children's mental health services through new approaches to partnership with both children's service providers and the ethnic minority communities have raised the bar in expectations of cultural competence. Finding balance between a national evaluation framework and local community strengths and expectations has long been a challenge, particularly within ethnic minority communities. Federal funding for the system of care philosophy has provided a unique window to observe the 10-year evolution of the dance between local minority communities and the national evaluation effort. The window we will present for your learning experience is the mutual evaluation experience and growth in partnership between the American Indian and Alaska Native communities and the National Evaluation team.

##### ***The Circle of Care Initiative: Participatory Action Research Fit with Cultural Engagement***

Doug Novins, MD, *American Indian and Alaska Native Programs, Circle of Care Training and Technical Assistance Center, Aurora CO*; Candace Fleming, PhD, *National Center for American Indian and Alaska Native Mental Health Research, Aurora CO*

Funded by the Center for Mental Health Services (CMHS), the Circles of Care initiative provides funding to plan, design, and assess the feasibility of implementing a culturally appropriate mental health service model for American Indian and Alaska Native children with serious emotional disturbances and their families. Three cohorts of tribal programs have been funded since 1998 and the importance of community-based participatory planning and evaluation efforts have emerged as key principles. The University of Colorado Health Sciences Center serves as the technical assistance provider for the Circle of Care evaluation effort and will share their observations of the evolution of the tribal experience in evaluation with particular attention to the essential nature of a cultural competence approach to research and evaluation.

##### ***A Community Perspective on the Value and Challenges of a Cross-Cultural Evaluation Process***

Laura Baez, MSW, *Yukon-Kuskokwim Health Corporation, Bethel AK*

The Yukon-Kuskokwim Health Corporation is a graduated CMHS system of care community that used the national evaluation effort as a means to increase their local evaluation capacity. A remote health care facility located in southwestern Alaska that serves a primarily Yup'ik Eskimo population, the Yukon-Kuskokwim behavioral health program is steeped in experience in the challenges of implementing standard evaluation protocols within a culturally distinct population. Discussion will range from linguistic and conceptual interpretation of evaluation protocols to the recruitment and retention of external and internal evaluators. The capacity of the local community and governing board to recognize the value of outcome evaluation contributes to the ongoing sustainability of holistic, life enhancing, and culturally based behavioral health services for the people of the Yukon-Kuskokwim Delta.

##### ***American Indian and Alaska Native Systems of Care: The Path to Evaluation***

Brigitte A. Manteuffel, PhD, *ORC Macro, Atlanta GA*; Holly Echo-Hawk, MS, *Echo-Hawk & Associates, Vancouver WA*

The federal legislation that authorizes funding for the CMHS systems of care requires a national evaluation to evaluate the system and functional improvements of each funded community. Since 1994, over 10% of the total number of funded system of care communities across the country have been tribes or tribal organizations. This has provided an ongoing forum of rich discussion between these local communities and the national evaluation team on ways to best assess the effectiveness of services and system level changes within culturally specific communities. A summary of this decade-long experience has been compiled and key highlights will be presented.

### Session 44

#### Salon D • 60-minute symposium

9:45 AM - 10:45 AM

##### **Improving Quality in a System of Care by Implementing an Evidence-Based Practice with Accountability**

Chair: Jim R. Wotring, MSW, *Michigan Department of Community Health, Lansing MI*; Discussant: Dean L. Fixsen, PhD, *National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

State and local efforts to implement an evidence-based practice, Parent Management Training-Oregon Model (PMTO), are discussed. Wotring provides a state implementation perspective in selecting, planning, and piloting an evidence-based practice. Goldman describes the state training initiative, including measures to assure compliance with training requirements from organizations and participants. Gray describes implementation of an EBP within a system of care and details the experience from a provider level, including training additional staff at the agency level. Hodges describes the evaluation of outcome of the PMTO training and presents data to-date. Fixsen discusses the implementation from a national perspective.

##### ***Implementing Evidence-Based Practice in a State Public Mental Health System***

Jim Wotring, MSW, *Programs for Children with a Serious Emotional Disturbance, Michigan Department of Community Health, Lansing MI*; Kay Hodges, PhD, *Eastern Michigan University, Ann Arbor MI*; Marion Forgatch, PhD, *Oregon Social Learning Center, Eugene OR*; Scott Hadley, *Eastern Michigan University Ann Arbor MI*

A state level perspective, in selecting, planning, and piloting an evidence-based practice, will be provided. The presentation will share how data were used to determine outcomes for existing services and for potential evidence based practices to improve outcomes for children served in the public mental health system. The presentation will describe the broad based change management planning that was initiated to support implementation of an evidence-based practice and conclude with a description of strategies that have been used to build capacity for successful implementation of Parent Management Training-Oregon (PMTO) statewide.

**Session 44 continued page 40**

## Tuesday Morning Details

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### **Statewide Initiative to Embed Evidence-Based Treatment in a Public Mental Health System**

Shari-Beth Goldman, MSW, *Easter Seals - Michigan, Southfield MI*; Jim Wotring, MSW, *Michigan Department of Community Health, Lansing MI*; Kay Hodges, PhD, *Eastern Michigan University, Ann Arbor MI*; Melanie Hassel, MS, *Eastern Michigan University, Ypsilanti MI*

Nineteen Master's level mental health clinicians from across Michigan have participated in training conducted by Implementation Sciences International, Inc. (ISII), an affiliate of the Oregon Social Learning Center where the Parent Management Training Oregon (PMTO) model of practice was developed. Upon completion of the training and demonstration of good fidelity to the model, trainees become certified PMTO Specialists. The presentation will describe the specialist training, procedures used to collect information on organizational barriers encountered by trainees, and the use of data in development of a state plan to provide ongoing support as specialists become trainers and coaches.

### **Integrating Evidence-Based Practice in the System of Care**

Luann J. Gray, LMSW, ACSW, *Services for Children and Families, Kalamazoo Community Mental Health, Kalamazoo MI*; Rosa M. Thomas, MA, LLP, *Easter Seals of Michigan, Pontiac MI*

In 2005 the establishment of Kalamazoo Wraps, a community-based initiative to expand wraparound services and improve our system of care, was facilitated by funding from a SAMAHSA grant. Kalamazoo Wraps supports new evidence-based practice models, such as Parent Management Training-Oregon (PMTO). As we implement PMTO, we are carefully planning dissemination of PMTO and how the evidence-based practice is linked to other elements within the system of care. This presentation describes the data that support the need to implement PMTO in the community and the efforts to integrate it into our system of care. Kalamazoo Wraps is using a broad range of strategies to implement PMTO as the supply of clinicians certified in PMTO cannot yet meet the requests for participation in PMTO.

### **Outcome Indicators for Youth's Functioning and Parent's Child Management Skills: Evaluating Parent Management Training—Oregon Model (PMTO) Trainees**

Kay Hodges, PhD, *Psychology, Eastern Michigan University, Ann Arbor MI*; Jim Wotring, MSW, *Michigan Department of Community Health, Lansing MI*; Yange Xue, PhD, *University of Michigan, Ann Arbor MI*; Marion S. Forgatch, PhD, *Implementation Sciences International, Inc., Eugene OR*; Melanie Hassel, MS & Scott Hadley *Eastern Michigan University, Ann Arbor MI*

The Child and Adolescent Functional Assessment Scale (CAFAS) and the Caregiver Wish List are used to evaluate the treatment offered by trainees in the PMTO program in Michigan. The CAFAS is used to select cases for Parent Management Training-Oregon Model (PMTO) treatment (i.e., subscale scores demonstrating pervasive behavioral noncompliance) and to assess change in functioning from pre to post. The Caregiver Wish List assesses parenting skills in managing difficult child behavior (i.e., child management skills). The Caregiver Wish List is a self-report, strength-based measure that was designed to help caregivers assess their skills across six domains of parenting functioning. The data collected to date on the cases being treated by the PMTO trainees are presented.

### **The Impact of Parent Management Training—Oregon Model (PMTO) on the Community**

Sandy Roethler, *Advocacy Services for Kids (A.S.K.), Kalamazoo MI*

Parenting children with challenging behaviors takes a special touch. The typical methods and tricks of parenting don't always seem to work, and it leaves parents feeling frustrated and helpless. The Positive Management Toolkit is a powerful program that coaches parents to continue what they are already doing well and improve areas where they might

not be as strong. Parents who have been taught the Toolkit have said while they were once blamed for their child's poor behavior, now they have children who listen. The potential for a community is great – giving parents tools to encourage appropriate behaviors, but even more, giving them hope. Families operate more positively, and have more respect for each other after implementing the principles of PMTO. The impact for a community can be even greater if PMTO is expanded to include the child's extended family, leaders of extracurricular activities, and teachers. Coaching all the important people in a child's life in a consistent way to interact with him or her positively will provide the child with respect and an expectation of behavior, so the child can develop a good feeling about himself or herself.

## Session 45

### **Salon G • paper presentations**

9:45 AM - 10:15 AM

#### **Preliminary Results from the ROLES Revision Project**

Ann Doucette, PhD, *Center for Health Services Research and Policy, The George Washington University Medical Center, Washington DC*; Jonathan Heufner, PhD, *Father Flannagan's Boys Home, Boys Town NE*; Kirk O'Brien, PhD, *Casey Family Programs, Seattle WA*; Ronald W. Thompson, PhD, *Father Flannagan's Boy's Home, Boys Town NE*; Mary Beth Rauktis, PhD, *Pressley Ridge, Pittsburgh PA*; Peter J. Pecora, PhD, *Casey Family Programs, Seattle WA*

This presentation presents preliminary results for the Restrictiveness of Living Environment Scale (ROLES) Revision Project. Many measures that are associated with social service systems, including the ROLES, are ordinal and therefore preclude using arithmetic procedures in analyzing the data. This presentation will describe the item and response option calibrations of the REM-Y using a Rasch Measurement Model, including the differential item function (DIF) across placement settings and across child and youth characteristics. In addition, the Rasch analyses will allow us to transform the ordinal response categories on the REM-Y into interval data supporting the development of taxonomy of program types.

10:15 AM - 10:45 AM

#### **The Measurement and Management of Outcomes at Different Levels of the System for Children's Mental Health**

Tim Gawron, MS, MSW, LCSW, *Behavioral Health Services, Illinois Department of Children and Family Services, Chicago IL*; John S. Lyons, PhD, *Feinberg School of Medicine, Northwestern University, Chicago IL*

Total Clinical Outcomes Management (TCOM) is a set of strategies that allow for the management of the service-delivery system across all levels, from the individual child and family to the program, the community and full-system. This presentation will highlight examples of the application of TCOM at different levels of the children's mental health system. Examples include incorporating findings from Illinois' Child Welfare System which has implemented a trauma-based, community focused system of care employing TCOM principles at both the systems level and within an outpatient treatment program level. Application of TCOM to a short-term psychiatric hospitalization for adolescents will also be presented.



### Session 46

#### Salon H • 60-minute symposium

9:45 AM - 10:45 AM

##### **Youth Suicide: Addressing the Issue through Prevention and Intervention**

Chair: Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*; Discussant: Sylvia K. Fisher, PhD, *Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville MD*

Suicide claims the lives of nearly 4,000 young persons each year and is the 3rd leading cause of death among 15-24 year old youth and the 5th leading cause of death among those 5 – 14 years old. A relatively large percentage of youth enter service systems for reasons of suicidal thought and ideation or with histories of suicidal behavior. For example, among a sample of youth entering system of care services, 18.9% were referred for problems related to suicidal behavior and 18.4% had a reported history of suicide attempt – 44.1% of which reported an attempt within the six months prior to service entry. The goal of the symposium is to provide information related to the reporting and experience of suicide among youth served within systems of care, to discuss recently funded federal youth prevention efforts and their evaluation, and discuss the importance of integrating well-evaluated prevention efforts into system-of-care service environments.

##### **Congruence of Caregiver and Youth Reports of Suicidal Ideation and Suicide Attempts**

Anna Krivelyova, MA & Robert L. Stephens, PhD, MPH, *ORC Macro, Atlanta GA*

Determining risk for suicide can be complex because of a variety of respondent-related factors that can limit interpretability of self-reports. Measuring youth suicide risk is complicated further by issues related to the source of information (e.g., youth, caregiver, or other adult). The current study examines the congruence of caregiver and youth reports of suicidal ideation and suicide attempts and explores predictors of categories of congruence. The results indicate that caregivers were more likely to report ideation when youth did not. Conversely, youth were more likely to report suicide attempts when caregivers did not. The analysis of predictors of categories of congruence revealed a number of factors associated with respondents in each category, such as child's gender, caregiver's age and relation to the child, poverty status of the family, child's risk factors such as history of physical abuse and drug use, child's strengths, functioning and caregiver strain.

##### **Suicide Attempt Subsequent to Entering System of Care Services: How Often Does It Happen, and to Whom?**

Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*

Approximately 5% of youth in the current sample ( $N = 110$ ) attempted suicide after entering a system of care. In efforts to provide appropriate and responsive treatment planning and prevent suicide attempt post-service entry, the characteristics that distinguish youth who attempt from those who do not, is critically important. The findings from this presentation suggest that demographic characteristics, child lifetime psychosocial, and clinical characteristics (at intake and six-month follow-up), as well as service experience differentiate those youth who do attempt suicide post-service entry, from those who do not. Taken collectively, it appears that youth who attempt have complicated, severe and chronic problems that may not be immediately responsive to the numerous services they receive. The implications of these findings will be discussed and presented in the context of integrating these treatment efforts with existing prevention approaches.

##### **Evaluation of Suicide Prevention Programs and Integration of Suicide Prevention into Systems of Care: An Overview of the Cross-site Evaluation of the Garrett Lee Smith (GLS) Suicide Prevention Initiative**

Angela K. Sheehan, MPA & Christine M. Walrath-Greene, PhD, *ORC Macro, New York NY*

The Garrett Lee Smith Memorial Act (GLSMA) was passed by Congress in October 2004 to provide federal funding to States, Tribes and College campuses to implement suicide prevention activities. Since October 2005, 36 States/Tribes and 55 Campuses across the country have received funding from SAMHSA to prevent youth suicide. This is the first federal legislation recognizing suicide as a preventable public health problem and providing federal support. The GLSMA also recognizes the need for increased research and evaluation by mandating a cross-site evaluation. The presentation will provide an overview of the GLS Suicide Prevention Initiative and the cross-site evaluation; discuss perspectives on how to best integrate prevention efforts into systems of care, and include a discussion of the current knowledge gap and what will be learned through the cross-site evaluation.

### Session 47

#### Salon I • 90-minute symposium

9:45 AM - 11:15 AM

##### **Mental Health Needs and Service Utilization among Children and Families in the Child Welfare System: Recent Findings from the National Survey of Child and Adolescent Well-Being**

Chair: E. Wayne Holden, PhD, *Social and Statistical Sciences, RTI International, Research Triangle Park NC*; Discussant: Mary Bruce Webb, PhD, *Office of Planning, Research and Evaluation, Administration for Children and Families, Washington DC*

This presentation includes recent studies conducted using the National Survey of Child and Adolescent Well-Being to examine mental health needs and service utilization among families in the child welfare system. The first presentation explores how race/ethnicity affects health service access. The second presentation examines correlates of caregiver depression, mental health services, and the impact of caregiver depression and service use on child outcomes. The last presentation summarizes mental health needs and service utilization among children who entered the child welfare system between 0-12 months of age. Findings will underscore the necessity to provide appropriate treatment for families involved in the child welfare system.

##### **How and Why does Health Service Access Vary across Racial/Ethnic Groups for Children in the Child Welfare System?**

Rebecca Wells, PhD, *Department of Health Policy and Administration, School of Public Health, University of North Carolina, Chapel Hill NC*; Marianne Hillemeier, PhD, NP, Yu Bai, MS & Rhonda Belue, PhD, *Penn State, University Park PA*

This study used data from a national survey to explore how race/ethnicity may affect health service access among children in the child welfare system. Chi-square tests revealed differences in two of the six types of access examined: vision, to which Latino children had the best access, and behavioral counseling, for which access was very low for all children, especially those who were black. Multiple regressions showed that self paid status was negatively associated with counseling access and child welfare agency accreditation was positively associated with counseling. However, neither these nor other factors included in the model eliminated black children's disadvantage.

**Session 47 continued page 42**

# Tuesday Morning Details

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## **Caregiver Risk Factors and Service Use**

Barbara J. Burns, PhD, *Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, Durham NC*; Sarah A. Mustillo, PhD, *Duke University, Durham NC*; Elizabeth M. Z. Farmer, PhD, *Pennsylvania State University, State College PA*; Julie McCrae, MA, MSW, *University of North Carolina at Chapel Hill, Chapel Hill NC*; David J. Kolko, PhD, *Western Psychiatric Institute and Clinic, Pittsburgh PA*; Anne M. Libby PhD *University of Colorado Boulder CO*, Mary Bruce Webb PhD *Administration for Children and Families Washington DC*

This study is based on data from a national and longitudinal survey of children in contact with child welfare. The aims were to examine correlates of caregiver depression, predictors of mental health service use, and the impact of caregiver depression on child outcomes. Demands on parents 'while depressed' are significant and likely to affect parenting. Alternatively, the impact of maltreatment and multiple risk factors results in elevated clinical need among children that may further exacerbate caregiver depression. The findings underscore the necessity to provide appropriate treatment for caregivers and their children.

## **Behavioral/Emotional Problems and Mental Health Service Utilization among Very Young Children in the Child Welfare System**

Heather Ringeisen, PhD, *Survey Research Division, RTI International, Research Triangle Park NC*; Theodore Cross, PhD, *RTI International, Waltham MA*

This presentation will examine the behavioral profiles and mental health service utilization patterns of children who enter the child welfare system between 0-12 months of age. The study examines the behavioral and emotional problems reported for these youth as they age into early childhood (5-6 years of age) and summarizes mental health service utilization patterns across specialty and non-specialty sectors. Findings suggest substantial mental health needs among this target population (approximately 18%). Contrary to findings with older children, these very young children were by far most likely to use outpatient mental health services over non-specialty (e.g., school or primary care) services.

# Session 48

## **Salon J • 90-minute symposium**

9:45 AM - 12:00 PM

### **Featherless Bipeds: How Definitions Impact System Implementation**

Sharon Hodges Larke Huang, Mario Hernandez

Chair: Sharon Hodges, PhD, *Research & Training Center for Children's Mental Health, Dept. of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Discussants: Larke Huang, PhD, *Substance Abuse and Mental Health Services Administration, Baltimore MD*; Mario Hernandez, PhD, *Dept. of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

When Plato's definition of what is human was challenged, a redefinition followed. Definitions are important because they provide a basis for common understanding of phenomena and facilitate the efficient communication of a set of information. The system of care concept, first defined by Stroul and Friedman in 1986, has traveled time and distance since its inception. It is incorporated widely into federal and state children's mental health policy, and the term is used as a common referent for other public child serving agencies including education, child welfare, and juvenile justice. This presentation will discuss how clarity around the concept of systems of care can facilitate the implementation of such system reform. Established system of care communities will

discuss how their local understanding of the concept has influenced interagency collaboration, family partnership, and evaluation. The goal of the presentation is to open public dialogue about the definition of systems of care, the assumptions behind it, and consider the basis for common understanding.

## **Defining Interagency Collaboration through a Common Understanding of Systems of Care**

Dane Cervine, MA, LMFT, *Santa Cruz County Children's Mental Health, Santa Cruz CA*

The Santa Cruz County interagency System of Care was initially begun in 1989 as part of a state mental health grant, and has continued to flourish over the years. Part of our local development has been shaped not only by a "mental health" understanding of systems of care, but by incorporating parallel reform processes in key partner agencies. These include: Balanced and Restorative Justice (BARJ) and related detention reforms in Probation; Federal and state Child Welfare reform, including Differential Response efforts; Federal IDEA education focus on educating pupils in the least restrictive, most normative environment; and Substance Abuse reform initiatives such as the Robert Wood Johnson Reclaiming Futures initiative. Our efforts to develop this common understanding will be explored.

## **How a Shared Definition for System of Care Supports Family Involvement**

Beth Baxter, MS, *Region 3 Behavioral Health Services, Kearny NE*

Behavioral Health Services, the Central Service Area of the Nebraska DHHS, and Families CARE. The initiative was implemented in 1997 with the award of a Comprehensive Community Mental Health Services for Children and Their Families grant. Developing shared definitions of system of care concepts has strengthened efforts to involve families at all levels of planning, development, implementation and evaluation of the local system of care. These concepts establish system expectations of working together as equal partners to achieve positive results for the individual child and family as well as the child and family serving system. The role of families in system of care development, implementation and evaluation will be shared.

## **Building Evaluation Using the System of Care Concept**

Mary Brogan, MEd, *Child and Adolescent Mental Health Division, Hawaii State Department of Health, Honolulu HI*

The Hawaii System of Care has evolved a data collection and utilization process that is persistently focused on informing real-time, real-world problem solving at all levels of the organization. The focus on data-driven decision making has seeded the collection of data at time intervals and at levels of detail appropriate to issues encountered by system administrators as well as decision makers involved in front-line care. This presentation will discuss how Hawaii's definition of a system of care, operationalized through the Hawaii CASSP Principles, has impacted their use of data in service planning and delivery and supported the concept of data as a way to ask meaningful questions about system performance.

# Special Session F

## Room 11 • Financing Forum

11:00 AM - 12:00 PM

### Financing Structures and Strategies to Support an Effective System of Care

Chair: Mary I. Armstrong, PhD, *Research & Training Center for Children's Mental Health, Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*

This session is based on the study: Financing Structures and Strategies to Support an Effective Systems of Care. The first part of the presentation provides an overview of the study and the activities that have been undertaken to date. Part two explores one of the focuses of the study, Financing to Support a Broad Array of Services and Support, and findings from site visits and interviews will be presented. The final part of the presentation examines Financing to Support Family and Youth Partnerships and will present findings and examples from particular states.

### Financing to Support Family and Youth Partnerships

Beth A. Stroul, MEd, *Management & Training Innovations, Inc.*, Reston VA; Ginny Wood, BS, *Family Support Systems, Inc.*, Peoria AZ

This segment of the presentation will address findings related to financing to support family and youth partnerships. During site visits and telephone interviews, the study team gathered information from key informants on systemic financing mechanisms and strategies used to ensure family and youth involvement at the system and at the service delivery level. Presenters will highlight: (1) financing to support family and youth involvement and choice in service planning and delivery, (2) financing to support family and youth involvement in policy making, and (3) financing services and supports to families/caregivers in addition to the identified child.

### Financing to Support a Broad Array of Services and Support

Sheila A. Pires, MPA, *Human Service Collaborative, Washington DC*

Integral to the system of care values and principles is the belief that effective systems offer a broad array of services and supports that focus on the entire family and reflect the needs and preferences of the child and family. In addition, for youth with complex and multi-system needs, communities are increasing using child and family teams that include parents and youth in order to promote individualized and flexible service delivery. The Study of Effective Financing Strategies for Systems of Care hypothesized that financing strategies to support family and youth partnerships are essential to ensuring family-driven, youth-guided systems of care.

# Session 49

## Salon A • paper presentations

11:00 AM - 11:30 AM

### Utilizing the Participant Rating Form to Assess Child and Family Team Functioning and Enhance Wraparound Fidelity

James R. Cook, PhD & Ryan P. Kilmer, PhD, *Psychology, UNC Charlotte, Charlotte NC*; Libby P. Cable, MS & Kimm Campbell, MSW, LCSW, *Mecklenburg CARES, Mecklenburg County, Charlotte NC*; Alicia DeRusso & Tanya Vishnevsky, BA, *UNC Charlotte, Charlotte NC*

This presentation describes the use of the Participant Rating Form (PRF), a brief measure assessing wraparound fidelity. Child and family team (CFT) participants complete PRF after each meeting, rating items assessing Access, Participants, Process, and Accomplishments. The PRF yields data consistent with observer ratings and can help provide "actionable" feedback regarding CFT functioning. Emphasizing how findings have been used by the system at-large and individual CFT, this presentation details one site's steps to: overcome challenges and collect data; provide feedback to teams and help them use data to improve performance; and identify changes in team functioning associated with this feedback.

11:30 AM - 12:00 PM

### San Diego County's Experience Measuring Wraparound Fidelity

Delrena Swaggerty, MFT, *Families Forward Wraparound Program, Mental Health Systems, Inc., San Diego CA*; Jennifer A. Rolls Reutz, MPH, *Child & Adolescent Services Research Center (CASRC), San Diego CA*; Liz Maruchau, LCSW, *San Diego County Children's Mental Health Services, San Diego CA*

Learn how to measure your program's fidelity to the wraparound process. San Diego County will present their experience implementing the Wraparound Fidelity Index (WFI) with over 150 families and youth. The presentation will include an overview of the WFI, interview logistics, and challenges encountered. In addition, the presentation will review San Diego's WFI outcomes and lessons learned.

# Session 50

## Salon B • paper presentations

11:00 AM - 11:30 AM

### Coordination and Collaboration of School-Based Services: Roles, Responsibilities, and Outcomes

Olivia Davis, BA, *INNOVATIONS/ Cincinnati Children's Hospital Medical Center, Cincinnati OH*; Patty Eber, MSW, *Hamilton County (OH) Family and Children First Council, Cincinnati OH*; Monica J. Mitchell, PhD, *INNOVATIONS/ Cincinnati Children's Hospital Medical Center, Cincinnati OH*

The Hamilton County Family and Children First Council coordinates unique and comprehensive school based programs that foster collaboration between schools, families, and over 20 provider agencies. The council hires a full time coordinator who works as a liaison between teachers and providers in each school site. The coordinator also facilitates a team approach and subcontracts with agencies to provide services that are tailored to meet the needs of the school and its students. Program evaluation results include statistically significant improvements in student behavior, peer relationships, ability to stay on task and assertiveness, and overwhelmingly positive support from teachers and principals.

*Session 50 continued page 44*

## Tuesday Morning Details

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11:30 AM - 12:00 PM

### Assessing School-Based Mental Health Needs and Services: Implications for Maximizing Youth Outcomes

Diana McIntosh, PhD, APRN, BC, *Hamilton County Mental Health Board, Cincinnati OH*; Monica J. Mitchell, PsyD, Olivia Davis, BA & Lori Crosby, PsyD, *INNOVATIONS/Cincinnati Children's Hospital Medical Center, Cincinnati OH*

Programs that address mental health needs in the schools are increasingly being cited as best practices for prevention/intervention. The Hamilton County Mental Health Board assessed the school-based mental health needs and services of students in 22 Districts. Results indicate that 80% of districts reported that funding stayed the same or decreased, while 100% of districts reported that students' mental health needs stayed the same or increased. Improved coordination/collaboration among schools and agencies, the implementation of model programs, and increased funding for mental health initiatives will reduce the gap between need and services resulting in improved mental health outcomes for youth.

## Session 51

### Salon C • paper presentations

11:00 AM - 11:30 AM

#### Against the Odds: Addressing Race/Ethnicity Barriers via Systems of Care

Sara L. Nechasek, MM, *Massachusetts Mental Health Services Program for Youth, Neighborhood Health Plan, Boston MA*; Ariel Greenidge, LICSW, *Massachusetts Mental Health Services Program for Youth, Boston MA*; Katherine E. Grimes, MD, MPH, *Harvard Medical School, Boston MA*; Brian Mullin, BA, *MHSPY/Neighborhood Health Plan, Boston MA*; Chip Wilder, *MHSPY/Neighborhood Health Plan, Somerville MA*

Systems of care offer unique opportunities to reduce race/ethnicities barriers to care for youth with serious emotional disturbance and their families. This presentation summarizes findings from an investigation of access and engagement, as each relates to disparities. Detailed comparisons were done of race/ethnicity for those in the Massachusetts Mental Health Services Program for Youth (MHSPY) vs. the distribution for their towns of residence. Enrollment and drop-out rates were measured, and the Family Centered Behavior Scale administered. MHSPY families were more likely to be of color than their communities (51% vs. 25%), program retention was 96% and scores on the FCBS were positive, suggesting this approach may be valuable against disparities.

11:30 AM - 12:00 PM

#### Results from a CMHS Demonstration of Integrated Wraparound and Multisystemic Therapy

Leyla Faw Stambaugh, PhD & Sarah Mustillo, PhD, *Duke University Medical Center, Durham NC*; Robert L. Stephens, PhD, *ORC Macro, International, Atlanta GA*; Beth Baxter, MS, *Region 3 Behavioral Health Services, Kearney NE*; Dan Edwards, PhD, *Medical University of South Carolina, Charleston SC*; Mark DeKraai JD, PhD, *University of Nebraska Public Policy Center Lincoln NE*; Barbara J. Burns PhD, *Duke University Medical Center Durham NC*

Outcomes are reported for 320 children with serious emotional disturbance enrolled in a Center for Mental Health Services system of care site. Three treatment groups were observed: wraparound-only, MST-only, and wraparound + MST. Both clinical and functional outcomes were assessed every six months up to 18 months past enrollment. Results: On average, all three groups improved modestly over time, but changes were

largely nonsignificant. At 18 months, the MST-only group showed statistically significant improvement on the CBCL. No significant findings were observed for any group on 18-month CAFAS scores. Conclusions: System-level interventions may be insufficient for statistically significant improvement in this population. Targeted, evidence-based treatment may be necessary.

## Session 52

### Salon D • 60-minute symposium

11:00 AM - 12:00 PM

#### Coaching: A Key to Effectiveness of Evidence-Based Practices Implementation

Chair & Discussant: Dean L. Fixsen, PhD, *National Implementation Research Network, de la Parte Institute, University of South Florida, Tampa FL*

Several reviews of human services have found inconsistent, ineffective, and sometimes harmful services being provided to consumers. Evidence-based programs (EBPs) are being developed to provide effective alternative services for these consumers. Successful implementation of EBPs with benefits to consumers has proven to be difficult. This presentation focuses on coaching as a key ingredient in many successful EBP implementation attempts.

#### A State-Wide CBT Clinician Training and Consultation Model: Evidence-Based Practice Engagement Strategies

Kimberly Eaton Hoagwood, PhD, *Columbia University, New York NY*; Mary McKay, PhD, *Mount Sinai School of Medicine, New York NY*; James Rodriguez, PhD & Alissa Taylor, PhD, *Columbia University, New York NY*

The Evidence Based Training and Dissemination Center (EBTDC) is an initiative through the New York State Office of Mental Health (OMH) to train front-line clinicians in OMH licensed clinics in the use of CBT treatments for youth with internalizing disorders. Development of the model has linked intensive 3-day training in the use of manualized CBT treatments for trauma, with ongoing case consultation. Current model development includes training on McKay's evidence based practices engagement strategies to improve family access, retention, and satisfaction. The importance of integrating clinical training on specific therapies with process strategies to improve family involvement in services will be described in this presentation.

#### Multisystemic Therapy Supervision Model: Impact of Supervisors on Therapists and Youth Outcomes

Lisa Reiter-Lavery, PhD, *MST Services, Inc., Durham NC*; Sonja Schoenwald, PhD, *Medical University of South Carolina, Charleston SC*

In this presentation, the elements of the Multisystemic Therapy (MST) supervision model and the assessment of supervisory adherence will be described. Findings from the Transportability Study related to supervisor adherence will be reviewed briefly. The current orientation for MST supervisors and its evolution will be described. A primary focus will be on the evolution of the training processes for MST supervisors as the dissemination of MST has moved from the research world into the field, and implications for the field as evidence-based practices continue to be disseminated into the front lines.

### **Training and Supervision: What is Usual about Treatment as Usual?**

Kathleen M. Carroll, PhD, *Department of Psychiatry, Yale University School of Medicine, New Haven CT*

The extent to which “real world” clinicians can effectively implement evidence-based practices (EBP), and the type of training, supervision, and support needed to do so, is as of yet unclear. We will review data from a number of randomized training studies evaluating the type of training needed to effectively implement novel therapies in clinical trials. We also will present data from the NIDA Clinical Trials Network regarding the extent to which clinicians’ self-reported delivery of EBP matches independent ratings of audiotapes. Results show that intensive training coupled with performance-based supervision is likely to be needed for “real world” practitioners to effectively deliver EBP.

## Session 53

### **Salon G • paper presentations**

11:00 AM - 11:30 AM

#### **Building Research Capacity in the Child Mental Health Agency: Collaborative Strategies for Transformation**

Michelle R. Solloway, PhD, *Center for Applied Research and Evaluation, Trillium Family Services, Inc., Portland OR*; James K. Whittaker, PhD, *University of Washington School of Social Work, Seattle WA*; Derenda Schubert, PhD, *Trillium Family Services, Inc., Portland OR*

This presentation describes the process of developing a practice-based research center at Trillium Family Services, Inc., a Portland, Oregon-based voluntary child mental health agency. The foundation had been built through a series of intersecting activities, including developing a system of care approach throughout the agency, producing logic models for each of the program areas; evaluating and implementing evidence-based practices (EBPs); and developing strategic partnerships with staff, families, and community stakeholders (see presentations by Whittaker and Schubert). The intended outcomes of developing a research center are for the agency to become both a consumer and generator of research-based knowledge; integrate theory and practice at the staff level; and provide continuous feedback to clinicians to improve outcomes for children and families.

11:30 AM - 12:00 PM

#### **Risk Adjustment Methods for Mental Health Evaluation Research**

John Robst, PhD, *Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Mary Armstrong, PhD, Norin Dollard, PhD, Keren Vergon, PhD & Stephanie Romney, PhD, *Child & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*;

In a time when administrative data are frequently used in evaluation research, it is important to define comparable groups of individuals when evaluating treatment outcomes. This presentation compares two alternative methods, propensity score matching and risk adjustment, for modeling evaluation outcomes in health services research. We apply these methods to two out-of-home care alternatives (therapeutic group care and therapeutic foster care) for Medicaid eligible youths in Florida with mental health needs. Results favor use of risk adjustment over propensity scoring models in the prediction of post-discharge outcomes. These methods and their application to future children’s services research will be discussed.

## Session 54

### **Salon H • paper presentations**

11:00 AM - 11:30 AM

#### **Implementing an Evidence-Based Therapeutic Foster Visitation Program within Systems of Care**

Marian Silverman, PsyD, *Pediatrics (Child Development), Albert Einstein College of Medicine - Early Childhood Center, Bronx NY*; Adam G. Stein, PhD, *Albert Einstein College of Medicine - Early Childhood Center, Irvington NY*

This presentation will describe the implementation and evaluation of a therapeutic visiting program for families in the child welfare system. Research in child welfare, attachment theory, and child development, underscore the importance of a service delivery model that includes mental health practice. The current model integrates evidence based child development and parenting guidance with mental health intervention and systematic assessment in order to support the goals of planning and improve outcomes. This is delivered within coached family visits. Preliminary data including: family strengths; system resources; child development and mental health; parental mental health, and parenting will be discussed.

11:30 AM - 12:00 PM

#### **Practical Strategies Identified by Statistical Simulations to Address Post-Traumatic Stress Disorder of Youth in Foster Care**

Kirk O’Brien, PhD, *Research Services, Casey Family Programs, Seattle WA*; Peter J. Pecora, PhD, *Research Services and School of Social Work, University of Washington, Casey Family Programs and University of Washington, Seattle WA*; Jason Williams, MS, *University of Alaska Anchorage, Seattle WA*; Diana English, PhD, *Child Welfare League of America, Seattle WA*; Ronald Kessler, PhD, *Harvard Medical School, Boston MA*

Foster care practitioners and administrators want to know how to improve youth outcomes. In a recent study, foster care alumni data from one voluntary and two large state agencies were collected with a 76% response rate and a sample size of 479 participants. Findings indicated that one-quarter (25.2%) of alumni experienced Post-Traumatic Stress Disorder (PTSD) in the past 12 months, a rate higher than the general population and some war veterans. Statistical simulations indicated the potential of reducing the rate of PTSD by changing specific aspects of placement history and experience, education services and experience, and preparation for leaving care.

## Research Luncheon

### **Florida BallRoom**

12:00 PM – 1:15 PM

We have reserved tables for all to enjoy a networking lunch prior to the afternoon sessions. A buffet-style meal will be served to provide your choice of menu for both nourishment and discussion.

1:30 PM • Salon E-F

## Opening Plenary:

### What Do We Mean By Implementation?

The opening plenary presentations will set the stage by addressing what we mean by “implementation.” Robert Friedman will describe the Center’s theory of factors associated with sustainable implementation of effective systems of care. Sharon Hodges, Principal investigator for the RTC study, Case Studies of System Implementation, will discuss how a holistic approach for understanding how implementation factors interact in unique combinations, based on local context, to produce well-functioning systems of care. Finally, Karen Blase will summarize the state of the science of implementation research, per se, and suggest how a conceptual model produced by the National Imple-

mentation Research Network for implementation of evidence based programs and practices would influence relate to national efforts to implement systems of care.

2:30 PM

## Concurrent Sessions

The four concurrent sessions described below offer perspectives from representatives of the various stakeholder groups that are involved in development of systems of care at local, state, and national levels. Each session addresses implementation from a different vantage point; however each will promote consensus on the greatest facilitators and barriers to implementation of effective systems of care. Following the

concurrent sessions, presenters for the concluding plenary session are charged with distilling the state of the science for all participants.

5:00 PM • Salon E-F

## Synthesis Plenary:

### What are the Implications?

Our Discussants—all expert synthesists—will transform issues and key constructs identified in each session into implications for implementation of effective systems of care. Our speakers include Barbara Burns, Mike Agar, Steve Banks, Beth Stroul, and Sandra Spencer. Robert Friedman will close the session by addressing overall implications for the field, and will propose action steps based on the state of the science.

## Session 1 • Salon A-B

### *Implementing Effective Systems of Care: What Have We Learned from the National Evaluation?*

Since 1993, there has been an ongoing national evaluation of the children’s mental health system of care grant program. This evaluation provides rich opportunities to learn not only about the overall effectiveness of the grants, but also about the actions taken by communities that have contributed to the development and implementation of effective systems of care. This session will feature an introductory presentation by ORC/Macro, which has been a leader since the beginning of the evaluation, and will be followed-up by presentations from a number of individuals from different perspectives who have been involved in the grant program.

- Krista Kutash, *RTC, de la Parte Institute, University of South Florida*  
Discussion framing
- Brigitte Manteuffel, *ORC Macro*  
Key issues on building effective SOC’s learned through conducting the evaluation program
- Holly Echo Hawk, *National Indian Child Welfare Association*  
Perspectives on site evaluation
- Lisa Conlan, *Federation of Families for Children’s Mental Health*  
Perspectives on family involvement
- Sylvia Fisher *Child, Adolescent and Family Branch, CMHS/ SAMHSA*  
Center for Mental Health Services perspective
- Barbara Burns, *Psychiatry and Behavioral Sciences, Duke University School of Medicine*  
Discussion/Implications

## Session 2 • Salon C-D

### *Conceptualizing and Measuring Systems of Care*

Since the system of care concept was introduced to the children’s mental health field, over 20 years ago, modifications have been made in the conceptualization of systems of care, in the understanding of what it takes to implement them effectively, and in the measurement of such systems. This session will begin with an examination of the changes in conceptualization that have taken place, and their implications for implementation and measurement of systems of care. The session will then focus on several approaches to system of care measurement, and relate them back to the changes in the conceptualization.

- Bob Friedman, *RTC, de la Parte Institute, University of South Florida*  
Introduces conceptual models for systems, and implications for measurement
- Sharon Hodges, *RTC, de la Parte Institute, University of South Florida*  
Study 2 holistic systems measurement
- Paul Greenbaum, *RTC, de la Parte Institute, University of South Florida*  
Study 1 national survey
- Freda Brashears, *ORC Macro – SOC assessment*
- Bob Friedman—Discussion: How these measures relate to conceptual frameworks
- Jami Bartgis, *Consultant*—Discussant
- Mike Agar, *Ethnknoworks* and Steve Banks, *de la Parte Institute, USF*—Implications

## Session 3 • Salon G-H

### *More and Better Systems of Care: What are the Leverage Points?*

One of the challenges facing the children’s mental health field is how to build on the work of the past 20 years and develop more and better systems of care around the country for children with special mental health challenges and their families. This session will focus on general strategies, opportunities, and leverage points for bringing about more pervasive and deeper changes in the children’s mental health field, based on what has been learned about implementing effective systems of care. The session will include presentations from leaders in the field who represent multiple perspectives.

- Beth Stroul, *Management & Training Innovations, Inc.*  
Research perspective and panel moderator
- Gary Blau, *Child, Adolescent and Family Branch, CMHS/ SAMHSA*  
Federal Policy perspective
- Regena Hicks, *American Institutes for Research*  
TA Partnership perspective
- Paige Pierce, *Families Together in New York*  
Family organization perspective
- Myra Alfreds, *Westchester County NY Dept. of Children’s Mental Health*  
Local perspective

## Session 4 • Salon I-J

### *Who Do We Serve? Lessons Learned through Defining the Population*

Systems of care have primarily focused on supporting and assisting children with the most serious mental health challenges and measuring success based on desired outcomes for this population. However, questions have been raised as to whether this should be the sole focus of systems of care, or whether efforts should enhance the focus to include children at diverse levels of need or with diverse criteria for success. The current emphasis on evidence based practices raises additional questions about limitations placed on who can be served effectively and the implications for racially/culturally diverse children and families. This session will explore the short-term and long-term implications of how the field defines the population of concern, what factors determine who is targeted and who is actually served, and how the service array and outcomes are impacted by these decisions. Lessons learned over the past 20 years will be examined.

- Mario Hernandez & Teresa Nesman, *RTC, de la Parte Institute, University of South Florida*  
—Issues on defining the population of concern
- Terry Cross, *National Indian Child Welfare Association*  
Tribal perspectives
- Dane Cervine, *Chief of Mental Health, Santa Cruz County, CA*  
Example of population-based definition: Santa Cruz County
- Karen Lofts-Jarboe, *Humboldt County CA Dept of Health & Human Services*,  
Another example of population-based definition: Humboldt County
- Knute Rotto, *Choices, Inc –Indiana*
- Sandra Spencer, *Federation of Families for Children’s Mental Health*  
Discussion from family perspective

# Poster Presentations & Networking Reception

## Florida Ballroom

6:30 PM - 9:00 PM

### 1. Implementing Evidence-Based Practices within Systems of Care: Implications for Staff Turnover

David H. Sommerfeld, PhD, *Child & Adolescent Services Research Center, San Diego CA*; Gregory Aarons, PhD, *Rady Children's Hospital, San Diego, CA*

Organizational context is likely to influence successful implementation of evidence-based practices (EBP). Little is known, however, about the effect of EBP implementation on the mental health workforce. Using a statewide study of children's services case-management teams, this research examines the relationship between EBP implementation and an important issue facing many children's services agencies, high staff turnover. Theory suggests that EBP may contribute to turnover by reducing worker autonomy. However, a more nuanced relationship was found as EBP implementation was associated with differing turnover intentions and actual turnover patterns based upon staff characteristics and the length of time since the initial EBP implementation.

### 2. Defining and Applying Evidence-Based Mental Health Practices and Behavioral Supports

L. Felice Reddy, BS, *Department of Psychology, University of Nebraska Public Policy Center, Lincoln NE*; Todd A. Glover, PhD, *Nebraska Center for Research on Children, Youth, Families and Schools, University of Nebraska-Lincoln, Lincoln NE*; Mark DeKraai, JD, PhD, *University of Nebraska Public Policy Center, Lincoln NE*

Despite recent attention to evidence-based mental health practices (EBP), practitioners do not frequently utilize EBP in serving their clients. The disjointed relationship between the scientific research base and clinical/community practices is compounded by practitioners' lack of access to research literature and disputes among mental health stakeholders with respect to criteria for evaluating evidence. The purpose of this presentation is to (a) present a systematic review of professional guidelines and state policies for determining evidence in support of specific children's mental health practices, and (b) provide recommendations for ensuring that research-based evidence is useful in guiding policy and practice.

### 3. MTFC Hawaii: Integrating an Evidence-Based Practice into an Established System of Care

Teru L. Morton, PhD, *Hawaii Department of Health, Practice Development, Child and Adolescent Mental Health Division, Honolulu HI*; Gerard Bouwman, *TFC Consultants, Inc., Eugene OR*

Evaluation data are presented for the initial implementation of Multidimensional Treatment Foster Care (MTFC), an evidence-based practice for adolescents with severe conduct disorders, in Hawaii's well established system of care for child and adolescent mental health (CAMHD). A variety of data on implementation process and outcomes will be presented by CAMHD's MTFC system supervisor and by the President of TFC Consultants, Inc., which provides training and implementation services for MTFC programs worldwide. This poster focuses on furthering understanding of issues and processes associated with implementing evidence based practices in systems of care.

### 4. Access to Public Substance Use Services for Rural Youth in Juvenile Justice

Michael D. Pullmann, MS, & Craig Anne Heflinger, PhD, *Human and Organizational Development, Vanderbilt University, Nashville TN*; Carolyn Breda, PhD, *Vanderbilt University, Nashville TN*

There is evidence that substance use services in Tennessee are difficult to access for youth in the juvenile justice system. The availability of behavioral health care in rural areas may be especially limited. Complex systemic issues may be involved in determining whether a youth is referred by the juvenile court to substance use services. This study uses Hierarchical Linear Modeling techniques to examine the relationships between rural/urban county characteristics and characteristics of the juvenile court, as well as relationships between juvenile court characteristics and access to substance use services.

### 5. Mental Health Care Issues Facing Children and Adolescents in Rural Communities

Daniel E. Leland, BA, & Craig Anne Heflinger, PhD, *Human and Organizational Development, Vanderbilt University, Nashville TN*

Children rely on their parents' efforts to access the health care system for them. Almost 1 in 3 children have no health insurance coverage for all or part of the year, with a disproportionate number of these children living in rural areas. The health disparities that exist between rural and urban locales are under-examined. The research has been adult-focused; little research has been devoted to child-centered rural health issues. This study is a review of research since 2000 on rural mental health care disparities of children and adolescents. This review illustrates the need for research to improve in this area.

### 6. Urban-Rural Differences in Use of the Emergency Room, TennCare 1996-2002

Craig Anne Heflinger, PhD, *Human and Organizational Development, Vanderbilt University, Nashville TN*; Robert C. Saunders, MPP, *Vanderbilt University, Nashville TN*

Emergency room (ER) use by children for behavioral problems can serve as an indicator of overall system quality and the adequacy of community resources. This presentation (1) examines trends in the use of the ER for behavioral health problems in the TennCare program between fiscal years 1996 and 2002 and (2) examines rates of outpatient follow-up care after discharge from the ER. Of particular interest is the role of living in a rural community on observed rates of ER use and post-discharge follow-up.

### 7. Influence of Community Characteristics in the System of Care

Erica J. Luboyeski, BA, Sasha Berger, BA; Jeff H. Sieracki, MA, & Scott C. Leon, PhD, *Psychology, Loyola University Chicago, Chicago IL*; Steve A. Miller, PhD, *California State University Fullerton, Fullerton CA*; John Lyons, PhD, *Northwestern University, Chicago IL*

A 3-level growth modeling approach was used to predict course of improvement for 595 Illinois youth in substitute care receiving community-based services at local agencies in catchment areas. Overall, youth improved while in the program. Further, intake characteristics such as risk factors and youth strengths predicted course of improvement across the service episode. Finally, community providers varied significantly in their average outcomes as predicted by the broader, community-level variable of rate of youth receiving free lunches at schools. Outcomes should be measured at multiple ecological levels in order to best address the needs of children in the system of care.

## Tuesday Evening Details

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### 8. Disparities in the Level of Care Placement of African American and Caucasian Youth with Substance Use Disorders

Mesfin Samuel Mulatu, PhD, MPH, *Center for Community Prevention and Treatment Research, The MayaTech Corporation, Atlanta GA*; Deirdre Rice-Reese, MPA, *Admissions and Community Court Program, Phoenix House Foundation, New York NY*; Darren Fulmore, PhD & Kimberly Jeffries Leonard, PhD, *The MayaTech Corporation, Silver Spring MD*

Racial disparities in access to substance abuse (SA) treatment services are multifaceted. In this study, we explored racial disparities in the level of care placement, using data collected from 4,384 youth aged 12-17 years (73% males; 26% African American; 74% Caucasian) admitted into CSAT funded substance abuse treatment programs throughout the US. Logistic regression analysis revealed that African American youth were less likely to be placed into outpatient and continuing care programs but more likely to be placed into intensive outpatient and higher-level residential programs than their Caucasian counterparts, even after controlling for potential covariates. Implications to improving access to appropriate care are discussed.

### 9. Revision of the Restrictiveness of Living Environment Scale (ROLES)

Jonathan C. Huefner, PhD, *Father Flanagan's Boys Home, Boys Town NE*; Ann Doucette, PhD, *Center for Health Services Research and Policy, The George Washington University Medical Center, Washington DC*; Kirk O'Brien, PhD, *Casey Family Programs, Seattle WA*; Ronald W. Thompson, PhD, *Girls and Boys Town National Research Institute, Boys Town NE*; Mary Beth Rauktis, PhD, *Pressley Ridge, Pittsburgh PA*; Peter J. Pecora, PhD, *Casey Family Programs, Seattle WA*

This presentation summarizes the methodology and preliminary results for the Restrictiveness of Living Environment Scale (ROLES) Revision Project. Changing health care policies and continued maturation of systems of care created a pressing need to revise the ROLES. The project produced two allied measures of restrictiveness: a simplified taxonomy of general restrictiveness types and a detailed multidimensional measure of restrictiveness – the Restrictiveness Evaluation Measure (REM-Y). The Rasch Measurement Model was used for item and response option calibrations and differential item function (DIF) across placement settings and child and youth characteristics of REM-Y data. Specific next steps in the measurement of restrictiveness are presented.

### 10. Impact of MAYSI-2 Mental Health Screening in Juvenile Detention

Valerie F. Williams, MA, MS, *Department of Psychiatry, Center for Mental Health Services Research, Worcester MA*; Thomas Grisso, PhD, *Center for Mental Health Services Research, Dept. of Psychiatry, Univ. of Massachusetts Medical School, Worcester MA*

This presentation reports factors that influence the rapid adoption and implementation of the Massachusetts Youth Screening Instrument-version 2 (MAYSI-2) and the perceived consequences of routine MAYSI-2 mental health screening. Semi-structured interviews and focus groups were conducted with administrators, managers, and front-line staff in juvenile detention centers in three states (N = 19). Results will allow us to better inform juvenile justice facilities regarding the conditions under which screening can more often result in increases in mental health services to youth entering the system and help guide future efforts to provide technology to juvenile justice programs in the interest of youths.

### 11. Perception of Inpatient Acute Level Psychiatric Care for Children and Youth

Bela A. Sood, MD, MSHA, & Bryce Mcleod, PhD, *Dept of Psychiatry, Virginia Commonwealth University, Richmond VA*; Robin K. Matsuyama, PhD, *Internal Medicine, Virginia Commonwealth University, Richmond VA*

Using qualitative data obtained from focus groups, this study identifies how the stakeholders involved in the delivery of child and adolescent mental health care view the utilization of acute inpatient care: specifically who they consider should be referred for inpatient care, what should occur during inpatient care and the perceived outcomes generated by inpatient care. This information will be used to develop a measurement tool capable of assessing whether inpatient acute care successfully meets the expectations of various stakeholders for the delivery of care to children, adolescents, and their families

### 12. Integrating Management Information Systems with System of Care Philosophy: The LA-YES Approach

Anna P. Lundberg, MS, MBA, *Louisiana Youth Enhanced Services, New Orleans LA*

In today's healthcare environment, management information systems (MIS) are being implemented to facilitate certain business functions, as medical records, billing, and websites to disseminate information. But, in integrating MIS with the system of care (SOC) philosophy, designing and implementing an MIS presents new challenges. Although the fundamentals of integrating hardware, software, communications, and people remain at the heart of the process, SOC introduces a myriad of issues that need to be addressed in a collaborative environment prior to implementation. At LA-YES, these issues, as database application design, data entry, reports, quality control, analysis, and administrative functions, were resolved in the design of the business process to ensure that SOC services drive MIS and not MIS driving SOC.

### 13. Building Research Capacity in the Child Mental Health Agency: Collaborative Strategies for Transformation

Michelle R. Solloway, PhD, *Center for Applied Research and Evaluation, Trillium Family Services, Inc., Portland OR*; James K. Whittaker, PhD, *School of Social Work, University of Washington, Seattle WA*

The pursuit of "evidence-based practice" (EBP) in its many forms increasingly attracts the attention of those who plan, deliver and evaluate critical treatment and rehabilitative services for vulnerable children and their families. While definitions of "evidence-based practices" emphasize different dimensions of that construct, the common thesis of bringing "science-to-service" and its reciprocal are increasingly evident in the children, youth and family services systems. Simultaneously, reform efforts press for community-based, family oriented, non-residential alternatives to traditional institutional care and treatment programs for acting-out children and youth with identified mental health problems (1). These trends pose critical challenges for traditional, voluntary child and family service agencies, many of which began as single-service providers, who now struggle to simultaneously embrace a meaningful spectrum of services supported by the best evidence available; re-focus their historical missions to meet contemporary challenges; and develop capacity for thoughtful research and evaluation activities in a political, funding and administrative environment marked more by constant change than continuity (2). This study describes a linked set of activities designed to address the present "science-to-services" gap in evidence-based practice from the perspective of the non-profit child mental health agency.



### 14. Overlooking Deterioration Among Less-Impaired Clients: A Risk of Pre-Post Evaluation Designs

Deborah L. Sherwood, PhD, Sai-Ling Chan-Sew, LCSW, & Thomas Bleecker, PhD, *Community Behavioral Health Services, San Francisco Department of Public Health, San Francisco CA*;

This study compares outcomes for youth who entered an intensive case management program having already experienced a negative event (e.g., arrests, placements, hospitalizations) with the outcomes of youth who had not yet experienced the event but were considered “at-risk.” This less-impaired group does not fit a typical pre-post design because there were no “pre” events. Outcomes for these less-impaired youth indicated that a disproportionate number deteriorated during or after discharge from treatment. A typical pre-post design would have missed this group of seemingly better-functioning youth. Discussion addresses the conditions under which pre-post design are inappropriate and may obscure important outcomes.

### 15. Child and Family Team Practice Improvement Reviews in Maricopa County, Phoenix, AZ.

Toni Tramontana, & Nick Thelen, BS, MAHR, *Child and Adolescent Services, ValueOptions, Phoenix AZ*; Lynette Tolliver, *Family Involvement Center, Phoenix AZ*

ValueOptions, in collaboration with the Family Involvement Center, will utilize a visual poster presentation to display the results of the Practice Improvement Reviews that were conducted in Maricopa County over the past year utilizing an approved Practice Improvement Review Tool that measures how well the local behavioral health system succeeded in transforming practice with the implementation of the Child and Family Team Process. This multifaceted review process included a record review, facilitator, family and child interview when appropriate, and Child Protective Services caseworker interview if involved. The review teams conducting each review were comprised of professional and family member reviewers with experience in behavioral health systems reform. Both members of the team were knowledgeable about the standards of practice they were reviewing as well as the Arizona Vision and 12 Principles governing the System of care reform in Arizona. Presenters will display results of three rounds of reviews, identifying strengths as well as areas to focus for practice improvement across four domains of practice.

### 16. A Network Analysis Approach to Examining the Role of Family Organizations in Systems of Care

Katherine J Lazear, MA, *Child and Family Studies/Research and Training Center for Children's Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Mary E. Evans, PhD, *College of Nursing, University of South Florida, Tampa FL*; Lisa Conlon, *West Greenwich RI*; Rene' Anderson, *Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

This presentation focuses on the utilization of network analyses in examining the roles and development of family organizations and their relationships with service providers in systems of care. The paper addresses methodological considerations, implications and utilization of the network analysis approach. Preliminary findings from the Parent Support Network (PSN) in Rhode Island are examined and their utilization of the network analysis is explored.

### 17. Discovering Parent Empowerment: Findings from Two Evaluations of Parent Advocate Trainings

Belinda H. Ramos, MA, *Program Training Center for the Advancement of Children's Mental Health, Columbia University, New York NY*; Geraldine Burton, FDC, *Child and Adolescent Psychiatry, Columbia University, New York NY*; Nicole McDonald, BA, *Center for the Advancement of Children's Mental Health, Columbia University, New York NY*; James A. Rodriguez, PhD, *Child and Adolescent Psychiatry, Columbia University, New York NY*; Kimberly Eaton Hoagwood, PhD, *Columbia University, New York NY*

Columbia University has developed a theory-based parent intervention program for family advocates intended to strengthen advocacy and support for parents of children with mental health needs in New York State. This manualized training was piloted with a group of family support workers from New York City and subsequently with a group of statewide parent advisors. These initiatives evaluated the impact of the training on their skills, knowledge, and sense of professional effectiveness. This poster presentation will provide quantitative and qualitative findings from these projects and outline the implications of training family support workers in empowerment and engagement strategies.

### 18. The “Parent Connectors” Program: An Empirical Investigation of a Parent Support Program

Albert Duchnowski, PhD, Krista Kutash, PhD, *Research and Training Center for Children's Mental Health, Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Nancy Lynn, MSPH & Stephanie Romney, PhD, *Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Larry English, MS, *Hillsborough County Federation of Families for Children's Mental Health, Tampa FL*; Michael T Greeson, BA, *Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*

The purpose of this presentation is to describe a project designed to develop, implement, and evaluate a program to provide parent support to families that have children who have been identified as having emotional disturbances and who are being educated in special education programs in public schools. The goal of the project is to improve outcomes for the children and their families through parent participation in an effective, school-based parent-to-parent support program which links, through telephone calls, experienced parents (who have a child that receives services) with parents who have a child with emotional disturbances. A conceptual model has been developed to explain the hypothesized causal relationship between reducing parental stress, increased parental involvement in the education of their children and the positive effects on the emotional and academic functioning of their children. A randomized clinical trial is being conducted to empirically test the model. In this presentation we will present the conceptual model, the method and procedure of the intervention and the empirical evaluation, and the baseline data from the experimental and comparison groups (family and students) as well as detail the duration and type of support offered to families. The project is being implemented through a unique partnership of teachers, a family advocacy group, and researchers that have collaboratively constructed a format for conducting a parent support program that can be consistently implemented and evaluated in terms of adherence to the conceptual model. Family involvement is considered to be a fundamental component of current school reform policies and related legislation. The conceptual model is illustrated and proposes the use of specific strategies to increase family involvement and, subsequently, academic achievement in children with disabilities.

## Tuesday Evening Details

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### 19. School-Based Mental Health and Support Services: From Pilot Graveyards to Sustainable Comprehensive Systems Change

Evelyn R. Frankford, MSW, *EOHHS-Schools Initiative, Massachusetts Department of Social Services, Boston MA*

Mental health and human service delivery in schools continues to be fragmented and inadequate. The result: frustration for children who need help and, equally, for teachers and school administrators who want to help these children overcome behavioral and emotional barriers to learning. Partnerships to establish comprehensive mental health interventions often take the form of pilot projects that lack clear on-going funding, and neglect to resolve real institutional conflicts between schools and service providers. To counter this dynamic, Massachusetts is undertaking state and locally supported systems change, based on a public health framework, by (1) geomapping and building on current projects and existing funding streams, and (2) adapting school-owned concepts such as Positive Behavior Intervention and Supports (PBIS).

### 20. School Parent Empowerment Project

Serene Olin, PhD, Maura Crowe, MA, *Child Psychiatry, Columbia University, New York NY*; Priscilla Shorter, BA, *District 75, NYC Department of Education, New York NY*; Kimberly E. Hoagwood, PhD, *Columbia University, New York State Office of Mental Health, New York NY*; Belinda Ramos, MA, & Nicole McDonald, BA, *Columbia University, New York NY*

This presentation will describe challenges and lessons learned in an NIMH-funded study conducted by the New York State Office of Mental Health to understand the ways in which children access mental health services through public schools. NYC Special Education School District is serving as a pilot site for this study. The study aims to adapt and pilot: (a) a measure of school readiness to adopt mental health services, and (b) a theory-driven empowerment and engagement intervention for improving schools' readiness to adopt mental health services. Preliminary data will be presented.

### 21. Employment Outcomes of Caregivers in Systems of Care

Anna Krivelyova, MA, *ORC Macro, Atlanta GA*; Teresa King, BBA, *Cuyaboga Tapestry SOC, Cleveland OH*; Chris Storman, PhD, & David Hussey, PhD, *Institute for the Study and Prevention of Violence, Kent State University, Kent OH*; Ebony R. Montgomery, MPH, *ORC Macro, Atlanta GA*

This study examines the labor force outcomes of caregivers of children served in system of care communities funded by the Center for Mental Health Services. Case studies from a local system-of-care community (i.e., Tapestry - Cleveland, Ohio) detail how Parent Advocate services and supports are giving caregivers the confidence and skills necessary to obtain employment. Study results indicate that system of care services benefited a large proportion of unemployed caregivers in terms of labor market outcomes. Life skills training, as well as more specific career building skills training provided to caregivers lead to positive employment and financial outcomes.

### 22. Treatment Costs for Children and Families Receiving Parent Child Interaction Therapy or Services as Usual in a System of Care Setting

Anna Krivelyova, MS, *Service and Cost Study, ORC Macro, Atlanta GA*; Bhuvana Sukumar, PhD, *Treatment Effectiveness Study, ORC Macro, Atlanta GA*; Robert L. Stephens, PhD, & Kendralin Freeman, MS, *ORC Macro, Atlanta GA*

This study compared the costs of providing Parent Child Interaction Therapy (PCIT) integrated into system of care services for children with disruptive behavioral disorders to costs of providing only system of care services in a community funded by the Comprehensive Community Mental Health Services for Children and Their Families Program. Ninety-one children with disruptive behavior problems were randomly assigned to either a treatment or a control group. Results indicate that the costs of providing PCIT along with system of care services were found to be significantly lower than the costs of services provided to children who did not receive PCIT.

### 23. Parent Child Interaction Therapy in Systems of Care: Treatment Outcomes for Children with Disruptive Behavior Disorders in Real World Settings

Bhuvana Sukumar, PhD, *Treatment Effectiveness Study, ORC Macro, Atlanta GA*; Cheryl McNeil, PhD, *Department of Psychology, West Virginia University, Morgantown WV*; Brigitte Manteuffel, PhD, & Stacy Johnson, MSW, *ORC Macro, Atlanta GA*

The general purpose of this study was to evaluate the effectiveness of parent child interaction therapy in treating disruptive behavior disorders in children enrolled in two systems of care communities. Outcomes data were collected for site 1 from baseline to 18 months follow-up and from baseline to 12 months follow-up for site 2. Results indicate that for site 1 more children in the treatment group reported higher competence and caregiver's reported lower strain than the control group. In the other site there were significant differences in improvement between treatment and control group on the strength measure. Implications for future research are discussed.

### 24. Discharge Status and Associated Behavioral Health Care Costs in a Wraparound Services Program

Jennifer Taub, PhD, *Shriver Center, Univ. of MA Medical School, Wallham MA*

This study utilizes data from 341 children who participated in a longitudinal evaluation of a multi-site wraparound services program in Massachusetts. This study examines the in-program and post-discharge costs associated with three discharge categories (Graduated, Withdrawn, Placed Out of Home) from a wrap-around services program. Results indicated differences in inpatient utilization, emergency services, diversionary services, outpatient services, and psychiatric medication utilization as functions of enrollment and discharge status. Group differences and costs associated with each type of behavioral health service are discussed.

### 25. Demonstrating Value in a System of Care: A Review of Expenditures and Outcomes

James M. Papp, MSW, Temple D. Parker, BA, Rhonda Craig, MPA, & Ann E. Klein, MA, *Hamilton Choices, LLC, Cincinnati OH*

Hamilton Choices administers and manages a system of care for youth and their families in the greater Cincinnati area. The business model includes pooled funding from five child serving systems, utilizes a daily case rate paid by each funding partner, and is inclusive of all costs related to treatment. Highlights of this model as well as agency outcomes and expenditure data will be presented to illustrate benefits for funding partners. Financial incentives for child-serving systems to share resources in this way will be shown with the integration of clinical outcomes and expenditure data used to inform the debate between financial realities and the achievement of meaningful results.

### 26. Outcomes of CASSP-Based Consultation Model and Fiscal Analysis in Children's Mental Health

T. Orvin Fillman, DrPH, MHA, Virginia R. Shaw, MD & Michael L. Rimm, PhD, *Department of Health, Maui Family Guidance Center/Child & Adolescent Mental Health Division, State of Hawaii, Wailuku HI*

Implementing best practice interventions consistent with the Child and Adolescent Service System (CASSP) principles produced an effective consultation model for youth with serious mental health problems on the island of Maui, Hawaii. Applying strength-based and child and family centered systemic and structural theory and techniques demonstrated positive clinical outcomes and financial efficiencies. Youth served through Maui's public sector behavioral health managed care organization experienced a drop in out-of-home placements and an increase in intensive in-home treatments while cost-quality indicators were among the best in the delivery system.

### 27. Implementation of Behavioral Health Overlay Services in a Pediatric Medical Home

Kathleen Wilson, DSN, ARNP, CPNP, & Joni R. Hollis, RN, BSN, *Children's Medical Services, Florida Department of Health, Tallahassee FL*

Approximately 20% of children have a diagnosable mental health condition. Left untreated, children's emotional, behavioral problems and associated impairments are likely to lower their quality of life and reduce their opportunities. The burden to society is high in both human and fiscal terms. Early intervention and treatment leads to improved outcomes. In response to the need, a state funded children's medical agency embarked on a prevention intervention program by incorporating behavioral health overlay services in a medical home model. The impact of this program leads to future policy considerations.

### 28. Attrition from Children's Mental Health Treatment: A Social Cognitive Approach

Diana J. Urajnik, MA, *Community Health Systems Resource Group, The Hospital for Sick Children, Toronto ON*; Melanie A. Barwick, PhD, CPsych, & Bruce Ferguson, PhD, CPsych, *The Hospital for Sick Children, Toronto ON*

Failure to participate in mental health treatment has been identified as a critical problem in relation to treatment fidelity and child outcomes. The purpose of this presentation is to present a social cognitive framework of treatment participatory behavior based on existing theoretical conceptions. This model integrates individual-level risk factors and experiential constructs: (a) Child characteristics (e.g. mental health functioning); (b) Background / context (e.g. family structure); (c) Self-efficacy; (d) Treatment outcome expectancies; and (e) Interest(s) in treatment. Implications for theory and clinical practice are discussed.

### 29. Predicting Adolescents' Willingness to Seek Help for Mental Illness from Formal vs. Informal Sources

Ajlana Music, MA, Susan McCammon, PhD, & Christy Walcott, PhD, *East Carolina University, Greenville NC*

This study examined factors that influence adolescents' willingness to seek psychological help. It also explored adolescents' knowledge and attitudes toward mental illness. Measures were a questionnaire assessing willingness to seek help, knowledge of mental illness, perceived barriers to help seeking, degree of social support, and prior history of help seeking; the Opinions of Mental Illness Scale (OMI-19); and the Depression Anxiety Stress Scales (DASS-21). Data analysis revealed that social support and prior history of help seeking were significantly related to willingness to seek help from formal sources. Social support was the only significant predictor of willingness to seek help from informal sources. Lower knowledge was correlated with more negative attitudes about mental illness. Adolescents were more willing to seek help from informal than from formal sources.

### 30. Race/Ethnicity and Psychotropic Medication Prescribing Patterns for Youth

Courtney E. Rice, & Marion A. Becker, PhD, *University of South Florida, Tampa FL*

Recent data document serious disparities in mental health treatment and outcomes for minorities including children and adolescents. There is an overrepresentation of minorities in public health service systems. In comparison to Whites, low-income minorities have lower life expectancies and poorer health outcomes. Therefore, attention to the predictors and consequences of these observed mental health disparities for ethnic minority groups have gained attention and concern from researchers, policy makers and government officials. This presentation reports on racial and ethnic treatment disparities for Medicaid enrolled children and adolescents with serious mental illness and makes recommendations for clinical practice and future research.

### 31. Applying Complexity and Storytelling in Systems of Care to Respond to Multigenerational Trauma

Allison Pinto, PhD, *Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa FL*; Gregory Long, *Tiwahe Wakan, Wagner, SD*

Federally funded Systems of Care are required to focus service delivery efforts on needs relating to SED, yet communities are often aware of circumstances and dynamics that are affecting the mental health and well-being of local children and families more generally. Historical, multigenerational trauma is one example of a public mental health issue affecting an entire community. A complexity approach to the development and sustainability of Systems of Care makes it possible for a community to respond not only to the needs of children with SED, but also to the needs of the broader community dealing with the effects of multigenerational trauma. Storytelling is now identified in the fields of complexity and organizational development as a legitimate strategy to facilitate systems change. This approach will be illustrated through examples of storytelling for systems change that are naturally occurring in the development of the Tiwahe Wakan System of Care in South Dakota.

## Tuesday Evening Details

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### 32. Supporting the Self-Determination of Youth with Disabilities in Foster Care

Laurie E. Powers, PhD, *Graduate School of Social Work and Social Research, Portland State University, Portland OR*; Sarah Geenen, PhD, *Regional Research Institute, Portland State University, Portland Oregon*

Youth in foster care with mental health or other disabilities face a “double whammy” of barriers associated with being in foster care and experiencing disability. This presentation will overview practice and policy barriers facing youth with disabilities in care, and describe two randomized field-test studies underway to evaluate the efficacy of a self-determination enhancement intervention for preparing youth to improve their education and transition outcomes.

### 33. Mental Health and Spirituality among Youth in Foster Care

Peter J. Pecora, PhD, Catherine Roller White, MA, Lovie J. Jackson, MSW, Anne Havalchak, MPA, & Kirk O'Brien, PhD, *Casey Family Programs, Seattle WA*

The Casey Field Office Mental Health Study (CFOMH) sought to gain a better understanding of the mental health status and spirituality of youth currently in foster care. Preliminary analyses indicated that nearly three in ten (28.1%) respondents had at least one current (past 12 months) diagnosis, and two-thirds (66.7%) had at least one lifetime diagnosis. The vast majority of participants (94.1%) indicated that they believe there is a God, Creator, or Higher Power. Preliminary analyses found a significant relation between the degree to which youth consider spirituality to be helpful and their number of mental health diagnoses.

### 34. Wraparound with Child Welfare Families

W. Lee Oesterle, MSW, *Kids Crossing Child Placement Agency, Colorado Springs CO*

Kids Crossing is a private, non-profit child placement agency in Colorado. Wraparound is being implemented to achieve and support permanency for children and their birth families after the children have been placed into foster care. In almost every case, the children were placed into foster care – not due to their behavior – but because of parental abuse or neglect. The complexity of the reunification effort is magnified by the family's involvement with multiple systems. Our data show significant improvement in reunification and long-term stability for the wraparound group when contrasted to a matched comparison group without wraparound.

### 35. Recurrence of Child Maltreatment: A Two-Part Latent Growth Curve Model

Svetlana Yampolskaya, PhD & Paul E. Greenbaum, PhD, *Child and Family Studies, de la Parte Institute, University of South Florida, Tampa FL*

Understanding substantiated maltreatment and severity is essential for preventing further maltreatment. This study examined dynamics of repeated maltreatments using the two-part growth curve model. Data were from the Florida Child Welfare System (N = 62,916). For the binary curve, results showed that older children had higher rates of first substantiated maltreatment and minorities had higher rates of verified maltreatments over time. For the continuous curve, younger, minority, and female children experienced greater severity during the first episode and had significant increases in severity over time. These findings suggest a pattern whereby maltreatment incidents declined over time, but severity levels increased.

### 36. Parent-Child Interaction Therapy: An Evidence-Based Practice within a System of Care

Ryan Quist, PhD, Emma Girard, PsyD, Carli Straight, MA, & Margaret Spanish, PhD, *Riverside County Department of Mental Health, Riverside CA*

Parent-Child Interaction Therapy (PCIT) was designed for children presenting with extreme behavioral problems including oppositional and conduct disorders. Integrated within a system of care, this evidence-based program resulted in outcomes congruent with research conducted within University contexts. Fidelity measures indicate that community mental health providers were able to implement PCIT as intended. Parents reported reductions in behavioral problems, and reported less parental stress. Clinician measures document improvements in PCIT promoted behaviors that reinforce prosocial behaviors and remove reinforcements for negative behaviors.

### 37. Utilization of Individual versus Family Therapy among Adolescents with Severe Emotional Disturbance

Kelly N. Graves, PhD, *Department of Psychology, Bennett College for Women*; Terri L. Shelton, PhD, *Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro, Greensboro NC*; Maria E. Fernandez, PhD, *North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services*; Nadine Kaslow, PhD, *Emory University School of Medicine, Grady Health System, Atlanta GA*

The present study investigated service utilization of individual and family therapy services among children with severe emotional and/or behavioral disturbances. Participants included 89 children and families, interviewed at two time points across a 6-month period. Results indicated that children received a greater number of individual therapy sessions than family therapy sessions. Hierarchical multiple regressions indicated that family therapy was associated with decreases in both internalizing and externalizing behaviors when children reported outcomes, whereas individual therapy was associated with increases in externalizing behaviors. Although neither individual nor family therapy was related to caregiver reports of their children's symptoms, caregivers reported that family sessions had therapeutic effects on their own level of depression. Recommendations and implications for future work are offered.