AGENDA

JULY 25-29, 2012 ORLANDO, FL

Training Institutes 2012

Improving Children’s Mental Health Care in an Era of Change, Challenge, and Innovation:
The Role of the System of Care Approach

SPONSORED BY
National Technical Assistance Center for Children’s Mental Health
Georgetown University Center for Child and Human Development

IN PARTNERSHIP WITH
The Annie E. Casey Foundation
IN PARTNERSHIP WITH:

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CO-SPONSORS

Technical Assistance Partnership for Child and Family Mental Health
Children’s Mental Health Network
Choices, Inc.
Community Solutions at the University of South Florida
Federation of Families of Central Florida
Welcome!

Welcome to the 2012 Georgetown University Training Institutes. This is the fourteenth biennial Institutes conducted by the National Technical Assistance Center for Children’s Mental Health at the Georgetown University Center for Child and Human Development. The Annie E. Casey Foundation is a long-standing partner in supporting the Training Institutes.

This year, the Institutes are entitled, *Improving Children’s Mental Health Care in an Era of Change, Challenge, and Innovation: The Role of the System of Care Approach*. At this time of great change, old ways of doing business are being re-examined, and reforms in health care and child-serving systems are underway to improve services and outcomes. Answers and practical strategies are needed to address many critical issues. The system of care approach has been at the forefront of providing effective strategies and solutions. The 2012 Training Institutes will focus on innovative approaches, and how lessons learned from systems of care can guide efforts to improve children’s mental health service delivery in a dramatically changing environment.

The sessions offered at the Institutes will highlight strategies that work. During each block of concurrent sessions, you can choose to attend either one Institute or two Workshops. Each Institute and Workshop is offered twice so that you will have an opportunity to attend the sessions of your choice. A selection of sessions specifically focused on services in Native American communities is included in the program, as well as our highly successful Youth Leadership Track. In addition, the Institutes are offering a series of Targeted Institutes that will provide intensive training experiences for participants involved in a variety of roles. In all of these sessions, you will have a
unique opportunity to engage with faculty from some of the best programs around the country to learn in-depth, practical information and strategies, as well as with national experts. We are confident that you will leave the Institutes inspired and more knowledgeable, with new and exciting ideas to apply in your home communities.

We would like to thank everyone who has made the 2012 Training Institutes possible—the outstanding Institutes faculty; the committed staff at Georgetown; and The Annie E. Casey Foundation for its continued support for the Institutes. We are also grateful to our co-sponsors for their many contributions—the Technical Assistance Partnership for Child and Family Mental Health, the Children’s Mental Health Network, Choices, Inc., Community Solutions at the University of South Florida, and the Federation of Families of Central Florida.

Most importantly, we want to thank you for participating in this year’s Training Institutes. We encourage you to take advantage of the many and varied learning opportunities that the Institutes provide. We also hope that you will use this exceptional learning environment to network with colleagues and faculty who are working on similar issues. And, of course, we hope you will take time to enjoy Orlando.

Sincerely,

James R. Wortwing, M.S.W.
Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development

Phyllis R. Magrab, Ph.D.
Director, Georgetown University Center for Child and Human Development

Beth A. Stroul, M.Ed.
Consultant, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development
Bienvenidos a los Institutos de Capacitación 2012 de Georgetown University. Éstos son los decimocuartos Institutos de Capacitación binales dirigidos por el Centro Nacional de Asistencia Técnica para la Salud Mental del Niño del Centro de Desarrollo Infantil y Humano de Georgetown University. La fundación Annie E. Casey es un socio que ha prestado apoyo a los Institutos de Capacitación desde hace muchos años.

Este año, los Institutos se titulan: Cómo mejorar el cuidado de la salud mental infantil en una era de cambios, retos e innovación: El rol del enfoque de sistema de cuidado. En estos momentos de grandes cambios, las formas ya establecidas negociar se están reexaminando y se están realizando reformas en los sistemas del cuidado de la salud y de prestación de servicios al niño a fin de mejorar los servicios y los resultados. Se necesitan respuestas y estrategias prácticas para abordar muchos temas de importancia crítica. El enfoque de sistema de cuidado ha estado en primer plano para ofrecer soluciones y estrategias efectivas. Los Institutos de Capacitación de 2012 se centrarán en enfoques innovadores y en cómo las lecciones aprendidas de los sistemas de cuidado pueden orientar la labor de mejorar la prestación de servicios de salud mental infantil en un medio que está cambiando en forma radical.

Las sesiones que se ofrecen en los Institutos presentarán estrategias que dan resultados. Durante cada uno de los grupos de sesiones que se realizan simultáneamente, usted podrá elegir si asiste a un Instituto o a dos Cursillos Prácticos. Cada Instituto y Cursillo Práctico se ofrece dos veces de manera que usted tendrá la oportunidad de asistir a las sesiones que escoja. En el programa se incluye una selección de sesiones que se centra específicamente en la prestación de servicios para las comunidades indígenas estadounidenses, así como en
nuestro muy exitoso programa de la Vía de Liderazgo de la Juventud. Además, los Institutos ofrecerán una serie de Institutos Focalizados que presentarán intensas experiencias de capacitación para los participantes que toman parte en una diversidad de roles. En todas estas sesiones, los participantes tendrán oportunidades únicas de relacionarse con profesores de algunos de los mejores programas del país para aprender estrategias e información práctica y detallada, así como con expertos a nivel nacional. Confiamos en que ustedes saldrán de los Institutos, inspirados y con más conocimientos, con ideas nuevas y apasionantes para poner en práctica en sus comunidades.

Deseamos expresar nuestro agradecimiento a cada una de las personas que han hecho posible la realización de los Institutos de Capacitación—el excelente profesorado de los Institutos, los dedicados miembros del personal de Georgetown University y la fundación Annie E. Casey por el continuo apoyo prestado a los Institutos. También quisiéramos agradecerles a nuestros copatrocinadores por sus múltiples contribuciones—al Technical Assistance Partnership for Child and Family Mental Health, al Children’s Mental Health Network, Choices, Inc., Community Solutions at the University of South Florida y a la Federation of Families of Central Florida.

Lo que es más importante aún, deseamos agradecer vuestra participación en los Institutos de Capacitación de este año. Les sugerimos que aprovechen las muchas y variadas oportunidades para aprender que los Institutos ofrecen. También esperamos que utilicen este excepcional medio de aprendizaje para conectarse con colegas y miembros del profesorado que trabajan en temas similares. Por supuesto, esperamos también que puedan disfrutar de Orlando.

Muy atentamente,

James R. Worting, M.S.W.
Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development

Phyllis R. Magrab, Ph.D.
Director, Georgetown University Center for Child and Human Development

Beth A. Stroul, M.Ed.
Consultant, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development
Who We Are
The National Technical Assistance Center for Children’s Mental Health was established at Georgetown University in 1984 to strengthen the capacity of states, territories, tribes, and communities to improve systems in order to meet the diverse and complex needs of children, adolescents, and young adults with or at risk for serious emotional disturbances, and their families. A carefully designed strategic approach to technical assistance and training has been established to assist child-serving systems to improve both access and quality of service delivery as well as outcomes for children and adolescents with mental health needs and their families. System of care values and principles, including meaningful involvement of families and youth, guide the work of the center.

Activities and Offerings of the National Technical Assistance Center
Technical assistance and training opportunities are offered by the center either through our ongoing work or through cost-sharing with states, tribes, territories, and communities.

• National Training Institutes—The premiere national conference featuring practical information on best practices across the nation in building comprehensive community service delivery systems.

• Expanding Systems of Care—Individual, ongoing support for states, tribes, and territories to assist them in the widespread expansion of the system of care approach.

• National Policy Academies—Opportunities for high-level cross agency delegations to work intensively on designing and implementing policies and practice to support their visions for systems reform.


• Implementing Cultural and Linguistic Competence in Organizations’ Service Delivery Systems—Technical assistance and training on understanding cultural and linguistic competence, organizational self-assessment, and implementing culturally and linguistically competent service delivery systems.

• Family-Driven, Youth-Guided Systems and Services—Technical assistance and training to assure that authentic family and youth voice is incorporated into the day to day operations of systems and organizations.

• Building Early Childhood Systems of Care—Technical assistance and training on all aspects of early childhood mental health and community service systems to support the well-being of young children and their families.
• **Mental Health Consultation in Early Childhood Settings**—Curriculum-based practice model for increasing the early identification and intervention competencies of professionals and paraprofessionals.

• **Child Welfare and Mental Health**—Technical assistance and training around mental health and child welfare collaboration for effective service delivery, including training using our monograph, *A Family’s Guide to the Child Welfare System*, to help families and workers partner to achieve better outcomes.

• **Primary Care and Mental Health Integration**—Technical assistance and training based on *Bright Futures Mental Health* on effectively integrating primary care and mental health practice into a total community intervention system.

• **Public Health Approach to Mental Health**—Broad effort aimed at integrating mental health into the overall public health framework to promote awareness and prevention.

• **Primer Hands On: Systems of Care Training for Leaders**—Interactive training to teach strategies for building effective systems of care.

• **Leadership Training**—An intensive, curriculum-based, interactive training program providing leadership development for systems of care administrators and family leaders.

• **Community Alternatives to Psychiatric Residential Facility (PRTF) Waiver Initiative and Money Follows the Person**—Technical assistance to states who are either diverting children and youth with serious emotional disorders from PRTFs or transitioning them out of PRTFs sooner to serve them in the community with their families.

• **Healthy Transitions Initiative (HTI)**—Technical assistance and support for the HTI that is designed to improve outcomes for youth and young adults of transition age with serious mental health conditions.

• **Research and Evaluation**—Technical assistance to undertake quality improvement and performance/outcome evaluation activities, use data to improve and sustain systems of care and services, develop research programs, and enhance data infrastructures.

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**For Additional Information**

For additional information about the National Technical Assistance Center for Children’s Mental Health and accessing or purchasing services, please contact us at:

National Technical Assistance Center for Children’s Mental Health
Georgetown University Center for Child and Human Development
Box 571485 • Washington, DC 20057-1485
Phone: 202-687-5000 • Fax: 202-687-1954
Email: childrensmh@georgetown.edu
Website: http://gucchdtacenter.georgetown.edu

The National Technical Assistance Center for Children’s Mental Health is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Administration for Children and Families (ACF), and the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services.
TABLE OF CONTENTS

Announcements
  Session Resources and PowerPoint Presentations ................................................................. 1
  Social Media Information ....................................................................................................... 2
  Continuing Education Credit Information ............................................................................ 3

Agenda at a Glance ................................................................................................................ 5

Institutes Planner .................................................................................................................. 7

Sessions by Topic Area ........................................................................................................ 9

Agenda
  MONDAY * July 23.............................................................................................................. 17
  TUESDAY * July 24 .......................................................................................................... 17
  WEDNESDAY * July 25 .................................................................................................. 18
  THURSDAY * July 26 ...................................................................................................... 19
  FRIDAY * July 27 ........................................................................................................... 22
  SATURDAY * July 28 ..................................................................................................... 25
  SUNDAY * July 29 .......................................................................................................... 30
  MONDAY * July 30 .......................................................................................................... 31
  TUESDAY * July 31 .......................................................................................................... 31

Session Descriptions
  Special Presentation ........................................................................................................... 33
  Institutes ............................................................................................................................. 33
  Workshops ......................................................................................................................... 63
  Native American Services Track ..................................................................................... 88
  Targeted Institutes ........................................................................................................... 93
  Pre-Institutes Training Programs ..................................................................................... 115
  Poster Presentations ........................................................................................................ 120
TABLE OF CONTENTS

Special Events

System of Care Cinema ................................................................. 133
Documentary Screenings ................................................................. 134
Excellence in Community Communications and Outreach (ECCO) Recognition Program
Youth MOVE Rock Star Awards ....................................................... 135
Youth MOVE Miami Community Choir ......................................... 135
Cardio Zumba .................................................................................. 135
Book Signings ................................................................................ 136

Featured Speakers............................................................................ 137

Flash Drive Materials...................................................................... 140

Resources

System of Care Concept and Philosophy (English and Spanish) ............. 160
Definition of Family-Driven Care .................................................... 162
Definition of Youth-Guided Care ..................................................... 163
Definition of Cultural and Linguistic Competence ............................... 164
Common Acronyms ....................................................................... 165
Emergency Medical and AA Resources .......................................... 168

Faculty............................................................................................ 169

Youth Leadership Track Agenda................................................... 185
RESOURCES & POWERPOINT PRESENTATIONS
for Institutes, Workshops, and Targeted Institutes are NOW ONLINE!

Access these at:
http://gucchdtacenter.georgetown.edu

You will see a separate folder for each individual session. We will update the folders as we receive additional materials. Materials will remain online following the Institutes.

Thank you for supporting our effort to “go green” and to provide most resources electronically on your flash drive and online.
Participate in a whole new level of dialogue while at the Training Institutes. Network with colleagues by joining the conversation online during the conference. The National Technical Assistance Center for Children’s Mental Health is partnering with the Children’s Mental Health Network to offer you a robust online experience. Follow along on Twitter, participate in the conversation on Facebook, and check in on Foursquare.
The 2012 Training Institutes have been approved for Continuing Education Credit by the following organizations. Look for the application in your folder and submit it along with a $35 processing fee payable to Georgetown University in order to receive a Continuing Education certificate or letter of attendance. Applications may be submitted at any time during the Institutes at the Registration Booth. Certificates and letters will be mailed following the Training Institutes.

**PLEASE NOTE:** Each participant may only receive Continuing Education Credits for the hours actually spent in the training activity. **Your name badge must be scanned** at the conclusion of each session in order to verify your attendance and determine the number of credits you have earned. Continuing Education Credits cannot be awarded if your nametag has not been scanned. Partial credits will not be awarded. Scanning is not required for general sessions.

**American Psychological Association (APA):** The program has been reviewed and approved by the APA Office Continuing Education in Psychology (CEP) to offer Continuing Education (CE) credit to psychologists. This program offers a maximum of 36 CE credits. Full attendance is required at each session for which you are claiming CE credit. Partial credit is not awarded. The CEP Office maintains responsibility for the delivery of the program.

**National Association of Social Workers (NASW):** This program is approved by the NASW (Approval #886386741-1061) for up to 36 Social Work continuing education contact hours, including 16 hours of Cross Cultural.

**Continuing Medical Education (CME):** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of MedStar Washington Hospital Center and the Georgetown University Center for Child and Human Development. MedStar Washington Hospital Center is accredited by the ACCME to provide continuing medical education for physicians. MedStar Washington Hospital Center designates this live activity for a maximum of 36 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**National Board of Certified Counselors (NBCC):** This program has been approved by the NBCC (Approval Number: SP-2041) for up to 36 hours of Continuing Education Credits.

**Letter of Attendance:** Attendees who are not psychologists, social workers, counselors, or physicians and who desire CE credit may apply for a letter of attendance verifying participation in the training and the number of CE credits earned. Participants are responsible for submitting this letter to their respective professional organizations, licensing entities, or employers in order to receive CE credit.
## AGENDA AT A GLANCE

### MONDAY • JULY 23

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<th>Time</th>
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<td>4:00 PM - 8:00 PM</td>
<td>Registration</td>
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### TUESDAY • JULY 24

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<td>7:30 AM - 7:00 PM</td>
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<td>8:30 AM - 5:30 PM</td>
<td>Pre-Institutes Training Programs</td>
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<td>8:30 AM - 5:30 PM</td>
<td>Children, Youth and Families Division, National Association of State Mental Health Program Directors Meeting</td>
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### WEDNESDAY • JULY 25

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<td>Pre-Institutes Training Programs</td>
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<td>8:30 AM - 5:30 PM</td>
<td>Children, Youth and Families Division, National Association of State Mental Health Program Directors Meeting</td>
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<tr>
<td>8:30 AM - 5:30 PM</td>
<td>American Indian, Alaska Native, and Urban Indian Community System of Care Meeting</td>
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<td>8:30 AM - 5:30 PM</td>
<td>Early Childhood Community of Practice Meeting</td>
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<td>1:30 PM - 3:30 PM</td>
<td>Pre-Conference Orientation</td>
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<td>1:30 PM - 3:30 PM</td>
<td>Youth Leadership Track Orientation</td>
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<tr>
<td>1:30 PM - 4:30 PM</td>
<td>National Wraparound Initiative Meeting</td>
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<tr>
<td>4:00 PM - 5:30 PM</td>
<td>SPECIAL PRESENTATION: The Trevor Project: Innovations in Youth Crisis Intervention and Suicide Prevention</td>
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### THURSDAY • JULY 26

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<td>7:30 AM - 6:00 PM</td>
<td>Registration</td>
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<tr>
<td>7:30 AM - 8:30 AM</td>
<td>Continental Breakfast</td>
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<tr>
<td>8:30 AM - 11:45 AM</td>
<td>OPENING SESSION</td>
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<tr>
<td></td>
<td>Welcome and Opening Remarks</td>
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<tr>
<td></td>
<td>Charting a Course for Children’s Mental Health: Change Agents Required</td>
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<tr>
<td></td>
<td>UNBREAKABLE: The Dewey Bozella Story</td>
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<tr>
<td></td>
<td>The Challenge of Trauma: Innovations in Systems of Care</td>
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<tr>
<td>11:30 AM - 1:15 PM</td>
<td>Lunch On Your Own</td>
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## THURSDAY • JULY 26 CONTINUED

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<tr>
<td>12:00 PM - 1:00 PM</td>
<td>Ask Dewey Bozella: Informal Q &amp; A</td>
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<td>1:30 PM - 5:00 PM</td>
<td>Institutes and Workshops</td>
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<tr>
<td>5:00 PM - 6:30 PM</td>
<td>Welcome Reception and Voting for Excellence in Communication and Outreach Recognition</td>
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<tr>
<td>6:30 PM - 9:30 PM</td>
<td>Welcome Banquet and Entertainment by the Youth MOVE Miami Community Choir</td>
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## FRIDAY • JULY 27

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<td>LUNCHEON AND GENERAL SESSION</td>
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<td>Understanding and Implementing Effective Practices: There Must Be A Better Way</td>
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<td>3:30 PM - 5:30 PM</td>
<td>Poster Session and Dessert Reception</td>
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## SATURDAY • JULY 28

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<td>12:00 PM - 1:15 PM</td>
<td>Networking Luncheon</td>
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<td>Institutes and Workshops</td>
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## SUNDAY • JULY 29

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<tr>
<td>9:30 AM - 12:30 PM</td>
<td>Targeted Institutes</td>
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<tr>
<td>4:00 PM - 8:00 PM</td>
<td>System of Care Expansion Planning Grant Meeting</td>
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## MONDAY • JULY 30

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<tr>
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# INSTITUTES PLANNER

## WEDNESDAY • JULY 25

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<tr>
<td>8:30 AM - 5:30 PM</td>
<td>Pre-Institutes Training Programs</td>
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<td>Pre-Conference Orientation</td>
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<td>Youth Leadership Track Orientation</td>
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<td>ORANGE BLOSSOM</td>
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<td>Special Presentation</td>
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## THURSDAY • JULY 26

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<td>OSCEOLA BALLROOM</td>
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<td>5:00 PM - 6:30 PM</td>
<td>Welcome Reception and Voting for Excellence in Communications</td>
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<td>OSCEOLA AND SUN LOBBY</td>
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<td>6:30 PM - 9:30 PM</td>
<td>Welcome Banquet</td>
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## FRIDAY • JULY 27

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<td>WORKSHOP #</td>
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<tr>
<td>12:15 PM - 3:15 PM</td>
<td>Luncheon and General Session</td>
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<td>OSCEOLA BALLROOM</td>
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<td>3:30 PM - 5:30 PM</td>
<td>Poster Session and Dessert Reception</td>
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<td>SUN BALLROOM</td>
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### SATURDAY • JULY 28

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| 8:30 AM - 12:00 PM | **INSTITUTES and WORKSHOPS**  
Choice of 1 Institute OR 2 Workshops |                  |               |
|                  | **INSTITUTE #**                                              |                  |               |
|                  | **WORKSHOP #**                                               |                  |               |
|                  | **WORKSHOP #**                                               |                  |               |
| 12:00 PM - 1:15 PM | Networking Lunch                                             |                  | OSCEOLA BALLROOM |
| 1:30 PM - 5:00 PM  | **INSTITUTES and WORKSHOPS**  
Choice of 1 Institute OR 2 Workshops |                  |               |
|                  | **INSTITUTE #**                                              |                  |               |
|                  | **WORKSHOP #**                                               |                  |               |
|                  | **WORKSHOP #**                                               |                  |               |

### SUNDAY • JULY 29

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
<th>I PLAN TO ATTEND</th>
<th>ROOM</th>
</tr>
</thead>
</table>
| 9:30 AM - 12:30 PM | **TARGETED INSTITUTES**  
Choice of 1 Targeted Institute |                  | TARGETED INSTITUTE # |
**INSTITUTES**

<table>
<thead>
<tr>
<th>Institute #</th>
<th>Topic</th>
<th>Time(s)</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>How to Build a Statewide System of Care</td>
<td>THURSDAY 1:30 PM</td>
<td>Naples 2-3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SATURDAY 8:30 AM</td>
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<tr>
<td>2</td>
<td>Sustaining and Expanding a Trauma-Informed System: From Theory and Practice to Action</td>
<td>THURSDAY 1:30 PM</td>
<td>Sun A</td>
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<tr>
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<td>SATURDAY 8:30 AM</td>
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<tr>
<td>3</td>
<td>Care Management Entities: Improving the Quality and Cost of Care in the Context of Health Reform</td>
<td>THURSDAY 1:30 PM</td>
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</tr>
<tr>
<td></td>
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<td>SATURDAY 8:30 AM</td>
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<tr>
<td>16</td>
<td>Sustainable Financing Strategies for Early Childhood Mental Health Services</td>
<td>FRIDAY 8:30 AM</td>
<td>Osceola 1-2</td>
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<tr>
<td></td>
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<td>SATURDAY 1:30 PM</td>
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<tr>
<td>17</td>
<td>Operationalizing a System of Care: A Curriculum and Toolkit</td>
<td>FRIDAY 8:30 AM</td>
<td>Orange Blossom</td>
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<tr>
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<td>SATURDAY 1:30 PM</td>
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<tr>
<td>18</td>
<td>Integrating Digital Media Strategies into Social Marketing</td>
<td>FRIDAY 8:30 AM</td>
<td>Sun 1-2-3</td>
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**WORKSHOPS**

<table>
<thead>
<tr>
<th>Workshop #</th>
<th>Topic</th>
<th>Time(s)</th>
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<tbody>
<tr>
<td>1</td>
<td>Building Systems of Care During Budget Shortfalls: Serving More Youth with the Same or Less Money</td>
<td>THURSDAY 1:30 PM</td>
<td>Captiva 1-2</td>
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<td>SATURDAY 10:30 AM</td>
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<tr>
<td>2</td>
<td>Building and Sustaining Cross-System Training Programs</td>
<td>THURSDAY 1:30 PM</td>
<td>Miami 3</td>
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<td>8</td>
<td>Innovative Financing Strategies for Systems of Care: Creating a County Children’s Service Fund</td>
<td>THURSDAY 3:30 PM</td>
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<tr>
<td>9</td>
<td>Persuasive Storytelling: Discovering the Power of Your Personal Story</td>
<td>THURSDAY 3:30 PM</td>
<td>Tallahassee 1-2</td>
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<td>SATURDAY 8:30 AM</td>
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<tr>
<td>15</td>
<td>Using a Collaborative Training and Technical Assistance Framework to Expand the System of Care Approach</td>
<td>FRIDAY 8:30 AM</td>
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<td>SATURDAY 3:30 PM</td>
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<tr>
<td>16</td>
<td>Risky Business: Doing Business with Nonprofit Family and Consumer Organizations</td>
<td>FRIDAY 8:30 AM</td>
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<td>SATURDAY 3:30 PM</td>
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<tr>
<td>22</td>
<td>Using Video Conferencing Technology in Systems of Care</td>
<td>FRIDAY 10:30 AM</td>
<td>Captiva 1-2</td>
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<tr>
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<td>SATURDAY 1:30 PM</td>
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## Providing Effective Services and Supports

### INSTITUTES

<table>
<thead>
<tr>
<th>Institute #</th>
<th>Topic</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>4</td>
<td>Through the Looking Glass: Implementing Wraparound Practice Through the Lens of Implementation Science</td>
<td>THURSDAY 1:30 PM</td>
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<tr>
<td>5</td>
<td>Adopting and Sustaining Evidence-Based Practices: Implementation Matters</td>
<td>THURSDAY 1:30 PM</td>
<td>Tampa 1-2-3</td>
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<td>6</td>
<td>Youth Suicide Prevention: Implementing Evidence-Based and Effective Approaches in Communities</td>
<td>THURSDAY 1:30 PM</td>
<td>Osceola 1-2</td>
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<tr>
<td>7</td>
<td>Parent Management Training–Oregon Model (PMTO): Empowering Parents as Their Children’s Change Agents</td>
<td>THURSDAY 1:30 PM</td>
<td>Sun 1-2-3</td>
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<td>8</td>
<td>The RENEW Model: An Evidence-Informed Intervention for Youth and Young Adults of Transition Age</td>
<td>THURSDAY 1:30 PM</td>
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<tr>
<td>19</td>
<td>Evidence-Based Tools and Techniques for Assessment and Treatment</td>
<td>FRIDAY 8:30 AM</td>
<td>Osceola 3-4</td>
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<tr>
<td>20</td>
<td>The Use of Psychotropic Medications for Children and Adolescents in Community-Based Child-Serving Agencies</td>
<td>FRIDAY 8:30 AM</td>
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<td>21</td>
<td>Child FIRST: Early Childhood Mental Health Home Visiting Within a System of Care</td>
<td>FRIDAY 8:30 AM</td>
<td>Sun 4-5-6</td>
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<td>22</td>
<td>Improving Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, 2-Spirit (LGBTQI2-S) and Their Families</td>
<td>FRIDAY 8:30 AM</td>
<td>Sanibel 1-2-3</td>
</tr>
<tr>
<td>23</td>
<td>Serving Youth with Co-Occurring Substance Use and Mental Health Challenges</td>
<td>FRIDAY 8:30 AM</td>
<td>Miami 1-2</td>
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<tr>
<td>24</td>
<td>Home-Based Parent-Child Interaction Therapy (PCIT): Implementing an Evidence-Based Treatment Within a System of Care</td>
<td>FRIDAY 8:30 AM</td>
<td>Sarasota 1-2-3</td>
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### WORKSHOPS

<table>
<thead>
<tr>
<th>Workshop #</th>
<th>Topic</th>
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<tbody>
<tr>
<td>3</td>
<td>Short-Term Stabilization in Inpatient Psychiatric Settings: A Necessary Component of Systems of Care</td>
<td>THURSDAY 1:30 PM</td>
<td>Tallahassee 3</td>
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<td>4</td>
<td>Beyond the Uniform: Serving Military Families in Systems of Care</td>
<td>THURSDAY 1:30 PM</td>
<td>Naples 1</td>
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<td>10</td>
<td>A Parent-Implemented Treatment Model for Families of Preschool Children with Social, Emotional, and Behavioral Challenges</td>
<td>THURSDAY 3:30 PM</td>
<td>Captiva 1-2</td>
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<tr>
<td>13</td>
<td>START: Integrating Substance Use Treatment and Family Preservation Services</td>
<td>THURSDAY 3:30 PM</td>
<td>Destin 1-2</td>
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</table>
### Providing Effective Services and Supports Workshops Continued

<table>
<thead>
<tr>
<th>Workshop #</th>
<th>Title</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>#17</td>
<td>An Innovative Approach to Residential Treatment: Shorter Stays, Better Outcomes</td>
<td>FRIDAY 8:30 AM/SATURDAY 3:30 PM</td>
<td>Gainesville 1-2</td>
</tr>
<tr>
<td>#23</td>
<td>Implementing, Sustaining, and Expanding the Wraparound Approach</td>
<td>FRIDAY 10:30 AM/SATURDAY 1:30 PM</td>
<td>Destin 1-2</td>
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</tbody>
</table>

### Providing Family-Driven, Youth-Guided, and Culturally and Linguistically Competent Services

#### INSTITUTES

<table>
<thead>
<tr>
<th>Institute #</th>
<th>Title</th>
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<th>Location</th>
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<tbody>
<tr>
<td>#9</td>
<td>Strategies for a Family-Driven, Youth-Guided Approach in Policy and Practice</td>
<td>THURSDAY 1:30 PM/SATURDAY 8:30 AM</td>
<td>Sun 4-5-6</td>
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<td>#10</td>
<td>Resiliency for ALL Youth and Families: Leveling the Playing Field</td>
<td>THURSDAY 1:30 PM/SATURDAY 8:30 AM</td>
<td>Sanibel 1-2-3</td>
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<tr>
<td>#11</td>
<td>Ensuring Language Access in Your Organization</td>
<td>THURSDAY 1:30 PM/SATURDAY 8:30 AM</td>
<td>Miami 1-2</td>
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<tr>
<td>#25</td>
<td>A Curriculum for Family-to-Family Peer Support Based on System of Care Values</td>
<td>FRIDAY 8:30 AM/SATURDAY 1:30 PM</td>
<td>Naples 2-3</td>
</tr>
<tr>
<td>#26</td>
<td>Can You Hear Me Now? Effective Strategies for Youth Involvement</td>
<td>FRIDAY 8:30 AM/SATURDAY 1:30 PM</td>
<td>Tampa 1-2-3</td>
</tr>
<tr>
<td>#27</td>
<td>Using Cultural Dialogues to Promote Culturally Competent Practice</td>
<td>FRIDAY 8:30 AM/SATURDAY 1:30 PM</td>
<td>Sun A</td>
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#### WORKSHOPS

<table>
<thead>
<tr>
<th>Workshop #</th>
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<th>Date/Time</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>#5</td>
<td>Youth Support Partners: Peer Support for Better Outcomes</td>
<td>THURSDAY 1:30 PM/SATURDAY 10:30 AM</td>
<td>Gainesville 1-2</td>
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<tr>
<td>#11</td>
<td>Partnerships Among Youth, Families, and Clinicians: Shared Decision Making for Medication Management</td>
<td>THURSDAY 3:30 PM/SATURDAY 8:30 AM</td>
<td>Gainesville 1-2</td>
</tr>
<tr>
<td>#12</td>
<td>A Culturally Competent Approach for Family Involvement in Systems of Care: Family Roundtables</td>
<td>THURSDAY 3:30 PM/SATURDAY 8:30 AM</td>
<td>Tallahassee 3</td>
</tr>
<tr>
<td>#18</td>
<td>Preparing Youth and Young Adults Who Have Experienced Trauma to be Advocates for System Change</td>
<td>FRIDAY 8:30 AM/SATURDAY 3:30 PM</td>
<td>Tallahassee 1-2</td>
</tr>
<tr>
<td>#19</td>
<td>Our World, Our Words: Youth Perspectives on Cultural and Sexual Identity</td>
<td>FRIDAY 8:30 AM/SATURDAY 3:30 PM</td>
<td>Destin 1-2</td>
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<tr>
<td>#24</td>
<td>Missing Link: A Dad</td>
<td>FRIDAY 10:30 AM/SATURDAY 1:30 PM</td>
<td>Gainesville 1-2</td>
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<tr>
<td>#25</td>
<td>Integrating Cultural and Linguistic Competence and Family and Youth Involvement Through Social Marketing</td>
<td>FRIDAY 10:30 AM/SATURDAY 1:30 PM</td>
<td>Tallahassee 1-2</td>
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Building Cross-Agency Partnerships

**INSTITUTES**

Institute #12  
Partnerships Between Education and Behavioral Health: Implementing Positive Behavioral Interventions and Supports (PBIS) and Wraparound in Schools  
**THURSDAY 1:30 PM**  
**SUNDAY 8:30 AM**  
Orange Blossom

Institute #13  
Juvenile Justice Reform: Partnering to Create Innovative Community Services  
**THURSDAY 1:30 PM**  
**SUNDAY 8:30 AM**  
Sarasota 1-2-3

Institute #28  
Cross-System Collaboration to Improve Outcomes: Partnering with Education  
**FRIDAY 8:30 AM**  
**SATURDAY 1:30 PM**  
Osceola 5-6

Institute #29  
**FRIDAY 8:30 AM**  
**SATURDAY 1:30 PM**  
Sun C

**WORKSHOPS**

Workshop #6  
How to Implement Cross-System Behavioral Support Services in High-Need Schools  
**THURSDAY 1:30 PM**  
**SUNDAY 10:30 AM**  
Destin 1-2

Workshop #7  
Wraparound in the Faith Community: The Open Table Model  
**THURSDAY 1:30 PM**  
**SUNDAY 10:30 AM**  
Tallahassee 1-2

Workshop #20  
Integrating a System of Care Approach into Pediatric Medical Homes  
**FRIDAY 8:30 AM**  
**SATURDAY 3:30 PM**  
Captiva 1-2

Workshop #26  
Designing Gender-Responsive Programs for Girls: A Prevention Strategy in Juvenile Justice  
**FRIDAY 10:30 AM**  
**SATURDAY 1:30 PM**  
Miami 3

Workshop #27  
Family Strengthening Interventions for Children and Families Involved in Multiple Systems  
**FRIDAY 10:30 AM**  
**SATURDAY 1:30 PM**  
Naples 1

Collecting and Using Data to Improve Services

**INSTITUTES**

Institute #14  
How to Use Data Dashboards to Improve Policy, Program, and Practice  
**THURSDAY 1:30 PM**  
**SUNDAY 8:30 AM**  
Osceola 5-6

Institute #15  
How to Improve the Outcomes of Evidence-Based Treatments Using the Contextualized Feedback System  
**THURSDAY 1:30 PM**  
**SUNDAY 8:30 AM**  
Osceola 3-4

Institute #30  
An Information Management Strategy for Child-Serving Systems: The Total Clinical Outcomes Management (TCOM) Approach  
**FRIDAY 8:30 AM**  
**SATURDAY 1:30 PM**  
Sun D

**WORKSHOPS**

Workshop #14  
Continuous Quality Improvement (CQI) Methodologies to Improve Outcomes  
**THURSDAY 3:30 PM**  
**SUNDAY 8:30 AM**  
Miami 3

Workshop #21  
Developing a Web-Based Data System for Family Support Programs: Challenges and Opportunities  
**FRIDAY 8:30 AM**  
**SATURDAY 3:30 PM**  
Tallahassee 3

Workshop #28  
Using the Ohio Scales for Assessment and Outcome Measurement in Systems of Care  
**FRIDAY 10:30 AM**  
**SATURDAY 1:30 PM**  
Tallahassee 3
Native American Services Track

INSTITUTES

Institute #1  Leading Systems Change: Working Together to Protect Children and Strengthen Families  THURSDAY 1:30 PM  Daytona 1-2
Institute #2  Healing Our Children, Hearing Their Stories  FRIDAY 8:30 AM  Daytona 1-2
Institute #3  Culturally Appropriate Community-Based Participatory Research Methods with an Engaged Urban American Indian/Alaska Native Community  SATURDAY 1:30 PM  Daytona 1-2

WORKSHOP

Workshop #1  Struggles and Successes with Urban Indian/Reservation Youth Engagement: Strategies for Overcoming Obstacles  SATURDAY 8:30 AM  Daytona 1-2
Workshop #2  Strategies for Improving Access to Services for Native Children and Families  SATURDAY 10:30 AM  Daytona 1-2

Targeted Institutes

Targeted Institute #1  Operationalizing a System of Care: Strategies for Serving High-Risk Children and Youth  SUNDAY 9:30 AM  Sun A
Targeted Institute #2  Building Systems of Care: A Primer  SUNDAY 9:30 AM  Sanibel 1-2-3
Targeted Institute #3  Strategies for Expanding the System of Care Approach  SUNDAY 9:30 AM  Sun B
Targeted Institute #4  Health Reform and Children’s Behavioral Health Services  SUNDAY 9:30 AM  Osceola A
Targeted Institute #5  Core Competencies for the Children’s Behavioral Health Workforce: Setting High Standards  SUNDAY 9:30 AM  Miami 1-2
Targeted Institute #6  Social Marketing: Strategies for Children’s Mental Health Awareness Day  SUNDAY 9:30 AM  Osceola 3-4
Targeted Institute #7  Implementing a Public Health Approach to Children’s Mental Health  SUNDAY 9:30 AM  Tampa 1-2-3
Targeted Institute #9  Racial and Ethnic Disparities in Systems of Care: Confronting Issues…Creating Solutions  SUNDAY 9:30 AM  Sun C
Targeted Institute #10  Implementing Peer Supports for Families: Core Competencies, Training, and Support  SUNDAY 9:30 AM  Osceola B
Targeted Institute #11  Measuring the Outcomes of Family-to-Family Peer Support: How to Use the Family Journey Assessment  SUNDAY 9:30 AM  Sun 4-5-6
Targeted Institutes Continued

<table>
<thead>
<tr>
<th>Targeted Institute #12</th>
<th>Creating Effective Youth-Adult Partnerships</th>
<th>SUNDAY 9:30 AM</th>
<th>Osceola 5-6</th>
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<tbody>
<tr>
<td>Targeted Institute #13</td>
<td>Keeping Wrap on Track: Tools for Successful Wraparound Implementation</td>
<td>SUNDAY 9:30 AM</td>
<td>Orange Blossom</td>
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<td>Targeted Institute #14</td>
<td>The Child and Adolescent Service Intensity Instrument (CASII): A Tool for Child and Family Teams</td>
<td>SUNDAY 9:30 AM</td>
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<td>Providing Early Childhood Mental Health Consultation</td>
<td>SUNDAY 9:30 AM</td>
<td>Sun 1-2-3</td>
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<td>Targeted Institute #16</td>
<td>Employment Solutions for Youth and Young Adults with Mental Health Challenges: Making It Work</td>
<td>SUNDAY 9:30 AM</td>
<td>Destin 1-2</td>
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<tr>
<td>Targeted Institute #17</td>
<td>Serving Children and Youth with Co-Occurring Developmental Disabilities and Mental Health Challenges: Strategies for Managing Aggressive Behavior</td>
<td>SUNDAY 9:30 AM</td>
<td>Captiva 1-2</td>
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<tr>
<td>Targeted Institute #19</td>
<td>Implementing Mental Health First Aid in Systems of Care</td>
<td>SUNDAY 9:30 AM</td>
<td>Tallahassee 1-2</td>
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<tr>
<td>Targeted Institute #20</td>
<td>A Collaborative Approach to Promoting Social-Emotional Well-Being for Children, Youth, and Families in the Child Welfare System</td>
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<td>Youth MOVE: Strategies for Chapter Development</td>
<td>SUNDAY 9:30 AM</td>
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<tr>
<td>Targeted Institute #23</td>
<td>Theory-Driven Evaluation: Quality Improvement and System Sustainability</td>
<td>SUNDAY 9:30 AM</td>
<td>Sarasota 2-3</td>
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Youth Leadership Track

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<thead>
<tr>
<th>Youth Track #1</th>
<th>The Trevor Project Lifeguard Workshop</th>
<th>THURSDAY 1:30 PM</th>
<th>Emerald 4</th>
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<td>Youth Leadership Academy: Be a Community Leader</td>
<td>THURSDAY 1:30 PM</td>
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<tr>
<td>Youth Track #3</td>
<td>Online and Running: Utilizing Content Management to Strengthen Your Social Media Strategy</td>
<td>THURSDAY 1:30 PM</td>
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<td>Youth Track #4</td>
<td>Stick it to the Shrink</td>
<td>THURSDAY 3:30 PM</td>
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<td>Youth Track #5</td>
<td>Digital Story Telling</td>
<td>THURSDAY 3:30 PM</td>
<td>Emerald 8</td>
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<tr>
<td>Youth Track #6</td>
<td>Leadership 101: Youth Voice, Leadership, Empowerment, and Advocacy</td>
<td>FRIDAY 8:30 AM</td>
<td>Emerald 4</td>
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<tr>
<td>Youth Track #7</td>
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<td>SATURDAY 3:30 PM</td>
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### SESSIO N S BY TOPIC

**Youth Leadership Track Continued**

<table>
<thead>
<tr>
<th>Youth Track #</th>
<th>Topic</th>
<th>Day</th>
<th>Time</th>
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<tbody>
<tr>
<td>#7</td>
<td>Trauma: A Youth Perspective</td>
<td>FRIDAY</td>
<td>8:30 AM</td>
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<td></td>
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<td>SATURDAY</td>
<td>3:30 PM</td>
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<tr>
<td>#8</td>
<td>MY LIFE: Youth are Agents of Change</td>
<td>FRIDAY</td>
<td>8:30 AM</td>
<td>Emerald 8</td>
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<td></td>
<td></td>
<td>SATURDAY</td>
<td>10:30 AM</td>
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<tr>
<td>#9</td>
<td>Taking the Lead: Using the Youth Guide to Treatment and Treatment Planning</td>
<td>FRIDAY</td>
<td>10:30 AM</td>
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<td>SATURDAY</td>
<td>1:30 PM</td>
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<tr>
<td>#10</td>
<td>How to Engage Youth Leaders as System Reformers</td>
<td>FRIDAY</td>
<td>10:30 AM</td>
<td>Emerald 6</td>
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<td>SATURDAY</td>
<td>1:30 PM</td>
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<tr>
<td>#11</td>
<td>Unleash Your Potential…Get AMP’D</td>
<td>FRIDAY</td>
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<td>Emerald 8</td>
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<tr>
<td>#12</td>
<td>The Spoken Word</td>
<td>SATURDAY</td>
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<td>SATURDAY</td>
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### WELLNESS WORKSHOPS

<table>
<thead>
<tr>
<th>Wellness Workshop #</th>
<th>Topic</th>
<th>Day</th>
<th>Time</th>
<th>Venue</th>
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<tbody>
<tr>
<td>#1</td>
<td>Zumba and a Personal Story of Resilience Through Fitness</td>
<td>THURSDAY</td>
<td>1:30 PM</td>
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<td>THURSDAY</td>
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<tr>
<td>#2</td>
<td>Yoga and You Are What You Eat</td>
<td>FRIDAY</td>
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<td>FRIDAY</td>
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<td>#3</td>
<td>Kick Boxing and Stretch for Health</td>
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<td>#4</td>
<td>Circuit Training and Meditation/Mindfulness</td>
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<td>SATURDAY</td>
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</table>
AGENDA

MONDAY • JULY 23

4:00 PM – 8:00 PM  Registration  CITY HALL LOBBY

TUESDAY • JULY 24

7:30 AM – 6:00 PM  Registration  CITY HALL LOBBY

7:30 AM – 8:30 AM  Pre-Institutes Training Continental Breakfast  IN MEETING ROOMS

8:30 AM – 5:30 PM  PRE-INSTITUTES TRAINING PROGRAM

Standing Up! for Cultural and Linguistic Competence: Organizational and System Change in Challenging Environments  OSCEOIA A

Effective Residential Service Interventions in Systems of Care  SUN 1-2-3

Leadership and Change Management to Promote Systems Change  SUN C

Strategic Financing for Children’s Behavioral Health Services and Systems of Care: Health Reform and Other Financing Opportunities  SUN D

Collaboration Lab: Engaging in Challenging Conversations  OSCEOIA 5

8:30 AM – 5:30 PM  Meeting for the Children, Youth and Families Division, National Association of State Mental Health Program Directors  TAMPA 1-2-3
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30 AM – 7:00 PM</td>
<td>Registration</td>
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<td>CITY HALL LOBBY</td>
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<tr>
<td>7:30 AM – 8:30 AM</td>
<td>Pre-Institutes Training Programs Continental Breakfast</td>
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<td>IN MEETING ROOMS</td>
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<td>8:30 AM – 5:00 PM</td>
<td><strong>PRE-INSTITUTES TRAINING PROGRAM</strong></td>
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<td>Standing Up! for Cultural and Linguistic Competence:</td>
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<td>Organizational and System Change in Challenging Environments</td>
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<td>Effective Residential Service Interventions in Systems of Care</td>
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<td>Collaboration Lab: Engaging in Challenging Conversations</td>
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<td>OSCEOLA 5</td>
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<td>8:30 AM – 4:30 PM</td>
<td>Children, Youth and Families Division, National Association</td>
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<td>of State Mental Health Program Directors Meeting</td>
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<td>TAMPA 1-2-3</td>
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<td>8:30 AM – 5:30 PM</td>
<td>American Indian, Alaska Native, and Urban Indian System of Care Care Meeting</td>
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<td>NAPLES 1-2-3</td>
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<td>8:30 AM – 4:00 PM</td>
<td>Early Childhood Community of Practice Meeting</td>
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<td>MIAMI 1-2-3</td>
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<td>1:00 PM – 4:30 PM</td>
<td>National Wraparound Initiative Meeting</td>
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<td>TALLAHASSEE 1-2-3</td>
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<td>1:30 PM – 3:30 PM</td>
<td><strong>PRE-CONFERENCE ORIENTATION</strong></td>
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<td><strong>PRESENTER/MODERATOR:</strong> Joan Dodge, Ph.D., Senior Policy Associate,</td>
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<td>National Technical Assistance Center for Children’s Mental Health,</td>
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<td>Georgetown University Center for Child and Human Development</td>
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<td>Gary Blau, Ph.D., Chief, Child, Adolescent and Family Branch, Center</td>
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<td>for Mental Health Services, Substance Abuse and Mental Health Services</td>
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<td></td>
<td>Administration</td>
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<td>Robert Friedman, Ph.D., Professor Emeritus, University of South</td>
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<td>Florida, Tampa, Florida</td>
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<td>Wendy Jones, M.Ed., Project Director, Children and Youth with</td>
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<td>Special Health Care Needs, National Center on Cultural Competence,</td>
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<td>Georgetown University Center for Child and Human Development</td>
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<td>Sandra Spencer, Executive Director, National Federation of Families</td>
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<td>Cindy Juarez, M.B.A., Director, Youth MOVE National</td>
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<td>1:30 PM – 3:30 PM</td>
<td><strong>Youth Leadership Track Orientation</strong></td>
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<td>ORANGE BLOSSOM</td>
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<td>4:00 PM – 5:30 PM</td>
<td><strong>SPECIAL PRESENTATION:</strong> The Trevor Project: Innovations in Youth</td>
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<td>Crisis Intervention and Suicide Prevention</td>
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<td>OSCEOLA C</td>
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<td></td>
<td>Nathan Belyeu, Senior Education Manager, The Trevor Project</td>
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<td>Kelli Peterman, Senior Crisis Services Manager, The Trevor Project</td>
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</tbody>
</table>
THURSDAY • JULY 26

6:00 AM – 7:00 AM   Cardio Zumba

7:30 AM – 6:00 PM   Registration

7:30 AM – 8:30 AM   Continental Breakfast

8:30 AM – 11:45 AM   OPENING SESSION
   Welcome and Opening Remarks
   Phyllis Magrab, Ph.D., Director, Georgetown University Center for Child and Human Development
   Stephenie Colston, M.A., Director of Substance Abuse and Mental Health, Florida Department of Children and Families

   Charting a Course for Children’s Mental Health: Change Agents Required
   Gary Blau, Ph.D., Chief, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

   UNBREAKABLE: The Dewey Bozella Story
   The Challenge of Trauma: Innovations in Systems of Care
   MODERATOR: Jim Wotring, M.S.W., Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development
   Bryan Samuels, Commissioner, Administration on Children, Youth and Families, U.S. Department of Health and Human Services
   Judith Cohen, M.D., Medical Director, Center for Traumatic Stress in Children and Adolescents, Allegheny General Hospital
   Ernestine Briggs-King, Ph.D., Director, Data and Evaluation Program, National Center for Child Traumatic Stress, Duke University School of Medicine
   Brianne Masselli, Director of Training and Continuous Quality Improvement, THRIVE

11:45 AM – 1:15 PM   Lunch On Your Own

12:00 PM – 1:00 PM   Ask Dewey Bozella: Informal Q & A
   Bring Your Lunch and Participate in an Informal Discussion with Dewey Bozella

1:30 PM – 5:00 PM   INSTITUTES
   INSTITUTE #1 • NAPLES 2-3
   How to Build a Statewide System of Care

   INSTITUTE #2 • SUN A
   Sustaining and Expanding a Trauma-Informed System: From Theory and Practice to Action

   INSTITUTE #3 • SUN B
   Care Management Entities: Improving the Quality and Cost of Care in the Context of Health Reform

   INSTITUTE #4 • SUN C
   Through the Looking Glass: Implementing Wraparound Practice Through the Lens of Implementation Science
1:30 PM – 5:00 PM INSTITUTES CONTINUED

INSTITUTE #5 • TAMPA 1-2-3
Adopting and Sustaining Evidence-Based Practices: Implementation Matters

INSTITUTE #6 • OSCEOLA 1-2
Youth Suicide Prevention: Implementing Evidence-Based and Effective Approaches in Communities

INSTITUTE #7 • SUN 1-2-3
Parent Management Training–Oregon Model (PMTO): Empowering Parents as Their Children’s Change Agents

INSTITUTE #8 • SUN D
The RENEW Model: An Evidence-Informed Intervention for Youth and Young Adults of Transition Age

INSTITUTE #9 • SUN 4-5-6
Strategies for a Family-Driven, Youth-Guided Approach in Policy and Practice

INSTITUTE #10 • SANIBEL 1-2-3
Resiliency for ALL Youth and Families: Leveling the Playing Field

INSTITUTE #11 • MIAMI 1-2
Ensuring Language Access in Your Organization

INSTITUTE #12 • ORANGE BLOSSOM
Partnerships Between Education and Behavioral Health: Implementing Positive Behavioral Interventions and Supports (PBIS) and Wraparound in Schools

INSTITUTE #13 • SARASOTA 1-2-3
Juvenile Justice Reform: Partnering to Create Innovative Community Services

INSTITUTE #14 • OSCEOLA 5-6
How to Use Data Dashboards to Improve Policy, Program, and Practice

INSTITUTE #15 • OSCEOLA 3-4
How to Improve the Outcomes of Evidence-Based Treatments Using the Contextualized Feedback System

1:30 PM – 5:00 PM

NATIVE AMERICAN SERVICES TRACK

INSTITUTE #1 • DAYTONA 1-2
Leading Systems Change: Working Together to Protect Children and Strengthen Families

1:30 PM – 5:00 PM
System of Care Cinema: Two Spirits

ST. GEORGE 108

1:30 PM – 3:00 PM

WORKSHOPS

WORKSHOP #1 • CAPTIVA 1-2
Building Systems of Care During Budget Shortfalls: Serving More Youth with the Same or Less Money

WORKSHOP #2 • MIAMI 3
Building and Sustaining Cross-System Training Programs
1:30 PM – 3:00 PM WORKSHOP CONTINUED

**WORKSHOP #3** • TALLAHASSEE 3
Short-Term Stabilization in Inpatient Psychiatric Settings: A Necessary Component of Systems of Care

**WORKSHOP #4** • NAPLES 1
Beyond the Uniform: Serving Military Families in Systems of Care

**WORKSHOP #5** • GAINESVILLE 1-2
Youth Support Partners: Peer Support for Better Outcomes

**WORKSHOP #6** • DESTIN 1-2
How to Implement Cross-System Behavioral Support Services in High-Need Schools

**WORKSHOP #7** • TALLAHASSEE 1-2
Wraparound in the Faith Community: The Open Table Model

3:00 PM – 3:30 PM Break

3:30 PM – 5:00 PM WORKSHOPS

**WORKSHOP #8** • NAPLES 1
Innovative Financing Strategies for Systems of Care: Creating a County Children’s Service Fund

**WORKSHOP #9** • TALLAHASSEE 1-2
Persuasive Storytelling: Discovering the Power of Your Personal Story

**WORKSHOP #10** • CAPTIVA 1-2
A Parent-Implemented Treatment Model for Families of Preschool Children with Social, Emotional, and Behavioral Challenges

**WORKSHOP #11** • GAINESVILLE 1-2
Partnerships Among Youth, Families, and Clinicians: Shared Decision Making for Medication Management

**WORKSHOP #12** • TALLAHASSEE 3
A Culturally Competent Approach for Family Involvement in Systems of Care: Family Roundtables

**WORKSHOP #13** • DESTIN 1-2
START: Integrating Substance Use Treatment and Family Preservation Services

**WORKSHOP #14** • MIAMI 3
Continuous Quality Improvement (CQI) Methodologies to Improve Outcomes

5:00 PM – 6:30 PM Welcome Reception
Voting for Excellence in Community Communications and Outreach (ECCO) Recognition

6:30 PM – 9:30 PM Welcome Banquet
Entertainment by the Youth MOVE Miami Community Choir
FRIDAY • JULY 27

6:00 AM – 7:00 AM  Cardio Zumba  EXHIBIT HALL LOBBY, LOWER LEVEL

7:30 AM – 6:00 PM  Registration  CITY HALL LOBBY

7:30 AM – 8:30 AM  Continental Breakfast  OSCEOLA BALLROOM

8:30 AM – 12:00 PM  INSTITUTES

INSTITUTE #16 • OSCEOLA 1-2
Sustainable Financing Strategies for Early Childhood Mental Health Services

INSTITUTE #17 • ORANGE BLOSSOM
Operationalizing a System of Care: A Curriculum and Toolkit

INSTITUTE #18 • SUN 1-2-3
Integrating Digital Media Strategies into Social Marketing

INSTITUTE #19 • OSCEOLA 3-4
Evidence-Based Tools and Techniques for Assessment and Treatment

INSTITUTE #20 • SUN B
The Use of Psychotropic Medications for Children and Adolescents in Community-Based Child-Serving Agencies

INSTITUTE #21 • SUN 4-5-6
Child FIRST: Early Childhood Mental Health Home Visiting Within a System of Care

INSTITUTE #22 • SANIBEL 1-2-3
Improving Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, 2-Spirit (LGBTQI2-S) and Their Families

INSTITUTE #23 • MIAMI 1-2
Serving Youth with Co-Occurring Substance Use and Mental Health Challenges

INSTITUTE #24 • SARASOTA 1-2-3
Home-Based Parent-Child Interaction Therapy (PCIT): Implementing an Evidence-Based Treatment Within a System of Care

INSTITUTE #25 • NAPLES 2-3
A Curriculum for Family-to-Family Peer Support Based on System of Care Values

INSTITUTE #26 • TAMPA 1-2-3
Can You Hear Me Now? Effective Strategies for Youth Involvement

INSTITUTE #27 • SUN A
Using Cultural Dialogues to Promote Culturally Competent Practice

INSTITUTE #28 • OSCEOLA 5-6
Cross-System Collaboration to Improve Outcomes: Partnering with Education

INSTITUTE #29 • SUN C

INSTITUTE #30 • SUN D
An Information Management Strategy for Child-Serving Systems: The Total Clinical Outcomes Management (TCOM) Approach
8:30 AM – 12:00 PM

**NATIVE AMERICAN SERVICES TRACK**

**INSTITUTE #2 • DAYTONA 1-2**

Healing Our Children, Hearing Their Stories

8:30 AM – 12:00 PM

**System of Care Cinema: Who Cares About Kelsey?**

ST. GEORGE 108

8:30 AM – 10:00 AM

**WORKSHOPS**

**WORKSHOP #15 • MIAMI 3**

Using a Collaborative Training and Technical Assistance Framework to Expand the System of Care Approach

**WORKSHOP #16 • NAPLES 1**

Risky Business: Doing Business with Nonprofit Family and Consumer Organizations

**WORKSHOP #17 • GAINESVILLE 1-2**

An Innovative Approach to Residential Treatment: Shorter Stays, Better Outcomes

**WORKSHOP #18 • TALLAHASSEE 1-2**

Preparing Youth and Young Adults Who Have Experienced Trauma to be Advocates for System Change

**WORKSHOP #19 • DESTIN 1-2**

Our World, Our Words: Youth Perspectives on Cultural and Sexual Identity

**WORKSHOP #20 • CAPTIVA 1-2**

Integrating a System of Care Approach into Pediatric Medical Homes

**WORKSHOP #21 • TALLAHASSEE 3**

Developing a Web-Based Data System for Family Support Programs: Challenges and Opportunities

10:00 AM – 10:30 AM

**Break**

LOBBIES AND FOYERS

10:30 AM – 12:00 PM

**WORKSHOPS**

**WORKSHOP #22 • CAPTIVA 1-2**

Using Video Conferencing Technology in Systems of Care

**WORKSHOP #23 • DESTIN 1-2**

Implementing, Sustaining, and Expanding the Wraparound Approach

**WORKSHOP #24 • GAINESVILLE 1-2**

Missing Link: A Dad

**WORKSHOP #25 • TALLAHASSEE 1-2**

Integrating Cultural and Linguistic Competence and Family and Youth Involvement Through Social Marketing

**WORKSHOP #26 • MIAMI 3**

Designing Gender-Responsive Programs for Girls: A Prevention Strategy in Juvenile Justice
10:30 AM – 12:00 PM WORKSHOP CONTINUED

**WORKSHOP #27 • NAPLES 1**
Family Strengthening Interventions for Children and Families Involved in Multiple Systems

**WORKSHOP #28 • TALLAHASSEE 3**
Using the Ohio Scales for Assessment and Outcome Measurement in Systems of Care

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12:15 PM – 3:15 PM  
**LUNCHEON and GENERAL SESSION**  
**OSCEOLA BALLROOM**

**Health Reform: Implications and Opportunities for Children’s Behavioral Health Care**

**MODERATOR:** Beth Stroul, M.Ed., President, Management & Training Innovations
John O’Brien, Senior Policy Advisor, Disabled and Elderly Health Programs Group, Centers for Medicare and Medicaid Services
James Wotring, M.S.W., Director, National Technical Assistance for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Angela Kimball, Director of State Policy, National Alliance on Mental Illness (NAMI)

**Presentation of Excellence in Community Communications and Outreach Recognition (ECCO)**
Gary Blau, Ph.D., Chief, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

**Presentation of Youth MOVE Rock Star Awards**
Marvin Alexander, M.S.W., President, Youth MOVE National Board of Directors

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3:30 PM – 5:30 PM  
**Poster Session and Dessert Reception**  
**SUN BALLROOM**
For full list of Poster Presentations see page 120

5:30 PM – 7:00 PM  
**Documentary Screenings**  
**TALLAHASSEE 1**
*Rise Up*
**TALLAHASSEE 2**
*Ask Us Who We Are*

5:30 PM – 7:00 PM  
**Meet and Greet—Community of Practice:**
Young Adults of Transition Age  
**CAPTIVA 1-2**

5:00 PM – 6:00 PM  
**Parent Support Providers Certification Listening Session**  
**SARASOTA 1-2-3**
SATURDAY • JULY 28

6:00 AM – 7:00 AM  Cardio Zumba  
EXHIBIT HALL LOBBY, LOWER LEVEL

7:30 AM – 6:00 PM  Registration  
CITY HALL LOBBY

7:30 AM – 8:30 AM  Continental Breakfast  
OSCEOLA BALLROOM

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How to Use Data Dashboards to Improve Policy, Program, and Practice
8:30 AM – 12:00 PM INSTITUTES CONTINUED

INSTITUTE #15 • OSCLEOA 3-4
How to Improve the Outcomes of Evidence-Based Treatments Using the Contextualized Feedback System

8:30 AM – 12:00 PM  System of Care Cinema: Extremely Loud and Incredibly Close  ST. GEORGE 108

8:30 AM – 10:00 AM WORKSHOPS

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WORKSHOP #14 • MIAMI 3
Continuous Quality Improvement (CQI) Methodologies to Improve Outcomes

8:30 AM – 10:00 AM NATIVE AMERICAN SERVICES TRACK

WORKSHOP #1 • DAYTONA 1-2
Struggles and Successes with Urban Indian/Reservation Youth Engagement: Strategies for Overcoming Obstacles

10:00 AM – 10:30 AM Break  LOBBIES AND FOYERS

10:30 AM – 12:00 PM WORKSHOPS

WORKSHOP #1 • CAPTIVA 1-2
Building Systems of Care During Budget Shortfalls: Serving More Youth with the Same or Less Money

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WORKSHOP #7 • TALLAHASSEE 1-2
Wraparound in the Faith Community: The Open Table Model

10:30 AM – 12:00 PM NATIVE AMERICAN SERVICES TRACK

WORKSHOP #2 • DAYTONA 1-2
Strategies for Improving Access to Services for Native Children and Families

12:00 PM – 1:15 PM Networking Lunch

1:30 PM – 5:00 PM INSTITUTES

INSTITUTE #16 • OSCEOLA 1-2
Sustainable Financing Strategies for Early Childhood Mental Health Services

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INSTITUTE #27 • SUN A
Using Cultural Dialogues to Promote Culturally Competent Practice

INSTITUTE #28 • OSCEOLA 5-6
Cross-System Collaboration to Improve Outcomes: Partnering with Education

INSTITUTE #29 • SUN C

INSTITUTE #30 • SUN D
An Information Management Strategy for Child-Serving Systems: The Total Clinical Outcomes Management (TCOM) Approach

1:30 PM – 5:00 PM  NATIVE AMERICAN SERVICES TRACK

INSTITUTE #3 • DAYTONA 1-2
Culturally Appropriate Community-Based Participatory Research Methods with an Engaged Urban American Indian/Alaska Native Community

1:30 PM – 5:00 PM  System of Care Cinema: Waiting for Superman  ST. GEORGE 108

1:30 PM – 3:00 PM  WORKSHOPS

WORKSHOP #22 • CAPTIVA 1-2
Using Video Conferencing Technology in Systems of Care

WORKSHOP #23 • DESTIN 1-2
Implementing, Sustaining, and Expanding the Wraparound Approach

WORKSHOP #24 • GAINESVILLE 1-2
Missing Link: A Dad

WORKSHOP #25 • TALLAHASSEE 1-2
Integrating Cultural and Linguistic Competence and Family and Youth Involvement Through Social Marketing

WORKSHOP #26 • MIAMI 3
Designing Gender-Responsive Programs for Girls: A Prevention Strategy in Juvenile Justice

WORKSHOP #27 • NAPLES 1
Family Strengthening Interventions for Children and Families Involved in Multiple Systems

WORKSHOP #28 • TALLAHASSEE 3
Using the Ohio Scales for Assessment and Outcome Measurement in Systems of Care

3:00 PM – 3:30 PM  Break  LOBBIES AND FOYERS
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<thead>
<tr>
<th>3:30 PM – 5:00 PM</th>
<th><strong>WORKSHOPS</strong></th>
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<tr>
<td><strong>WORKSHOP #15</strong></td>
<td>MIAMI 3</td>
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<tr>
<td>Using a Collaborative Training and Technical Assistance Framework to Expand the System of Care Approach</td>
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<td><strong>WORKSHOP #16</strong></td>
<td>NAPLES 1</td>
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<td>Risky Business: Doing Business with Nonprofit Family and Consumer Organizations</td>
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<td><strong>WORKSHOP #17</strong></td>
<td>GAINESVILLE 1-2</td>
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<td>An Innovative Approach to Residential Treatment: Shorter Stays, Better Outcomes</td>
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<td><strong>WORKSHOP #18</strong></td>
<td>TALLAHASSEE 1-2</td>
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<td>Preparing Youth and Young Adults Who Have Experienced Trauma to be Advocates for System Change</td>
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<td><strong>WORKSHOP #19</strong></td>
<td>DESTIN 1-2</td>
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<td>Our World, Our Words: Youth Perspectives on Cultural and Sexual Identity</td>
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<td><strong>WORKSHOP #20</strong></td>
<td>CAPTIVA 1-2</td>
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<td>Integrating a System of Care Approach into Pediatric Medical Homes</td>
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<td><strong>WORKSHOP #21</strong></td>
<td>TALLAHASSEE 3</td>
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<td>Developing a Web-Based Data System for Family Support Programs: Challenges and Opportunities</td>
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<th>5:00 PM – 6:30 PM</th>
<th><strong>Leadership Alumni Reception</strong> OSCEOLA B</th>
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<tr>
<td>5:00 PM – 6:30 PM</td>
<td><strong>Reception for New Book</strong> OSCEOLA A</td>
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<td></td>
<td><em>Improve Emotional and Behavioral Outcomes for LGBT Youth: A Guide for Professionals</em></td>
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6:00 AM – 7:00 AM  Cardio Zumba  EXHIBIT HALL LOBBY, LOWER LEVEL
7:30 AM – 12:30 PM  Registration  CITY HALL LOBBY
8:30 AM – 9:30 AM  Continental Breakfast  OSCEOLA CD
9:30 AM – 12:30 PM  TARGETED INSTITUTES

TARGETED INSTITUTE #1  •  SUN A
Operationalizing a System of Care: Strategies for Serving High-Risk Children and Youth

TARGETED INSTITUTE #2  •  SANIBEL 1-2-3
Building Systems of Care: A Primer

TARGETED INSTITUTE #3  •  SUN B
Strategies for Expanding the System of Care Approach

TARGETED INSTITUTE #4  •  OSCEOLA A
Health Reform and Children’s Behavioral Health Services

TARGETED INSTITUTE #5  •  MIAMI 1-2
Core Competencies for the Children’s Behavioral Health Workforce: Setting High Standards

TARGETED INSTITUTE #6  •  OSCEOLA 3-4
Social Marketing: Strategies for Children’s Mental Health Awareness Day

TARGETED INSTITUTE #7  •  TAMPA 1-2-3
Implementing a Public Health Approach to Children’s Mental Health

TARGETED INSTITUTE #8  •  MIAMI 3

TARGETED INSTITUTE #9  •  SUN C
Racial and Ethnic Disparities in Systems of Care: Confronting Issues…Creating Solutions

TARGETED INSTITUTE #10  •  OSCEOLA B
Implementing Peer Supports for Families: Core Competencies, Training, and Support

TARGETED INSTITUTE #11  •  SUN 4-5-6
Measuring the Outcomes of Family-to-Family Peer Support: How to Use the Family Journey Assessment

TARGETED INSTITUTE #12  •  OSCEOLA 5-6
Creating Effective Youth-Adult Partnerships

TARGETED INSTITUTE #13  •  ORANGE BLOSSOM
Keeping Wrap on Track: Tools for Successful Wraparound Implementation

TARGETED INSTITUTE #14  •  NAPLES 1
The Child and Adolescent Service Intensity Instrument (CASII): A Tool for Child and Family Teams
TARGETED INSTITUTE #15 • SUN 1-2-3
Providing Early Childhood Mental Health Consultation

TARGETED INSTITUTE #16 • DESTIN 1-2
Employment Solutions for Youth and Young Adults with Mental Health Challenges: Making it Work

TARGETED INSTITUTE #17 • CAPTIVA 1-2
Serving Children and Youth with Co-Occurring Developmental Disabilities and Mental Health Challenges: Strategies for Managing Aggressive Behavior

TARGETED INSTITUTE #19 • TALLAHASSEE 1-2
Implementing Mental Health First Aid in Systems of Care

TARGETED INSTITUTE #20 • SUN D
A Collaborative Approach to Promoting Social-Emotional Well-Being for Children, Youth, and Families in the Child Welfare System

TARGETED INSTITUTE #21 • NAPLES 2-3
Data-Informed Decision Making: Strategies to Engage Community Partners in Evaluation

TARGETED INSTITUTE #22 • OSCEOLA 1-2
Youth MOVE: Strategies for Chapter Development

TARGETED INSTITUTE #23 • SARASOTA 2-3
Theory-Driven Evaluation: Quality Improvement and System Sustainability

2:00 PM – 4:00 PM  System of Care Expansion Planning Grant Meeting Registration
SUN LOBBY

4:00 PM – 6:00 PM  System of Care Expansion Planning Grant Meeting
SUN D

MONDAY • JULY 30

8:30 AM – 5:15 PM  System of Care Expansion Planning Grant Meeting
SUN D

TUESDAY • JULY 31

8:30 AM – 11:30 AM  System of Care Expansion Planning Grant Meeting
SUN D
A SPECIAL PRESENTATION BY THE TREvor PROJECT, entitled The Trevor Project: Innovations in Youth Crisis Intervention and Suicide Prevention, will describe the project’s innovative approaches to crisis intervention and suicide prevention, education, and support for youth with a special focus on gay, lesbian, bisexual, transgender, and questioning youth. Presenters will also demonstrate the Trevor Project’s pioneering use of digital approaches to service delivery.

Nathan Belyeu, Senior Education Manager, The Trevor Project, New York, NY
Kelli Peterman, Senior Crisis Services Manager, The Trevor Project, New York, NY

INSTITUTE #1  1:30 PM THURSDAY •  8:30 AM SATURDAY •  NAPLES 2-3

How to Build a Statewide System of Care

OBJECTIVES—Participants will learn:
1. To describe concrete steps for seeking and obtaining approval for home and community-based services from the federal Centers for Medicare and Medicaid Services (CMS)
2. How to design new services drawing on the perspectives of families, youth, providers, managed care partners, and external clinical and managerial consultants
3. To implement practical strategies for engaging provider agency leadership and staff in systems and practice change
4. To identify the key components of developing and managing a behavioral health provider network
5. How to promote collaborative practice across public and private human services agencies, schools, courts, and probation
6. To use strategies for aligning goals and efforts across child-serving state agencies and the state Medicaid agency

This Institute will focus on the concrete, practical steps for building a statewide system of care for Medicaid-eligible children and youth. Faculty will share strategies for creating new Medicaid behavioral health services including care coordination through high-fidelity wraparound, peer-to-peer training and support for caregivers, and an array of community-based treatment services. They will demonstrate how the implementation of new Medicaid services can be used as an opportunity to work across child-serving agencies to increase service integration for families and to move the system to a practice model that is more individualized, culturally informed, and family-driven.

The information and strategies presented are based on the experience of Massachusetts public sector staff responsible for implementing the Court-ordered remedy in the class action lawsuit Rosie D. v. Patrick, filed on behalf of Medicaid-eligible youth, with significant mental health needs. The state leveraged the opportunity created by the Rosie D. class action lawsuit to build a statewide system of care for Medicaid-eligible children and youth that is now serving over 25,000 youth a year. Faculty will emphasize lessons learned and strategies that can be adapted and applied in participants’ states and communities, regardless of the impetus for change.
Specific topics to be covered include:

- Designing home and community-based services that are compatible with system of care values while aligning with federal Medicaid goals and requirements that services be “medically necessary”
- Steps that can be taken to incorporate family, provider and other stakeholder perspectives in the design process
- How other state agencies can participate in the design and implementation of the new service delivery system
- Mechanisms for coordinating care in a rich array of behavioral health services
- Workforce, training, and quality management strategies for implementing new services, including wraparound care coordination
- Approaches to educating and engaging system stakeholders
- Interventions to promote coordination and integration of the new services with services and supports delivered by schools, courts, and other state and private agencies

The session will include multiple opportunities for dialogue. The faculty team will offer the perspectives of the a state-level manager for system of care development, the director of Medicaid agency’s office for behavioral health, a director of analytics, and a psychologist and former service provider who brings on-the-ground experience in wraparound.

**MODERATOR/PRESENTER:** Emily Sherwood, Director, Children’s Behavioral Health Interagency Initiatives, Executive Office of Health and Human Services, Boston, MA

Chris Counihan, M.S.W., Director, Office of Behavioral Health, Office of Medicaid, Quincy, MA

Carol Gyurina, M.M.H.S., Deputy Director, Office of Behavioral Health for MassHealth, Executive Office of Health and Human Services, Commonwealth of Massachusetts, Quincy, MA

Jack Simons, Ph.D., Assistant Director, Children’s Behavioral Health Interagency Initiatives, Executive Office of Health and Human Services, Boston, MA

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**Sustaining and Expanding a Trauma-Informed System: From Theory and Practice to Action**

**OBJECTIVES**—Participants will learn:

1. How to use national and local data to create a trauma-informed system and secure funding
2. To apply trauma theory to create trauma-informed practice and trauma-informed systems
3. To determine and measure whether services are trauma-informed
4. To create an initial work plan for implementing the trauma-informed principles in their organizations and practice
5. To offer culturally responsive, data-driven technical assistance on trauma through diverse family and youth stories and the use of media
6. How to engage family and youth in creating trauma-informed systems and practice within family and youth organizations

This Institute will show how “trauma-informed” can be operationalized including: specific practice and service strategies; tools to measure progress towards a trauma-informed system; assessments; sustainability strategies to embed system of care principles in contracts; cross-system technical assistance and training; trauma-informed family support and education; partnerships between youth/young adults and providers; and strategies to create and support a youth organization.

Based on experience in Maine’s THRIVE initiative, faculty will discuss the paradigm shift from traditional services to trauma-informed services and identify common technical and adaptive challenges. As a result of the initiative, all agencies contracting with the children's behavioral health system are required to be trauma-informed.

Specific topics to be covered include:

- The six trauma-informed principles—safety, trust, choice, collaboration, empowerment, and cultural and linguistic competence
- An overview of the domains in the Trauma-Informed Agency Assessment (TIAA)® created by family, youth, and providers
- How to create a continuous quality improvement (CQI) plan using TIAA results
INSTITUTES

- Contract language to sustain trauma-informed and system of care principles in agencies
- A sample of a “caregiver’s guide” for families
- Tips on family and youth engagement in a trauma-informed system and the state CQI process

The Institute will combine presentations with small group components. The use of multimedia will highlight how to include diverse family and youth perspectives in trainings via digital stories. Participants will come away with an action plan of first steps they can take towards embracing the trauma-informed approach, a model for interactive planning for assessment and measurement of trauma-informed goals, and strategies for engaging members of the community, particularly family and youth. Participants will also receive information about available resources to assist in developing trauma-informed services and supports.

Faculty will include the perspectives of a system leader who will provide an overview of trauma-informed care, strategies for obtaining buy-in and planning and sustaining trauma-informed systems. A director of training and CQI will focus on assessing and evaluating agencies using trauma-informed best practice standards in order to create a data-driven technical assistance plan. A family leader and a youth leader will each share their journeys toward becoming trauma-informed leaders and creating trauma-informed family and youth organizations.

MODERATOR/PRESENTER: Arabella Perez, M.S.W., Executive Director, THRIVE, Lewiston, ME
Brianne Masselli, Director of Training & Continuous Quality Improvement, THRIVE, Lewiston, ME
Carol Tiernan, Statewide Program Director, G.E.A.R. Parent Network, Augusta, ME

INSTITUTE #3 1:30 PM THURSDAY • 8:30 AM SATURDAY • SUN B

Care Management Entities: Improving the Quality and Cost of Care in the Context of Health Reform

OBJECTIVES—Participants will learn:
1. To define Care Management Entities (CMEs)
2. To describe the role of CMEs in improving the cost and quality of care for children with serious behavioral health challenges who are involved with multiple systems
3. To identify various approaches to structuring CMEs
4. To specify the operational specifics on population-focused planning for CME implementation, financing approaches, use of various Medicaid options, incorporation of a high-quality wraparound approach and family and youth peer supports, utilization and quality management, and outcomes
5. How to implement strategies for embedding a CME approach into the larger delivery system, particularly within Medicaid delivery systems, and the potential of CMEs as customized health homes within the context of the Patient Protection and Affordable Care Act

This Institute will focus on CMEs, a customized approach developed from system of care work for the coordination of care for children and youth with serious behavioral health challenges who are involved in multiple systems and their families. The strategies to be highlighted are related to planning a CME approach, particularly statewide approaches such as use of utilization and cost data; development of the approach, such as training, stakeholder orientation, and capacity building; and implementation at the management and service levels, such as assessment, service planning, contracting, financing, provider network, role of natural supports, family and youth peer support capacity, and quality and outcomes management.

The strategies are drawn from CMEs nationally, as well as the experience of three states participating in a national demonstration of CMEs funded by the federal Centers for Medicare and Medicaid Services (Maryland, Georgia, and Wyoming). The work related to these grantee states has led to a larger learning community of over 20 states interested in this approach.

Specific topics to be covered include:
- Definition, history, and evolution of CME approach
- Examples of CME approaches nationally, with described variation in structures and financing
• Population-focused planning for a CME approach, including use of utilization and expenditure data from across systems to identify potential populations of children and youth for CME involvement
• Rate structuring and financing approaches, including cross-agency financing
• Uses of Medicaid, including options such as 1915(i), 1915(c), and 1915(a), and approaches to embedding CMEs into the larger delivery system
• The role of family and youth peer partners and strategies for developing, financing, and sustaining family and youth peer capacity

The Institute will include segments from a video featuring states using a CME approach. Participants will also have opportunity to share their own experiences in planning and implementing CMEs. The Institute will offer the perspectives of a family member involved in the development of a CME approach; a Medicaid administrator; a child welfare administrator; a director for a federal grant supporting a three-state CME Quality Collaborative; and a national expert on organizing and financing delivery systems for children involved in multiple systems.

MODERATOR/PRESENTER: Sheila Pires, M.P.A., Partner, Human Service Collaborative, Washington, DC
Nichole Anderson, Assistant Deputy for Policy and Legislation, Wyoming Department of Family Services, Cheyenne, WY
Brian Dowd, Program Director Waiver Programs, Medicaid/Aging and Special Populations, Department of Community Health Georgia, Atlanta, GA
Deborah Harburger, M.S.W., L.G.S.W., Director, Fiscal Strategy Unit, The Institute for Innovation and Implementation, University of Maryland School of Social Work, Baltimore, MD
Dana McCrary, Parent & Youth Peer Specialist Coordinator, Children’s Health Insurance Reauthorization Act (CHIPRA), Office of Medicaid Coordination, Department of Behavioral Health and Developmental Disabilities, Atlanta, GA

RESOURCE PERSON: Dayana Simons, M.Ed., Senior Program Officer, Center for Health Care Strategies, Inc., Hamilton, NJ

INSTITUTE #4  1:30 PM THURSDAY • 8:30 AM SATURDAY • SUN C

Through the Looking Glass: Implementing Wraparound Practice Through the Lens of Implementation Science

OBJECTIVES—Participants will learn:
1. To describe the core theories and concepts of implementation science
2. To discuss how implementation science is applied to successful implementation of systems of care and the wraparound practice model
3. How to use the lens of implementation science to learn specific strategies to address the major implementation issues often associated with implementing wraparound, such as assessing and improving system and organizational supports; staff selection; staff training, coaching, and supervision; and evaluation and continuous quality improvement
4. To identify and address implementation barriers and implementation support needs in their own local or state system of care.

This Institute will provide a new, research-based perspective that can help prioritize and select strategies that will facilitate successful implementation of the wraparound practice model for youth with the most serious and complex needs in systems of care. Faculty will provide participants with an overview of the science of implementing evidenced-based and promising practices relevant to systems of care and wraparound. They will also describe specific implementation drivers and how they impact practice.

Each implementation driver will be based on work of the National Wraparound Initiative (www.nwi.pdx.edu) and/or linked to a specific method through which the University of Maryland’s Institute for Innovation and Implementation has ensured high-quality implementation of wraparound and the necessary services that must be in place to support wraparound teamwork.

The faculty will walk participants through the looking glass by applying implementation science to wraparound implementation. Specific topics to be covered include:
• The necessary systems and policy level interventions including policy development, systems structures, state-level cross-system collaboration, financing, and utilization of care management entities and family support organizations
• Strategies related to workforce development in wraparound including staff recruitment, retention, training, coaching, and staff evaluation for both wraparound facilitation staff and parent support partners
• Information on decision support, data systems, fidelity monitoring using the wraparound fidelity assessment system, and outcomes evaluation

Participants will have opportunities for ongoing dialogue and an activity to apply their learning to their experiences in their own states or communities. An activity will include a table discussion and presentation of barriers faced with implementation of wraparound in their communities and states. Presenters will also provide participants with an opportunity to consider implementation issues being faced in their local systems of care via an interactive “game show” type exercise intended to promote engagement in the subject matter and knowledge of the key concepts and their application.

The faculty team for the session will offer the perspectives of a director of training and the lead family partner trainer who are supporting wraparound practice in eight states nationally; and the co-director of the National Wraparound Initiative, which has led development of implementation supports for wraparound and disseminates multiple accountability tools and other resources for high-quality wraparound.

**MODERATOR/PRESENTER:** Eric Bruns, Ph.D., Associate Professor, Psychiatry, University of Washington School of Medicine, Seattle, WA

Joe Anne Hust, Peer Support and System of Care Implementation Manager/National Trainer, The Institute for Innovation and Implementation, University of Maryland School of Social Work, Baltimore, MD

Marlene Matarese, M.S.W., Director, Training & Technical Assistance Center, The Institute for Innovation and Implementation, University of Maryland, School of Social Work, Baltimore, MD

Michelle Zabel, M.S.S., Director, The Institute for Innovation and Implementation, University of Maryland, School of Social Work, Baltimore, MD

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**INSTITUTE #5**

1:30 PM THURSDAY • 8:30 AM SATURDAY • TAMPA 1-2-3

**Adopting and Sustaining Evidence-Based Practices: Implementation Matters**

**OBJECTIVES**—Participants will learn:
1. To identify key components in successful implementation of evidence-based programs
2. To describe the phases and goals of each stage of implementation and the key activities needed to achieve the goals
3. To explain the importance of choosing an evidence-based program that fits the needs of the community
4. Strategies for increasing collaboration across child-serving systems
5. To describe the staff characteristics and skills required to successfully carry out a Community Development Team

This Institute will focus on the Community Development Team (CDT) as an implementation strategy to improve the use of evidence-based programs in real world service agencies. Unlike some traditional implementation strategies that rely upon agencies to engage developers and receive instruction in implementing practice, the CDT is collaborative in nature and relies heavily on building peer-to-peer networks of agencies that are able to problem solve implementation barriers together with the assistance of their CDT facilitator. Faculty will elaborate the process and mechanisms by which a CDT operates to help organizations improve outcomes for children, youth, and families participating in public sector services through the promotion of evidence-based practices. The CDT has been used by the California Institute for Mental Health for the past eight years to implement and sustain 10 evidence-based programs and practices in 225 provider organizations in 44 of the 58 California counties.

Specific topics to be covered include:
• The phases of implementation of evidence-based practices with consideration of goals to be accomplished at each stage
• Helping organizations overcome risk hesitancy and differentiating between concrete barriers and perceptual barriers to implementation
• Importance of maintaining a fidelity focus throughout the implementation period
• Cultural accommodations (rather than adaptations) to the evidence-based practice being implemented
• Low-burden, low-cost evaluation as a sustainability strategy

The participants will be encouraged to participate in implementation planning exercises in order to see how the model might apply to their organizations. The faculty team will offer the perspectives of a statewide coordinator for the implementation of Functional Family Therapy model who also represents a family perspective and an evaluator for evidence-based practice implementation who provides the perspective of implementing and sustaining program performance and outcome evaluation activities.

MODERATOR/PRESENTER: Lynne Marsenich, M.S.W., Senior Associate, California Institute for Mental Health, Sacramento, CA
Pam Hawkins, Senior Associate, Center for Practice Improvement and Innovation, California Institute for Mental Health, Sacramento, CA
Tracye Jones, Behavioral Health Administrator, Administration, Shields for Families, Los Angeles, CA
Cricket Mitchell, Ph.D., Senior Associate, California Institute for Mental Health, Sacramento, CA

Youth Suicide Prevention: Implementing Evidence-Based and Effective Approaches in Communities

OBJECTIVES—Participants will learn:
1. To describe the key components of a youth suicide prevention framework
2. How to use strategies for mobilizing community members to help address youth suicide and related issues
3. To employ methods for organizing suicide prevention awareness activities
4. To identify concrete steps for adopting a suicide prevention resource for community and school use

This Institute will focus on evidence-informed interventions and tools that can be implemented in communities and schools to address issues related to youth suicide prevention. The strategies and tools to be highlighted include using suicide prevention awareness tools, gatekeeper training, Mental Health First Aid training, and The Youth Suicide Prevention School-Based Guide that is available online.

The strategies to be highlighted will be based on the suicide prevention work of faculty members at local, state, and national levels. To illustrate a community’s approaches to youth suicide prevention, two communities will highlight their strategies, tools, and experiences. A system of care in northeast Iowa (Community Circle of Care) will share their community-based, multi-pronged approach to suicide prevention. A community in Orange County, New York, created an Orange County Suicide Prevention Committee that promotes awareness of suicide and provides the community with prevention and education activities and customized the Youth Suicide Prevention School-Based Guide as part of their overall youth suicide prevention strategy.

Specific topics to be covered include:
• Key components of a youth suicide prevention framework with applications for communities, schools, and agencies through a research-informed resource with useful assessment checklists that are included in the Suicide Prevention Resource Center’s Best Practices Registry
• Information on how to coordinate a Suicide Awareness and Prevention walk and ideas on how to solicit donations for sustainability of this type of suicide prevention awareness activity
• Suicide prevention awareness activity strategies include presenting gatekeeper training programs, mental health presentations, and suicide prevention education training that educate participants about the signs and symptoms of depression and suicide risk as well as how to help a friend/yourself
• Mental Health First Aid training that includes suicide prevention information, with an example from a community that has trained over 750 professionals, parents, youth, and general community members, including implementation strategies, ideas for overcoming barriers, and success stories
• Different pragmatic methods for adopting a research-informed suicide prevention resource (the Youth Suicide Prevention School-Based Guide) through sharing implementation strategies, ideas for overcoming barriers, success stories, and how this resource might fit into an overall youth suicide prevention effort
The session will include interactive activities, and participants will have an opportunity to dialogue with presenters and peers. The faculty team for the session will offer the perspectives of a clinician, mental health advocates, a youth coordinator, and national suicide prevention experts.

**MODERATOR/PRESENTER:** Stephen Roggenbaum, M.A., Assistant in Research (Faculty), Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL

*Angela Jo Henze,* M.A., Director of Quality Assurance/System of Care Resource Specialist, Mental Health Association of Orange County, Inc., Orange County System of Care, Middletown, NY

*Jill Kluesner,* M.A., Youth Coordinator & Training Coordinator, Community Circle of Care, University of Iowa, Dubuque, IA

*Kathy Lazear,* M.A., Social and Behavioral Researcher, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida, Tampa, FL

*Angela Turk,* L.C.S.W.-R, Director of Children and Family Services, Orange County Department of Mental Health, Goshen, NY

**Parent Management Training—Oregon Model (PMTO): Empowering Parents as Their Children’s Change Agents**

**OBJECTIVES**—Participants will learn:
1. To describe Parent Management Training—Oregon Model (PMTO™)
2. To describe broad-range emotion identification and to explain specific emotions and their impact on self, others, and parenting practices
3. To describe emotional regulation, contextual issues and stressors that increase negative emotions, and strategies to regulate emotions; and practice with how emotions interfere with relationships
4. To describe and practice strategies for active communication to nourish relationships (parent-child, adult-adult) and to navigate real-life scenarios
5. How to implement PMTO and its supporting infrastructure to sustain model fidelity

This Institute will describe the evidence-based practice of PMTO, an intervention that empowers caregivers in their use of positive parenting strategies and focuses on support, encouragement, and other core parenting practices to bring about positive change in the family. A basic assumption of this model is that the problem solution does not live in the child, but to change the behavior of children, one must change how the social environment reacts to them. The specific emphasis in this Institute is on family-focused, emotional regulation tools and strategies for participants to experience and practice them.

PMTO refers to the group of parent training interventions developed over the past 40 years at the Oregon Social Learning Center. PMTO has been implemented in many family contexts including two-parent, single-parent, re-partnered, grandparent, and foster families; youngsters have ranged in age from 2 through 18 years. Modalities of treatment include individual family and parent groups. PMTO interventions have been tailored for specific clinical problems, such as antisocial behavior, conduct problems, theft, delinquency, substance abuse, and child neglect and abuse. The treatment and prevention programs have been tested in randomized controlled trials. The information and strategies to be highlighted are based on the adoption of PMTO in Michigan, including the statewide infrastructure that includes parent groups and individual family treatment, as well as coaching, fidelity rating, and training.

Specific topics to be covered include:
- A brief history of PMTO (model, outcomes, and applications)
- A brief history of full program transfer in the state of Michigan
- A wide range of active teaching strategies to demonstrate effective parenting tools for emotion identification and emotional regulation, active communication, strengthening parenting skills, and bolstering overall social skills
- A hands-on opportunity for practice of tools and strategies that participants can use immediately
This session will include demonstrations, experiential scenarios, video snippets, and small-group exercises. Among the activities scheduled, participants will practice identifying and differentiating emotions, practicing a “hot buttons” strategy, and using effective communication skills. The faculty team for this session will offer a range of perspectives including a parent who has participated in individual and group PMTO modalities, her 11-year-old daughter who will share her perspective on some of the changes in their family, a purveyor of the model, and statewide and regional coordinators of PMTO in Michigan who are also trainers, coaches, and clinicians.

**MODERATOR/PRESENTER:** Luann Gray, M.S.W., Michigan State PMTO Coordinator, Kalamazoo Community Mental Health & Substance Abuse Services, Kalamazoo, MI

**Catherine Beagle,** L.M.S.W., A.C.S.W., Program Supervisor, Community Mental Health for Central Michigan, Big Rapids, MI

**Laura Hinkle,** Parent, Community Mental Health for Central Michigan, Big Rapids, MI

**Laura Rains,** M.S.W., M.A., Director of Implementation and Training, Implementation Sciences International, Inc., Eugene, OR

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**INSTITUTE #8  1:30 PM THURSDAY • 8:30 AM SATURDAY • SUNDAY**

### The RENEW Model: An Evidence-Informed Intervention for Youth and Young Adults of Transition Age

**OBJECTIVES**—Participants will learn:

1. How to implement the RENEW futures planning process using graphic facilitation
2. To implement specific strategies for engaging youth with personal futures planning techniques
3. To link the goals and needs expressed by each youth to the development of an individualized team
4. To apply basic team facilitation techniques with youth at the center of the process
5. To explain how career development and youth engagement activities are linked with youth self-efficacy and self-advocacy

This Institute will focus on a youth-driven, transition application of wraparound that has been implemented in New Hampshire since 1996. This model, RENEW (Rehabilitation for Empowerment, Natural supports, Education, and Work) engages, supports, and teaches youth how to find relevance in school, participate in employment, develop and pursue plans for post-high school activities, and helps each youth create critical social and community resources through individualized team facilitation.

Faculty will highlight person-centered “futures planning” using graphic facilitation, team development and facilitation with youth as leaders of the team, and strategies to develop school-to-career activities based upon each youth’s futures plan. Personal “futures planning” involves facilitation of a structured conversation with each youth and documenting the youth’s ideas, perceptions, and concerns on flip charts over the course of several meetings. Individual team facilitators use specific strategies and skills to ensure that team members contribute positively to each youth’s goal achievement.

During this Institute participants will learn how to conduct the futures planning process and how to prepare and support youth and team members for individual team meetings. Participants will also learn how to develop highly individualized action plans for the transition of youth into young adulthood.

Specific topics to be covered include:

- Youth-driven goal setting and voice in the planning process
- How youth who participate in the youth-driven process begin to construct positive self-views and take more positive steps towards their future goals
- How graphic facilitation is conducted
- The major features and skills required to facilitate productive youth-driven team meetings
- How to engage family members, teachers, counselors, school administrators, employers and other community members to help each youth
During this Institute, participants will see a demonstration of the futures planning process and will have the opportunity to practice graphic facilitation techniques through team role play activities. Video clips of RENEW meetings and problem solving examples will also be included.

The faculty team for the session will offer the perspectives of a youth who first experienced the RENEW model 3 years ago and who continues to access her social support network; a RENEW facilitator who has worked in school and mental health settings and who now teaches others to become facilitators and the model developer and researcher who has structured the RENEW training process, manual, evaluation, and fidelity tools.

MODERATOR/PRESENTER: JoAnne Malloy, Ph.D., Assistant Clinical Professor, Institute on Disability, University of New Hampshire, Concord, NH
Kelsey Carroll, Young Adult, Concord, NH
Jonathon Drake, M.S.W., RENEW Project Training Manager, Institute on Disability, University of New Hampshire, Concord, NH

INSTITUTE #9  1:30 PM THURSDAY • 8:30 AM SATURDAY • SUN 4-5-6

Strategies for a Family-Driven, Youth-Guided Approach in Policy and Practice

OBJECTIVES—Participants will learn:
1. To describe the family-driven, youth-guided approach to policy and practice and explain how it affects outcomes for children and youth involved in child-serving systems
2. To explain the importance of “perspective taking” when working with families
3. How to be strengths-based
4. Effective strategies for implementing a family-driven and youth-guided approach at both the system and service delivery levels, including concrete examples in all aspects of work with families
5. To develop action steps to implement family-driven care upon return to their communities

This Institute will focus on the core system of care value of family-driven, youth-guided approaches in policy and in service delivery. Faculty will lead participants through an examination of their current practices, the meaning of family-driven, youth-guided care and will provide concrete techniques for infusing this approach into their work at all levels. Using real life experiences from the field and techniques learned through training and practice, the faculty will provide strategies for meaningfully involving parents and youth as partners, recognizing their expertise regarding their families, and incorporating parent/youth voice as a critical part of policy development, evaluation of services, and program design.

The information and strategies to be highlighted are based on the experience of Tennessee Voices for Children (TVC) and its family support staff. As Tennessee’s statewide family organization, TVC has been a partner in five system of care sites working with many entities and systems to implement family-driven care at the service provision and policy levels. The Institute is designed to inform the work of others to operationalize this value.

Specific topics to be covered include:
• An examination of the meaning of family-driven care and participants’ current approaches
• How a family-driven approach impacts work with families and can improve outcomes
• The importance of perspective taking and being strengths-based in work with families and the reasons why being truly family-driven can be difficult to accomplish
• Specific, concrete strategies to address barriers and to be family-driven in policy, agency procedures, service provision, program design, and interactions with other systems
• An opportunity to develop action steps specific to each participant’s role in their community to implement a family-driven, youth-guided approach in their home communities and states
Institute will include exercises for participants to explore their roles, barriers to being family driven, problem-solving to overcome barriers, and to develop a strategic plan that is unique to their individual role in their agency or system. Participants will also be provided with a tangible reminder to “stay on the road to family-driven care.” The faculty team for the session will offer the perspectives of a family organization administrator, system of care leader, and family members.

**MODERATOR/PRESENTER:** Millie Sweeney, M.S., Assistant Director for Programs, Tennessee Voices for Children, Nashville, TN

Monica Causey, L.A.P.S.W., Lead Family Contact, Early Connections Network, Tennessee Voices for Children, Nashville, TN

Shani Cutler, Lead Family Contact, Tennessee Voices for Children, Knoxville, TN

Kathy Rogers, M.S.W., Statewide Family Support Network Coordinator, Tennessee Voices for Children, Nashville, TN

**INSTITUTE #10**

**1:30 PM THURSDAY • 8:30 AM SATURDAY • SANIBEL 1-2-3**

**Resiliency for ALL Youth and Families: Leveling the Playing Field**

**OBJECTIVES**—Participants will learn:

1. To identify key supports and values that youth with significant emotional challenges and their families feel that they need to be resilient
2. To integrate practical strategies that promote youth and family resiliency into their daily lives and/or practice
3. To assist youth and families in identifying and developing assets and protective factors that enhance their resiliency
4. To foster culturally mindful and resiliency-promoting partnerships with all youth and families
5. To identify specific policy implications and recommendations to take back to their states, communities, tribes, or territories

This Institute will focus on resiliency-oriented and culturally mindful approaches and practice strategies that promote mental wellness and resiliency in youth with mental health challenges and their families. Family will share their perspective that resiliency is an expectation for all youth and young adults, across all cultures and communities, and for all health abilities and challenges. The Institute will highlight resiliency-oriented and culturally competent perspectives for partnering with youth and families; practical strategies identified by youth and families that nurture, support, and facilitate their resiliency; a practice framework for integrating resiliency concepts into a strength-based approach to mental wellness; and multimedia strategies for promoting and disseminating a resiliency initiative.

The strategies to be articulated are based on the work of the Ohio Department of Mental Health that sponsored a taskforce of youth with serious emotional challenges and their families (Resiliency Leadership Ohio) to operationalize resiliency as an overarching framework for youth and family mental wellness, and as a foundational philosophy for mental health practice. Resiliency was defined as “an inner capacity that, when nurtured, facilitated, and supported by others, empowers children, youth, and families to successfully meet life’s challenges with a sense of self-determination, mastery, and hope.” A resiliency consensus statement, summarizing the 12 constructs that youth and families identified as supporting their resiliency, forms the basis for the development of the resiliency practice strategies and model of care to be offered in this session.

Specific topics to be covered focus on operationalizing what “building resiliency” means in a system of care and fall in four main topic areas:

- Youth and family-based insights on resiliency and supporting research
- Resiliency and cultural competency
- Building family resiliency: a parent’s guide
- Translating resiliency into practice: practical strategies and tools

Youth and family stories of resiliency will be utilized to illustrate all didactic material presented. In addition, participants will explore in groups how services and supports in their communities could be enhanced to best promote resiliency and to identify potential barriers and solutions to implementing their ideas in their communities. Multimedia
demonstrations will be used to illustrate different strategies to promote and communicate a resiliency initiative. The faculty team for the session will offer the perspectives of a clinician, a family member, a youth, and a family advocate.

MODERATOR/PRESENTER: Richard Shepler, Ph.D., P.C.C.-S., Senior Research Associate, Center for Innovative Practices, Begun Center for Violence Prevention, MSASS, Case Western Reserve University, North Canton, OH
Tracee Black-Fall, Executive Director, Tova’s N.E.S.T., Columbus, OH
Terre Garner, Executive Director, Ohio Federation for Children’s Mental Health, Cincinnati, OH
Ashley Harris, Youth Coordinator, Ohio Federation for Children’s Mental Health, Cincinnati, OH

Ensuring Language Access in Your Organization

OBJECTIVES—Participants will learn:
1. To describe current and emergent demographic trends for languages other than English spoken in the U.S.
2. To define a framework for linguistic competence and its application within their organizations
3. To identify legal responsibilities for the provision of language access services to individuals with limited English proficiency under Title VI of the Civil Rights Act of 1964
4. To cite unique issues and list areas of knowledge and specific skills necessary for interpreting in behavioral health
5. To describe lessons learned and best practices from a statewide effort to improve language access to behavioral health services

Ensuring that services are available for linguistically diverse populations in the U.S., its territories, and in tribal communities is of critical importance to ensure equal access, improve quality and effectiveness of care, reduce disparities, and to comply with federal law. This Institute will offer specific guidelines and practical information on how to ensure language access within the context of behavioral health services for children, youth, and their families. Faculty will highlight the range of strategies necessary to implement and evaluate linguistically competent services including policies, structures, practices, procedures, behaviors, attitudes, and dedicated resources.

The content, strategies, and approaches that will be offered during the Institute, designed to ensure language access in behavioral health, are based on the collective knowledge and experiences of the National Center for Cultural Competence of the Georgetown University Center for Child and Human Development, the National Asian American Pacific Islander Mental Health Association, the National Latino Behavioral Health Association, the Office for Civil Rights of the U.S. Department of Health and Human Services, and the State of New Mexico.

Faculty will use multifaceted approaches to meet its objectives and engage the audience in exploring the following topical areas:
- Application of a linguistic competence framework
- Title VI of the Civil Rights Act of 1964 legal requirements
- Unique challenges of providing interpretation services in behavioral health care
- A state example of efforts to improve language access in behavioral health services
- Social-political climates in many states and communities that impact the language access services including “English Only” laws, inadequate funding, and discriminatory attitudes and practices directed against non-English speaking populations

Faculty will elicit the greatest challenges faced by members of the audience who have responsibility for or are implementing language access services to ensure that individual and group concerns are addressed. The Institute will also offer brief lecturers, a role play exercise, a Jeopardy game featuring “Ask OCR” (Office for Civil Rights), an individual action planning template to take home to support the enhancement of language access services, and ample opportunity for questions, answers and discussion.
The faculty team and resource person offer diverse perspectives including experts in cultural and linguistic competence, multilingual representatives from national ethnic-specific organizations concerned with behavioral health, and the Chief of Staff and Senior Advisor for the Office for Civil Rights, U.S. Department of Health and Human Services.

**MODERATOR/PRESENTER:** Tawara Goode, M.A., Director and Assistant Professor, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC

Juliet Choi, J.D., Chief of Staff & Senior Advisor, Office of Civil Rights, U.S. Department of Health and Human Services, Washington, DC

DJ Ida, Executive Director, National Asian American Pacific Islander Mental Health Association, Denver, CO

Wendy Jones, M.Ed., M.S.W., Director, Children and Youth with Special Health Care Needs, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC

Fred Sandoval, Operations Manager, National Latino Behavioral Health Association, Cochiti Lake, NM

**INSTITUTE #12**

1:30 PM THURSDAY • 8:30 AM SATURDAY • ORANGE BLOSSOM

**Partnerships Between Education and Behavioral Health: Implementing Positive Behavioral Interventions and Supports (PBIS) and Wraparound in Schools**

**OBJECTIVES**—Participants will learn:

1. To describe how the evidence-based practice of PBIS can be introduced and strategies for supporting and sustaining PBIS
2. To explain how a children’s behavioral health system can build relationships with school-based PBIS to increase access to mental health supports in schools
3. To identify the key components of a model for workforce development in school-based wraparound
4. To create a draft blueprint for systems change in their home community/state to build partnerships between behavioral health and education around the implementation of PBIS and wraparound in schools

This Institute will focus on building collaborative partnerships between schools and children’s behavioral health providers in order to improve access to mental health services and supports in schools. The PBIS model plays to the strengths and culture of schools by substituting teaching of positive behaviors for aversive practices which punish but do not offer students alternative strategies to be successful and remain engaged in the classroom. Within the PBIS model, a unified system is created specific to each school to teach positive behavior and academic and social achievement for all children. Incorporating wraparound principles and practices into the PBIS environment has proven to have a positive effect on the outcomes for children and their families.

The strategies to be presented are based on experience in Rhode Island where a partnership between behavioral health and education has resulted in the statewide implementation of PBIS and wraparound in schools. A federal system of care grant was instrumental in building the infrastructure for implementing this approach.

Specific topics to be covered include:

- The training and technical assistance approach in the PBIS model for individual schools and multiple school districts
- Strategies for building each of the three tiers of the PBIS model and for providing technical assistance to ensure implementation with fidelity
- Use of the Universal Leadership Team within schools to integrate behavioral health and other community supports through the use of the wraparound process, including specific tools
- The role of family professionals in school-based wraparound in working with students, families, and school clinical staff
- Key components of a statewide certification process for training in wraparound and the linkage of this work to schools
- The transformative work of the Rhode Island children’s behavioral system, known as the Family Care Community Partnerships (FCCP), through the implementation of system of care practice standards that support enhanced provider partnerships with families of children at risk for entering the child welfare system or challenged by serious emotional disturbances
Dramatizations will be presented to demonstrate the elements of the model. In addition, participants will create a draft blueprint to take back to their states and communities with next steps for creating behavioral health-education partnerships and implementing PBIS and wraparound in schools. The faculty team will include the perspectives of a state administrator, a family member, an education representative, and a wraparound consultant and trainer. A resource person will add the perspective of an early childhood coordinator.

MODERATOR/PRESENTER: Janet Anderson, Ed.D., Assistant Director, Rhode Island Department of Children, Youth and Families, Providence, RI

Pamela Graham, Family Service Care Coordinator, Family Care Community Partnership, South County Community Action, South Kingstown, RI

Lavonne Nknomo, M.M., Positive Educational Partnership (PEP) Technical Assistance Coordinator, Paul V. Sherlock Center on Disabilities, Rhode Island College, Providence, RI

Michele Stewart-Copes, M.S., M.S.W., Consultant, New Britain, CT

RESOURCE PERSON: Lynn DeMerchant, M.S., Early Childhood Coordinator, PBIS Training and Technical Assistant Facilitator, Paul V. Sherlock Center on Disabilities, Rhode Island College, Providence, RI

INSTITUTE #13  1:30 PM THURSDAY • 8:30 AM SATURDAY • SARASOTA 1-2-3

Juvenile Justice Reform: Partnering to Create Innovative Community Services

OBJECTIVES—Participants will learn:
1. How to take juvenile justice reform to scale, reduce costs, and improve outcomes for youth and families
2. To implement concrete steps and methods for identifying juveniles that can be safely diverted from the formal justice system
3. To use standardized assessment tools and elements that provide the foundation for targeting service interventions at the right time and in the right dose necessary to achieve the best outcomes
4. To implement key components of a juvenile services model in a large urban area
5. To overcome challenges and apply solutions to sustaining juvenile justice reform
6. To use realignment/reinvestment strategies for financial reform for transformation including using data to support and sustain innovative services and partnerships within the community

This Institute will focus on realignment and reinvestment strategies to transform an institutionally-based juvenile service system to a community-based system of care and how system of care values can drive mental health treatment for youth with serious emotional problems within juvenile justice systems.

The information and strategies to be highlighted are based on the transformative experience of the Wayne County Department of Children and Family Services and the County Prosecutor in Detroit, Michigan over the last decade. Faculty will highlight strategies for implementing a community-based juvenile justice system, the components of such a system, a risk/needs assessment model, and the use of a contract-based, private agency services network in place of a centralized, state-administered system for juveniles. Faculty will describe how to create partnerships with provider agencies and other community stakeholders and how to tap into their commitment and creativity to tackle the problem of juvenile crime.

Specific topics to be covered include:
• Principles, methods, and goals for reform based on the “Realignment/Reinvestment Model”
• Components of a contract-based system
• Juvenile assessment process and elements (psychological, social, substance abuse, safety risks, etc.)
• Care Path Model and stages of “treatment”
• Trauma-informed service systems
• Prevention and diversion strategies to ensure that only higher risk juveniles enter the justice system
• “High-End User” model to reduce indeterminate institutionalization of high-need youth
• Strategies for serving youth that cross over from child welfare to juvenile justice
• How to use baseline data comparison, outcome reporting, and a juvenile justice data dashboard to measure the impact of the new system of care
• An assistant prosecutor’s perspective on the benefits of diverting juveniles from the formal delinquency system and the nontraditional role prosecutors can play in this process
• The components of an operational delinquency diversion program (“Correct Course”)

An exercise will allow participants to apply the model and strategies for juvenile justice system redesign in their communities. A video will describe a family’s experience with the Juvenile Inventory for Functioning (JIFF) assessment instrument and the process of engagement, computerized assessment, and alignment of services to prevent youth from penetrating the formal juvenile system. Participants will leave the Institute with best-practice strategies that they would like to consider implementing in their home states and communities. The faculty team for the session will offer the perspectives of a juvenile justice administrator, Chief Juvenile Prosecutor, private agency executives, and a youth that has experienced the system.

MODERATOR/PRESENTER: Daniel Chaney, M.S.W., Director, Juvenile Services Division, Wayne County Children and Family Services, Detroit, MI
Robert Heimbuch, J.D., Chief, Juvenile Division, Wayne County Prosecutor’s Office, Detroit, MI
Cynthia Smith, M.S.W., Director/CEO, Juvenile Assessment Center, Detroit, MI
Alice Thompson, M.S.W., CEO, Black Family Development, Inc., Detroit, MI

INSTITUTE #14 1:30 PM THURSDAY • 8:30 AM SATURDAY • OSCEOLA 5-6
How to Use Data Dashboards to Improve Policy, Program, and Practice

OBJECTIVES—Participants will learn:
1. To identify the relevant data points necessary to measure policy implementation, program management, and practice
2. To implement concrete steps to create meaningful program management and practice-level dashboard tools
3. To analyze key components of utility-focused data reports
4. To use dashboards and other data reports to create professional development plans
5. To convert data reports and dashboards into active quality improvement processes

This Institute will focus on the development, integration, and use of data rich tools in management and supervisory practice in order to support policy implementation, program results, practitioner competencies, and youth and family outcomes. Public administrators, program directors, and program supervisors charged with implementing new policies and standards of practice within systems of care often find that after the initial implementation, there is a struggle to maintain new standards and overcome inertia that can lead to a return to prior, more familiar standards of practice. Faculty will highlight a data-driven policy and program management approach. Coupled with quality improvement, this approach is designed to support the implementation and sustainability of system reforms and improved outcomes, while reducing practice-based inertia. In addition, faculty will focus on the development of user-specific dashboards and data tools that provide a mechanism for actively managing the implementation and maintenance of policy and program reforms by tracking quality, fidelity, and outcomes. The use of real time data, technology, and quality improvement processes will also be presented as necessary policy, program, and practice management tools.

The approaches to be presented are based on work in Erie County, New York’s system of care that demonstrates how data-supported policy, program, and practice management, coupled with quality improvement strategies, can support the implementation and management of systems of care. Data dashboards offer useful tools for policy makers, managers, practitioners, and community members in their efforts to improve systems, practice, and outcomes.

Specific topics to be covered include:
• Data-driven policy and program development
• Utilization-focused data and evaluation
• How to create and use data dashboards including identification of dashboard users
• How to determine what data is needed, data inventories, and data development
• Management via data including data collection vs. overload, data-driven supervision and development plans, and measuring worker practice
• Quality improvement processes including the quality improvement continuum, what the dashboard is telling you, and how to create meaningful action plans that address the root cause of an issue.

Participants will have an opportunity to engage in dialogue as well as interactive activities. The faculty team will offer the perspectives of a county commissioner of mental health, a clinical supervisor, a director of research and evaluation, and a quality improvement specialist.

MODERATOR/PRESENTER: Heidi Milch, L.M.S.W., Executive Director, Community Connections of New York, Buffalo, NY

Brian Pagkos, Ph.D., L.M.S.W., Director of Research and Evaluation, Community Connections of New York, Buffalo, NY

Marie Sly, Coordinator, Children & Youth Services Integration, Erie County Department of Mental Health, Buffalo, NY

Sarah Taylor, Director of Care Coordination, New Directions Youth and Family Services, Amherst, NY

RESOURCE PERSON: Philip Endress, M.A., Commissioner, Erie County Department of Mental Health, Buffalo, NY

INSTITUTE #15 1:30 PM THURSDAY • 8:30 AM SATURDAY • OSCEOLA 3-4

How to Improve the Outcomes of Evidence-Based Treatments Using the Contextualized Feedback System

OBJECTIVES—Participants will learn:
1. How to improve the quality and effectiveness of their services for youth and families
2. To integrate client and caregiver feedback into specific treatment decisions
3. To describe how to implement and maintain the Contextualized Feedback System (CFS) in child, youth, and adult mental health services
4. How to integrate clinically relevant measures of treatment progress and outcome into the everyday operation of a service delivery system in multiple service settings
5. To describe how CFS can enhance the outcomes of other evidence-based treatments, specifically with Functional Family Therapy
6. To examine implementation issues and barriers in changing organizations and clinician behavior and suggested strategies for overcoming these problems

This Institute will focus how service providers for youth with behavioral and emotional problems can improve clinical outcomes, better integrate specific services into complex service systems, and provide methods for relevant and feasible local evaluation using Contextualized Feedback Systems (CFS™). CFS is a quality improvement tool that assists clinicians and supervisors in assessing change as a client progresses in treatment. It is a web-based measurement system that integrates real-time clinical feedback on treatment progress and process as reported by the clinician, client, and other respondents (e.g., caregivers). CFS is designed to assist in organizational change by sustaining a continuous learning environment, and encouraging and facilitating the appropriate use of empirically supported mental health interventions. CFS is now in its third version and is being used in multiple agencies across different disciplines and settings. The effectiveness of CFS to improve client outcomes has been demonstrated in a randomized experiment conducted in 28 sites.

Faculty will also highlight an innovation combining CFS with implementation of another evidence-based treatment. By systematically monitoring the process and outcomes of mental health practices in community-based settings, CFS provides an approach to continuous quality improvement. Functional Family Therapy will be presented as an example of how CFS can improve outcomes with evidence-based practices.

Specific topics to be covered include:
• How the use of CFS can improve client outcomes and clinician productivity
• Use of clinically relevant progress measures in various treatment settings
• How the CFS provides a “voice” for youth and caregivers in documenting their perceptions of treatment progress and process
• How the CFS can provide a tool for clinicians and supervisors to obtain feedback to inform the provision of mental health services

Training Institutes 2012 47
Sustainable Financing Strategies for Early Childhood Mental Health Services

OBJECTIVES—Participants will learn:
1. To implement strategies for funding early childhood mental health services and supports based upon successful efforts across four communities
2. To identify concrete steps for implementing a “crosswalk” between the DC:0-3R diagnostic tool for young children and the ICD:9CM in order to effectively bill public and private insurers
3. To use a finance mapping tool and process to identify and pursue potential funding sources for clinical services, family/caregiver support, and other essential elements of an early childhood system of care
4. To apply current funding opportunities to support early childhood mental health services

This Institute will focus on creative strategies for financing early childhood mental health (ECMH) services and supports. The session will provide a brief overview of critical elements to fund in order to achieve a high-quality, sustainable early childhood system and will then explore in-depth an array of approaches for putting these elements into place locally.

The session will highlight strategies for braiding public and private dollars to finance clinical services; securing Medicaid funding to support families of young children with mental health issues; fostering strategic partnerships to infuse ECMH into existing child- and family-serving systems; accessing funding for clinical services through Medicaid’s Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT); amending language in the state Medicaid plan to accommodate dyadic work; and implementing a “crosswalk” to facilitate billing when using the DC:0-3R diagnostic tool for infants and young children.

The information and financing strategies to be presented are based upon the work of four systems of care serving young children and their families. These communities include Sarasota, Florida, and Los Angeles, California, each of which has taken a different, but effective approach to billing for clinical services. The state’s system of care in Colorado will provide an example of a state that has been successful in addressing ECMH by expanding the service array of the early intervention system, and Alameda County, California will share strategies for drawing down public dollars for their “Family Partners” effort.

Specific topics to be covered include:
• How to assess what needs to be funded in a high-quality, sustainable early childhood system, using an organizing framework for participants to take home
• Challenges to funding ECMH services and supports and field-tested strategies for overcoming these obstacles, particularly for clinical and family/caregiver support services
• Potential funding sources at the local, state, and federal levels to address early childhood mental health comprehensively
• How to “get started” in developing a financing strategy using a financing mapping tool and process

In addition to providing detailed and practical information about effective financing strategies, faculty will encourage participants to share local funding challenges and will facilitate small group “solution sessions.” Participants will also be introduced to a finance mapping tool and guided through a process for using this tool effectively at home with a key group of stakeholders. Finally, participants will be provided with resources to support local exploration of potential funding sources. The faculty team for the session will offer the perspectives of a mental health agency administrator, a clinician, a family member/professional, and a mental health center director.

MODERATOR/PRESENTER: Kathryn Shea, M.S.W., L.C.S.W., President & CEO, The Florida Center for Early Childhood, Inc., Sarasota, FL
Steve Ambrose, Senior Vice President, Children’s Institute, Los Angeles, CA
Tanya McCullom, Lead Family Coordinator, Early Connections, Alameda County Behavioral Health Care Service, United Advocates for Children and Families, San Leandro, CA
Claudia Zundel, M.S.W., Manager, Early Childhood Mental Health Programs, Division of Behavioral Health, Colorado Department of Human Services, Denver, CO

INSTITUTE #17 8:30 AM FRIDAY • 1:30 PM SATURDAY • ORANGE BLOSSOM

Operationalizing a System of Care: A Curriculum and Toolkit

OBJECTIVES—Participants will learn:
1. To describe a curriculum and toolkit developed to guide interested communities in what it takes to create and sustain a system of care
2. To identify the key components needed to get started on development of structure and funding of a system of care
3. To explain the benefits and lessons learned from effective partnering with the family advocacy component of a system of care
4. To apply the practice model of wraparound to guide system of care development and to support sustainability
5. How to implement the necessary components to keep the wraparound practice model alive and well

This Institute will focus on a strategy for operationalizing the system of care approach in communities. Faculty will present an overview of the “nuts and bolts” of a curriculum and tool kit developed by Wraparound Milwaukee in partnership with the Georgetown University National Technical Assistance Center for Children’s Mental Health to assist communities in developing their own local system of care. This package of training and corresponding materials can be tailored to the individual needs of communities choosing to learn how to begin, improve, or sustain system of care implementation efforts in their own localities.

The Institute will provide participants with a program structure along with strategies to effectively finance the structure using Medicaid and blended dollars across systems. Lessons learned on effective partnerships and collaboration will be discussed, as well as methods to operationalize the values of the wraparound process and how to develop and sustain an effective workforce.

The information and strategies to be presented are based on the experience of Wraparound Milwaukee, which was one of the original, federally funded system of care sites to develop a better way to serve youth and families. Wraparound Milwaukee has financially sustained itself over 16 years ago and has provided extensive training on how to build and maintain effective systems of care in diverse communities and states.

Specific topics to be covered include:
• An overview and possible uses of the curriculum and toolkit
• Sample Modules #1 and #2: Structure and Finance
• Sample Module #4: Family and Youth Partnerships
• Sample Module #5 and #9: Individualized Tailored Care and Quality Assurance
This session will utilize the Harvard Innovations video to introduce Wraparound Milwaukee. The participants will also in engage in group activities to practice information learned in the sample modules. The faculty team will offer the perspectives of agency administration/program director, clinician, national trainer and consultant, and the head of a family advocacy organization.

MODERATOR/PRESENTER: Mary Jo Meyers, M.S., Deputy Director, Wraparound Milwaukee, Milwaukee, WI
Margaret Jefferson, Director, Youth and Family Advocacy, Families United of Milwaukee, Inc., Milwaukee, WI
Bruce Kamradt, M.S.W., Director, Childrens Mental Health and Wraparound Milwaukee, Milwaukee County Children’s Mental Health Services, Milwaukee, WI

INSTITUTE #18
8:30 AM FRIDAY • 1:30 PM SATURDAY • SUN 1-2-3

Integrating Digital Media Strategies into Social Marketing

OBJECTIVES—Participants will learn:
1. To describe the digital media landscape and the range of digital/social technologies that are available
2. To apply fundamental communications and social marketing principles to emerging digital technologies
3. To use the tactical applications of social media technologies such as Facebook, Twitter, Pinterest, Flickr, and YouTube
4. To integrate social media technologies into system of care infrastructure and outreach strategies

Social media isn’t just having a Facebook page. This Institute will focus on how to integrate various social media strategies into existing and developing communication outreach strategies. Faculty will highlight an array of social marketing strategies and demonstrate how they can be used and adapted to different communities and systems of care via digital social media.

The information and strategies to be highlighted are based on the experience of the Youth in Transition Project system of care in Vermont, as well as the experience of various systems of care across the country that have worked with the national Caring of Every Child’s Mental Health Campaign team.

Specific topics to be covered include:
• What social media tools are communities using?
• How should you determine what social media channels to use?
• How do you create a communications plan that includes social media?
• How do you integrate digital media into existing outreach?
• How can you use social media tools, such as Facebook, Twitter, Pinterest, YouTube, and Storify to meet your communications goals?

The Institute will be highly interactive and will provide an opportunity for participants to engage in dialogue, participate in an exercise to determine the best outreach channels, work as a group, and examine various social media tools first hand including Facebook, Twitter, Pinterest, YouTube and Storify. The faculty team for the session will offer the perspectives of a social media specialist, youth coordinator, a social marketer, and a national expert on social marketing.

MODERATOR/PRESENTER: Jane Tobler, Social Marketing Technical Assistance Director, Caring for Every Child’s Mental Health Campaign, Vanguard Communications, Washington, DC
Courtney Bridges, Social Marketing & Communications Manager (Youth), Vermont Youth in Transition, Vermont Federation of Families for Children’s Mental Health, Williston, VT
Corey Brown, Research Assistant, Youth MOVE National, National Federation of Families for Children’s Health, Rockville, MD
Evidence-Based Tools and Techniques for Assessment and Treatment

OBJECTIVES—Participants will learn:

1. To increase knowledge of evidence-based assessment and treatment for children, adolescents, and families to enable the development of a continuing education seminar for mental health professionals
2. To develop skills to increase the use of evidence-based treatment tools and treatment techniques by mental health professionals for commonly presented behavioral health concerns
3. To identify strategies for teaching and sharing evidence-based tools and techniques with both new and experienced mental health professionals from diverse disciplines
4. To explain the importance of youth and family input into continuing education training, including the importance of cultural considerations of assessment and treatment in the population being served

This Institute will focus on the development, implementation, and evaluation of a 15-week seminar for training mental health professionals from diverse disciplines on the knowledge, skills, and use of evidence-based assessment and treatment components with youth and their families. Faculty will describe efforts to train new and experienced mental health clinicians on evidence-based assessment and treatment with children and families using a focused, short-term, and interactive seminar approach.

There is a significant gap between clinical practice across the U.S. and the interventions with an evidence base documenting that they lead to positive clinical change. Thus, there is a significant need to train and provide continuing education to mental health professionals in the use of strategies which have been shown to produce positive outcomes in children, adolescents, and families. Evidence-based interventions are now also focusing on the more flexible use of evidence-based treatment components in addition to manualized treatment protocols, an approach that offers an opportunity for diverse practicing clinicians to incorporate evidence-based practice elements into their work.

Specific topics to be covered include:

• The content of the evidence-based assessment and treatment seminar, including the four primary sections: 1) Assessment Tools and Procedures, 2) Providing Psycho-Education and Family-Driven, Youth-Guided Treatment Planning; 3) Evidence-Based Treatment Components (e.g., problem-solving skills, conflict resolution skills, behavior management, distress tolerance); and 4) Diagnostic Specific Evidence-Based Treatment Components (e.g., exposure and response prevention)

• The process of the evidence-based assessment and treatment seminar, including the importance of using case-based learning so that clinicians understand the feasibility and benefits of utilizing evidence-based approaches with the population they serve, and teaching strategies that assist clinicians from diverse mental health backgrounds to see how evidence-based approaches and skills can dovetail with the approaches currently used by both new and experienced clinicians

• Methods for evaluating the impact of the seminar on participants, including a pre-post Clinician Questionnaire and post-seminar interviews with participating clinicians. The discussion will include: perception of evidence-based practices; openness to learning and implementing evidence-based approaches; and knowledge, use, and skills of assessment tools and treatment techniques

The Institute will include experiential activities, role plays, and videos to demonstrate various aspects of the development, implementation, and evaluation of the seminar. The faculty team for the session will offer the perspectives of the director of the clinical service, clinician-trainers, and participating staff clinicians.

MODERATOR/PRESENTER: Linda Alpert-Gillis, Ph.D., Associate Professor, Psychiatry, Pediatrics & Clinical Nursing, University of Rochester Medical Center, Rochester, NY

Kenya Malcolm, Ph.D., Senior Instructor, Psychiatry, University of Rochester Medical Center, Rochester, NY

Jessica Pickard, Ph.D., Postdoctoral Psychology Fellow, Strong Behavioral Health, University of Rochester Medical Center, Rochester, NY

Meagan Saile, L.M.H.C., N.C.C., Clinician, University of Rochester Medical Center: Strong Behavioral Health, Rochester, NY

RESOURCE PERSON: Raquel Bateman, Ph.D., Graduate Psychology Education Postdoctoral Fellow, Department of Psychiatry, University of Rochester Medical Center, Rochester, NY
The Use of Psychotropic Medications for Children and Adolescents in Community-Based Child-Serving Agencies

OBJECTIVES—Participants will learn:
1. To describe standards for a quality assessment for the use of psychotropic medication as part of a treatment plan for children and youth
2. To identify the phases in treatment when medication is part of the treatment plan
3. To explain special issues in prescribing medications
4. To examine the use of psychotropic medications in special populations served in community-based child-serving systems
5. To identify sources of information about medications
6. To describe federal and state efforts to promote proper use of psychotropic medication for children and youth in foster care

This Institute will focus on the principles for quality assessment for and use of psychotropic medications in children and youth with mental health conditions. Federal and state efforts to promote the proper use of psychotropic medication for children and youth will be discussed with attention to the use of medications for children and youth in foster care.

The information and strategies to be highlighted are based on the efforts of two organizations—American Academy of Child and Adolescent Psychiatry’s Committee on Community-Based System of Care’s work on the appropriate use of medications and the U.S. Administration on Children, Youth and Families’ work on the social and emotional well-being of children and youth in the foster care system with special attention on the appropriate treatment of trauma in this population. The Academy recently developed a document, *A Guide for Community Child-serving Agencies on Psychotropic Medication for Children and Adolescents*, and the Administration for Children and Families recently published Information Memoranda entitled, *Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care and Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*.

Specific topics to be covered include:
- Context for prescribing psychotropic medications
- Phases in treatment when medication is part of the treatment plan
- Issues in prescribing psychotropic medications for children and youth
- Considerations for community-based child-serving systems
- Sources of information about medications
- Federal and state efforts to support appropriate and safe use of psychotropic medications in children and youth in foster care

Participants will have the opportunity to discuss their own experiences in the use and monitoring of psychotropic medication in children and youth. The faculty team for the session will offer the perspectives of a child and adolescent psychiatrist who is a state children’s mental health director, the family perspective from a statewide family organization executive director, and the federal agency charged with oversight and monitoring of psychotropic medication use among children and youth in foster care, as well as other supporting federal agencies.

MODERATOR/PRESENTER: Albert Zachik, M.D., Director, Office of Child and Adolescent Services, Mental Hygiene Administration, State of Maryland Department of Health and Mental Hygiene, Catonsville, MD
Joyce Pfennig, Ph.D., Program Specialist, Children’s Bureau, Administration for Children and Families, Washington, DC
Jane Walker, L.C.S.W., Executive Director, Maryland Coalition of Families for Children’s Mental Health, Columbia, MD
Child FIRST: Early Childhood Mental Health Home Visiting Within a System of Care

OBJECTIVES—Participants will learn:
1. To describe the impact of adversity or “toxic stress” in early brain development
2. To identify strategies to prevent damage to the young, developing brain by combining system of care and psychotherapeutic parent-child approaches
3. To identify the key components of the evidence-based home visiting model, Child FIRST
4. To explain the importance of assessment and formulation in building a family-driven, collaborative plan of care
5. How to use a reflective, relationship-based, therapeutic approach in intervention with children with challenging behaviors and their families

The Institute will focus on the evidence-based home visiting model, Child FIRST, which protects the developing brain from the impact of adversity—and the resulting emotional and cognitive impairment—using a synergistic combination of parent-child psychotherapeutic intervention and a system of care approach. Faculty will highlight the research on adversity, its impact on the developing brain, and how this informs the two-pronged approach of Child FIRST—wraparound and parent-child intervention. The components of the Child FIRST model will be outlined, including engagement, assessment, development of the child and family plan of care, parent-child dyadic treatment and parent guidance, care coordination and wraparound services, and mental health consultation in early care and education.

The Child FIRST model has conducted a randomized controlled trial, which has documented strong positive outcomes with young children and families, including decreased child emotional/behavioral and language problems, decreased parental depression and other mental health problems, decreased involvement with child protective services, and increased connection to community-based services and supports.

Specific topics to be covered include:
- How the impact of adversity directly affects the developing brain, highlighting the interaction between genes and environment
- How the developing brain can be protected through a two-pronged approach: 1) decreasing environmental or “toxic stress” through comprehensive wraparound services and supports, and 2) buffering the brain from damage by fostering secure attachment and responsive, nurturing caregiver-child relationships
- The specific components of the Child FIRST intervention and the results of the Child FIRST randomized controlled trial
- How to assess relationships between child and caregiver and emotional/behavioral health in young children
- How the process of assessment and formulation informs the plan of care and future interventions
- The critical value of the reflective stance in work with young children and their families
- The opportunity for training and replication of the Child FIRST model

Video vignettes will illustrate the process of assessment of the parent-child relationship and the therapeutic intervention, and participants will analyze assessment results in small groups. Participants will be able to reflect on their own experiences and how this model might inform their future practice. The faculty team for the session will offer the perspectives of a developmental and behavioral pediatrician, the Child FIRST executive director and model developer, a clinical psychologist who is expert in parent-child psychotherapy, and a trainer. Fifty percent of the faculty team is bilingual and multi-cultural.

MODERATOR/PRESENTER: Darcy Lowell, M.D., Executive Director, Child FIRST, Associate Clinical Professor, Department of Pediatrics and Child Study Center, Yale University School of Medicine, Bridgeport, CT
Christopher Bory, Psy.D., Quality Improvement Advisor, Child FIRST, Child Health and Development Institute, Farmington, CT
Norka Malberg, Psy.D., Clinical Director, Child FIRST, Child Health and Development Institute, Farmington, CT
Mary Peniston, M.P.A., Deputy Director, Child FIRST, Bridgeport Hospital, Bridgeport, CT
Improving Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, 2-Spirit (LGBTQI2-S) and Their Families

OBJECTIVES—Participants will learn:

1. To describe the most recent literature reflecting the experiences of LGBTQI2-S youth and their families, including challenges and assets, and engagement with youth-serving systems
2. How to apply recommended practices and strategies for delivering culturally and linguistically competent services and supports to LGBTQI2-S youth and their families
3. How to guide the development of community-level policies, programs, practices and activities to improve the lives of LGBTQI2-S youth and their families
4. To use practical resources, tools and practice guidelines to improve services and supports for LGBTQI2-S youth and their families and enhance positive outcomes

This Institute will focus on providing effective services and supports for LGBTQI2-S youth and their families, providing information, recommended practices, tools, and interventions that are designed to promote social inclusion, reduce disparities in behavioral health services and supports, and improve outcomes for this critically underserved population of youth and their families. Faculty will highlight specific approaches, such as individual and organizational assessment, standards of care, responding to the needs of particular populations (e.g., gender nonconforming and transgender youth, two-spirit youth), and developing social marketing materials to enhance help-seeking behavior and social inclusion. Many of the strategies are based on a new book, “Improving Emotional and Behavioral Outcomes for LGBT Youth: A Guide for Professionals.”

Specific topics to be covered include:

- Key LGBTQI2-S populations and their individualized service needs, particularly within youth-serving sectors (e.g., education, child welfare, residential care)
- Key challenges that LGBTQI2-S youth may experience, including stigma, bias, violence, and family/peer rejection, as well as accompanying behavioral health concerns (e.g., substance abuse, suicide attempts, anxiety)
- How to use a cultural and linguistic competence as a framework for addressing the needs of LGBTQI2-S youth and their families
- How to implement 10 standards of care for LGBTQI2-S youth
- How to be responsive to the needs of gender nonconforming and transgender youth
- Applying a tool for assessing individual and organizational competence relative to LGBTQI2-S
- Using video resources as a tool for building awareness and sensitivity to behavioral health challenges experienced by LGBTQI2-S youth
- Developing social marketing materials to enhance help-seeking behavior and social inclusion for LGBTQI2-S youth and their families

Participants will view short video clips and participate in a definition activity. In addition, participants will receive a flash drive with more than 100 resources and tools to support their implementation of culturally and linguistically competent services and supports for LGBTQI2-S youth and their families. The faculty team for this session will offer the perspectives of a federal agency, a researcher, a technical assistance provider, and youth.

MODERATOR/PRESENTER: Sylvia Fisher, Ph.D., Director, Office of Research and Evaluation, Office of Planning, Analysis and Evaluation, Human Resources and Services Administration, Rockville, MD
Tessa Cayce, Youth Advocate, National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families, Monmouth County, NJ
Kathy Lazear, M.A., Social and Behavioral Researcher, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida, Tampa, FL
Jeffrey Poirier, Ph.D. Candidate, M.A., P.M.P., Senior Researcher, Cultural Competence Action Team Member and LGBTQI2-S Learning Community Co-Lead, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC
Serving Youth with Co-Occurring Substance Use and Mental Health Challenges

OBJECTIVES—Participants will learn:
1. To describe youth with co-occurring mental health and substance use disorders and the unique challenges related to the service system for this population
2. To explain the perspective and role of families of children with co-occurring disorders and strategies for supporting youth and family voice and cultural competence in all aspects of care
3. To identify the principles, system infrastructure, and services for addressing the needs of youth with co-occurring disorders and their families
4. Strategies for implementing an integrated system of care for youth with co-occurring disorders
5. How to implement an integrated co-occurring treatment approach that addresses the continuing care and recovery needs of youth with co-occurring disorders, from intensive treatment through the use of community-based and peer supports
6. Practical strategies for funding and sustaining co-occurring service systems on local, state, and national levels

This Institute will focus on what it takes at the state and community levels to develop and implement an effective service system for youth with co-occurring substance use and mental health disorders and their families, one of the highest risk and most challenging populations to effectively treat and maintain in the community. The training will provide a context for the high rates of co-occurring disorders and the challenges for parents, providers, and systems to treat co-occurring disorders and achieve an integrated system of care that supports recovery. Strategies highlighted will include recommendations from a family perspective; a framework for an integrated system to address co-occurring disorders including the value base, the clinical services and supports, and system collaboration and financing; and how to implement an integrated community-based treatment and recovery program.

The strategies to be highlighted are based on a SAMHSA-supported effort to design a recovery-oriented care model for adolescents and transition age youth with co-occurring substance use and mental health disorders. This will be complemented by a discussion of McHenry County, Illinois’s efforts to implement an Integrated Co-Occurring Treatment Approach.

Specific topics to be covered include:
• The family perspective of the treatment of co-occurring disorders and the impact of not including youth and family in treatment planning
• One family’s journey to get treatment and the implications of that experience for other youth and families
• How to implement an evidence-informed program
• How one model for integrating care can change the way an agency provides services
• An overview of the clinical implications and practices for serving youth with co-occurring disorders and what works
• National, state, and local perspectives on treatment and financing, including how to secure funding, ways to get community buy-in, and what can be done on a national level

Participants will participate in an experiential activity designed to illustrate the different roles and partnerships necessary to build an integrated system. The faculty team for the session will offer the perspectives of a family member who is a national leader on co-occurring disorders and cultural competence; an agency administrator, clinician, and trainer; and university faculty.

MODERATOR/PRESENTER: Sybil Goldman, M.S.W., Senior Advisor, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Doreen Cavanaugh, Ph.D., Research Associate Professor, Georgetown University Health Policy Institute, Georgetown University, Washington, DC
Shannon Crossbear, Co-Director of the National Family Dialogue on Adolescent Substance Abuse Disorders and Director, Strongheart Resource Development, Hovland, MN
Chris Gleason, M.A., Consultant, McHenry County Mental Health Board, Crystal Lake, IL
Home-Based Parent-Child Interaction Therapy (PCIT): Implementing an Evidence-Based Treatment Within a System of Care

OBJECTIVES—Participants will learn:
1. To describe the core elements of PCIT
2. To employ strategies for the statewide PCIT dissemination and implementation
3. How to combine Home-Based PCIT with wraparound services to produce a customized, evidence-based treatment within a system of care
4. To determine how cultural factors, particularly those of race, ethnicity, and language are addressed through Home-Based PCIT
5. To determine ways in which families can shape the system of care to better integrate and improve interventions like Home-Based PCIT
6. To describe practical steps that communities can take to adopt, improve, or sustain the delivery of evidence-based mental health services for young children

This Institute will focus on the implementation of an evidence-based practice within a system of care framework based on the implementation of PCIT. PCIT is an evidence-based mental health treatment for young children (ages 2-7) with behavioral difficulties and their families. It is a short-term, assessment-driven intervention that helps parents and children to develop and master a set of skills. Through a live coaching format, parents are taught specific skills, which help to foster a nurturing and secure relationship with their child while increasing their child’s pro-social behavior and decreasing negative behavior.

The strategies to be presented are based on an initiative in Delaware entitled: “Delaware’s B.E.S.T. for Young Children and Their Families.” Through this initiative, PCIT has been disseminated and implemented statewide. Faculty will highlight strategies for implementation of an evidence-based practice including funding, training, implementation, consumer experience, data collection, and sustainability.

Specific topics to be covered include:
- Overview of PCIT’s theoretical underpinnings, clinical techniques, and modifications to the home-based setting
- Specific techniques to clinically implement and sustain large-scale implementation of an evidence-based treatment and the challenges inherent in the training and dissemination processes
- The data collection process including the infrastructure needed to collect data and how to collect short- and long-term outcome data
- Cultural perspectives from a clinician’s and parent’s standpoint highlighting strategies for providing services within a cultural framework
- A parent’s “journey” from treatment participant to an active driver of system of care

Role-playing activities will help participants learn the power of simple techniques employed in PCIT as well as challenges associated with training providers. A workshop structure will allow participants to choose a training experience around PCIT fundamentals, keys to family-driven care, and system design and evaluation. In addition to hearing a family member’s experience, participants will meet several other families involved in shaping Delaware’s B.E.S.T. through video clips. The Institute is designed to inform other communities in their efforts to prepare and adopt evidence-based treatments in their settings. Faculty includes the perspectives of a trainer, evaluator, clinician, and family member.

MODERATOR/PRESENTER: Joshua Masse, Ph.D., Clinical Trainer, Delaware’s Division of Prevention and Behavioral Health Services, Delaware’s Children Department, Newark, DE
Tim Fowles, Ph.D., Assistant Professor, University of Delaware, Newark, DE
Pippa Howard, L.C.S.W., Community Mental Health Clinician, Latin American Community Center, Wilmington, DE
Chanelle Ringgold, Family Member, New Castle, DE
A Curriculum for Family-to-Family Peer Support Based on System of Care Values

OBJECTIVES—Participants will learn:
1. To identify the benefits of hiring peers to provide support to families and youth and the contribution they can make to a system of care
2. To describe the key components of a training curriculum for peer support workers
3. How to implement a module of the curriculum
4. To incorporate methods to insure fidelity to the model and system of care values
5. To identify key opportunities and challenges in implementing a family-to-family peer support curriculum

This Institute will provide in-depth training on the development and implementation of a curriculum to train family-to-family peer support workers. This session will provide an overview of the curriculum, which is based on system of care values such as family-driven, youth-guided, culturally and linguistically competent, and individualized care.

The information and strategies to be highlighted are based on the work of Success 4 Kids & Families (a system of care in Florida), families from across Florida, the State of Florida, and the Florida Certification Board to develop and implement a family-to-family support curriculum based on system of care values for a “Certified Recovery Peer Specialist-Family” credential that can be earned by peers.

This session will focus on the components of the curriculum and training methods, with a view towards helping participants to adapt the curriculum or develop their own curriculum to training peer support workers.

Specific topics to be covered include:
• The need for family-to-family peer support within systems of care
• An overview of the curriculum developed in Florida
• An opportunity to experience a module of the curriculum taught by faculty
• How to use the System of Care Practice Review to measure fidelity to the model and system of care values
• Lessons learned in implementing a family-to-family peer support curriculum
• Partnering with community organizations and providers to train peers
• How to adapt the curriculum or develop a curriculum in participants’ home communities and states

The session will be enhanced by the use of a variety of training techniques including small group discussion and interactive exercises to enable participants to experience aspects of the training. The faculty team for this session will offer the perspectives of a family member certified as a peer support worker, a clinician and deputy executive director from a provider agency, and a community manager and clinician from a managing entity.

MODERATOR/PRESENTER: Beth Piecora, Family Specialist, Disability Rights Florida, Tampa, FL
David Clapp, Ed.D., C.A.P., L.M.H.C., Community Manager (C12/C20), Central Florida Behavioral Health Network, Inc., Tampa, FL
John Mayo, M.A., L.M.H.C., Deputy Executive Director, Success 4 Kids & Families, Inc., Tampa, FL
Can You Hear Me Now? Effective Strategies for Youth Involvement

OBJECTIVES—Participants will learn:
1. To identify key components of youth involvement
2. To explain the lessons learned from youth organizations across the nation
3. Strategies for building and sustaining cross-system partnerships that enhance youth autonomy and ability to participate in policy creation
4. To identify best practices in communication and technical assistance strategies to support youth involvement
5. How to implement culturally and linguistically competent ways to engage youth in their own recovery
6. To develop a white paper by participants using their strengths, experiences, and lessons learned for effective youth involvement
7. To create a product in the form of a white paper created by the participants using their strengths, experiences and lessons learned

This Institute will focus on effective strategies for engaging and involving youth in all aspects of service systems and planning and delivering services. Faculty will share the history of the youth movement and help participants to become a part of this movement by creating strategies and tools to promote youth involvement. The Institute is designed for all stakeholders in systems of care, including youth and young adults, who are interested in increasing youth voice and involvement.

The strategies for achieving the objectives rely upon incorporating varying experts on the facilitation team including youth, families, and young adult perspectives in an interactive training geared towards sharing all participants’ points of view. A “white paper” exercise will be created by participants as a tool for other building, funding, and sustaining youth involvement in their local systems of care. Creation of an actual product such as a white paper will improve stakeholder buy-in and provides a way to pass on lessons learned from all parts of the nation.

Many of the strategies to be shared are based on the experience of members of Youth ’N Action in Washington which has been one of the first youth organizations recognized on a national level as a system of care youth organization.

The specific topics to be covered include:
• Technical assistance
• Communication
• Funding
• Building and sustaining youth organizations
• Building and sustaining partnerships
• The importance of cross-system collaboration

Participants will participate in fun interactive ice breakers, scenario participation, and the creation of a lessons learned white paper. The faculty team includes the perspectives of youth, youth in transition to adulthood, and families, as well as system perspectives.

MODERATOR/PRESENTER: Tamara Johnson, Youth Program Director, University of Washington Department of Medicine, Division of Public Behavioral Health and Justice Policy, Youth ’N Action, Seattle, WA
Lorrin Gehring, Youth Movement Alumni, Policy and Research, Youth ’N Action, University of Washington, Seattle, WA
Evey Rund, Youth Advocate, Youth ’N Action, Auburn, WA
Using Cultural Dialogues to Promote Culturally Competent Practice

OBJECTIVES—Participants will learn:
1. To discuss the benefits of the cultural dialogue process
2. To use the Disparity Reduction through Empowerment, Awareness, and Moving Systems (DREAMS) Dialogues structure and to explain why this structure works
3. To implement strategies for assessing community readiness for the DREAMS Dialogues process
4. To successfully implement the DREAMS Dialogues
5. To use the core components of a DREAMS session
6. How to facilitate some of the interactive exercises in their communities
7. To apply lessons learned to inform future implementation of cultural dialogues

This Institute will focus on the use of DREAMS Dialogues to enhance culturally competent practice within systems of care. In systems of care, there is often a cultural divide between service providers and those that they serve. While this cultural divide is multi-faceted ranging from social class to sexual orientation, there is a specific need to address the ethnic divide between communities of color receiving services and the largely European American mental health workforce. This session will explore how the DREAMS Dialogue Series addresses the African American experience.

The DREAM Dialogues come from the collaborative work of the Monroe County, New York System of Care team and its partners. The dialogue series was created to provide the opportunity for a structured opportunity that is safe and that will facilitate attitudinal change. The program seeks to develop an individual’s awareness of the cultural divide in the community and between adult and youth consumers, their families, and their service providers. It is intended for individuals at different points in their own cultural journeys. Upon completing the DREAM Dialogues series, participants understand the value of cultural identity and have new skills to help them build relationships among youth and families in the community and those who work with them in the mental health system, community-based agencies, and nontraditional settings.

Specific topics to be covered include:
• The makeup of the dialogues (e.g., size of group, use of interactive, spacing of meetings, etc.) and rationale
• Specific types of partnerships and relationships that are necessary to implement and sustain this process
• Real time experience of a DREAMS Dialogue session
• Instruction of when, where, and how the interactive exercises can be used in a community
• Next steps that participants can take upon return to their communities

The session will be extremely interactive with participants engaging in exercises and discussion around the DREAMS Dialogues. Participants will be moving during the session and should be prepared to engage with their fellow participants as well as with faculty. Faculty will include the perspectives of a director of community engagement and family leader, a clinical social worker, and county mental health director and system of care leader.

MODERATOR/PRESENTER: Melanie Funchess, Director of Community Engagement, Mental Health Association, Rochester, NY
Joe Alessi, M.S.W., Supervising School Social Worker/Clinical Social Worker, Rochester City School District, North Chili, NY
Kathleen Plum, Ph.D., Director, Monroe County Office of Mental Health, Department of Human Services, Rochester, NY
INSTITUTE #28  8:30 AM FRIDAY • 1:30 PM SATURDAY • OSCEOLA 5-6

Cross-System Collaboration to Improve Outcomes: Partnering with Education

OBJECTIVES—Participants will learn:
1. To identify the unique educational needs and challenges of youth involved with the child welfare and/or juvenile justice systems, including youth in residential and secure care facilities
2. How to implement best-practice strategies for addressing both the academic and social-emotional needs of youth involved with child welfare and/or juvenile justice within the school setting
3. To describe strategies from systems of care and other communities for developing, implementing and sustaining strong collaborations among juvenile justice, child welfare, education, mental health, and other child-serving agencies
4. How to engage in meaningful dialogue through an interactive World Café on strategies for achieving better educational outcomes for youth involved with juvenile justice and child welfare in their communities

This Institute will focus on strategies for working across child-serving systems to improve educational outcomes for youth with mental health challenges. To set the context, faculty will provide an overview of the research in this area, based on a white paper developed by the Center for Juvenile Justice Reform at Georgetown University, entitled Addressing the Unmet Educational Needs of Children and Youth in the Juvenile Justice and Child Welfare Systems. Faculty will then focus on principles and practices associated with meeting the educational needs of youth in both systems. The six guiding principles are: quality education services are critical, early education is essential, outcomes that matter are measured, individually tailored support services for youth are provided, interagency communication and collaboration is vital, and change requires within-agency and cross-agency leadership. Faculty will highlight the strategies in two practice guides that address the principles of interagency communication and collaboration and individually tailored support services for youth and their families.

Specific topics to be covered include:
• Overview of research on improving educational outcomes for youth in the child welfare and juvenile justice systems
• Principles for cross-system partnerships to improve educational outcomes for youth involved with multiple systems
• Effective strategies for cross-system partnerships from the perspectives of the child welfare, juvenile justice, education, and mental health systems
• Strategies implemented in Hawaii involving interagency collaboration legislation and collaborative strategies across children’s agencies and how these strategies can foster positive outcomes for young people
• Engaging communities in shared initiatives to support one or more of the highlighted strategies

Participants will engage in a World Café activity during which they will explore, through conversation, how they can effectively remove barriers and build a bridge between education, juvenile justice, child welfare, and mental health in order to foster educational success for youth involved with multiple systems. A World Café poses a question that invokes meaningful dialogue to allow participants to share knowledge, explore ideas, and discuss ways in which real life issues can be addressed within their communities. Faculty will include the perspectives of agency staff and administrator from education, juvenile justice, child welfare, and mental health systems.

Kelly Stern, State Educational Specialist for School Based Behavioral Health, Department of Education, Honolulu, HI
Richard Weisgal, M.A., Child Welfare Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Walnut Creek, CA

OBJECTIVES—Participants will learn:
1. To explain the importance of creating a trauma-informed child welfare system
2. To identify the essential elements of a trauma-informed child welfare system
3. To analyze how a child welfare system can be a traumatic experience to birth parents and use strategies for creating a trauma-informed system that actively engages birth parents
4. How to use a trauma-informed community assessment
5. To employ trauma-focused screening, referral, and assessment strategies that can lead to effective collaboration between mental health and child welfare systems
6. To implement small changes that lead to broader policy and practice changes within the child welfare systems and improved partnerships between child welfare and mental health

This Institute will focus on the concept of trauma-informed child welfare systems and on specific, concrete strategies to support the evolution of public child welfare agencies into trauma-informed organizations and to serve as agents of change in their communities. Faculty will highlight essential elements of trauma-informed child welfare systems and how to operationalize these elements through policy and practice changes at the child welfare agency level. Strategies to be discussed include a community assessment process, integrating screening and assessment practices, partnering with family members and caregivers, and resource development.

The information and strategies presented are based on the Essential Elements of Trauma-Informed Child Welfare Systems created by the Child Welfare Committee of the National Child Traumatic Stress Network. The elements provide an organizing framework to assist child welfare systems in their efforts to implement trauma-informed policies and practices. The strategies are also designed to improve the partnership and collaboration between child welfare and mental health agencies.

Specific topics to be covered include:
- How to operationalize the overarching concepts on trauma-informed systems into concrete policy and practice changes
- How to implement a community assessment process designed to evaluate the trauma-informed nature of their child welfare systems that was pilot tested in three “laboratory sites” across the country
- How to better link the child welfare and mental health systems through a trauma screening, referral, and assessment process
- Partnering with birth parents and resource parents
- How to develop resources to support efforts to create trauma-informed child welfare systems

Attendees will participate in multiple activities, including reviewing and discussing the community assessment process in a small group format, reviewing existing trauma screening tools, and engaging in a discussion of the benefits and challenges associated with implementing each tool. Participants will also brainstorm ways in which they can effectively integrate trauma screening practices into their own community. Participants will be encouraged to identify three concrete policy and practice changes they can take back to their own jurisdiction and apply in the immediate future. The faculty team for the session will offer the perspectives of a child welfare agency administrator, a birth parent, and a clinical psychologist who serves as the project manager.

MODERATOR/PRESENTER: Lisa Conradi, Psy.D., CTISP Project Manager, Chadwich Center for Children and Families at Rady, Children’s Hospital Health Center San Diego, San Diego, CA
Pamela Toohey, CEO, Birth Parent Association, El Cajon, CA
Debra Zanders-Willis, Director, Child Welfare Services, San Diego County Child Welfare Services, County of San Diego, San Diego, CA
INSTITUTE #30  8:30 AM FRIDAY • 1:30 PM SATURDAY • SUN D

An Information Management Strategy for Child-Serving Systems: The Total Clinical Outcomes Management (TCOM) Approach

OBJECTIVES—Participants will learn:
1. To distinguish between the five major types of businesses including the differences between a service and a transformational offering
2. To identify the key principles of communimetric measurement as it applies to managing a child-serving system
3. To describe three methods for tracking the outcomes of interventions
4. To describe four barriers to managing outcomes and strategies to overcome them

This Institute will focus on an effective information management strategy for systems of care—Total Clinical Outcomes Management (TCOM). Traditionally, child-serving systems have been organized, financed, and managed as if they were service industries. However, child-serving systems are actually comprised of transformational offerings, not services. This workshop teaches participants how to define and manage transformational offerings using the TCOM approach, which is a theory-driven approach to managing change processes. The underlying theory of TCOM is completely congruent with system of care philosophy. Faculty will present the philosophy, strategy, and tactics of TCOM with examples incorporated throughout.

The information and strategies to be shared in this session are based on implementations of TCOM and the Child and Adolescent Needs and Strengths in 27 states in the United States, a number of Canadian Provinces, and applications in Asia and Europe. Detailed information will be provided based on the experience in implementing the approach at EMQ Families First, a large child-serving agency in California.

Specific topics to be covered include:
• The nature of the business of helping children and families and how this impacts management
• The importance of a theory of measurement that embraces a shared vision, philosophy, and cultural and developmental sensitivity
• The challenges of implementing an outcomes management process in child-serving systems and strategies to overcome these challenges
• The impact of understanding outcomes in child-serving systems at the child, program, and system levels

The session will include presentation, discussion, and small group activities. The faculty team includes the perspectives of two national experts in outcomes management, one who works at the system level and one who works at the program/agency level and an experienced clinician and administrator who focuses on the impact at the child level.

MODERATOR/PRESENTER: John Lyons, Ph.D., Professor, Psychology, University of Ottawa, Ottawa, ON
Lise Bisnaire, Ph.D., Director, Autism Program—Eastern Ontario, Children’s Hospital of Eastern Ontario, Ottawa, ON
Abram Rosenblatt, Ph.D., Adjunct Professor, Department of Psychiatry, University of California San Francisco, San Francisco, CA
Building Systems of Care During Budget Shortfalls: 
Serving More Youth with the Same or Less Money

OBJECTIVES—Participants will learn:
1. How to serve more youth in the community using a care management approach
2. To describe strategies for improving outcomes with Child and Adolescent Needs and Strengths Assessment (CANS), data dashboards, and Child Family Teams
3. To apply strategies for using funders’ money more efficiently to serve more youth with the same or less
4. To define a tiered case rate system for funders based on their population needs

This Workshop will examine how some communities are finding success with care management opportunities that help them to: 1) serve more youth in the community, 2) reduce expenses for out-of-home placements, and 3) improve outcomes for youth. Faculty will discuss specific strategies including care management operations, case rate development and implementation across various child-serving funding sources, and the use of quality improvement tools to improve the clinical practice.

The information and strategies to be presented are based on the experience of Choices, a care management organization that provides services to children and youth with mental health needs and their families in four states using the system of care approach. Faculty will discuss the development of a tiered case rate system that Indiana’s child welfare system supports and that has been made into a statewide service code, allowing Choices to sustain their operations and grow the delivery of care across the state. Additionally, faculty will share the level of care instrumentation used that includes CANS with a service matrix that sets the rate and service package for the families.

Data will be presented to demonstrate the outcomes that can be achieved by implementing this approach and documenting that it offers a better way of investing resources. Choices will compare the existing child welfare data with Choices Dawn data to show the cost savings potential with a care management approach. CANS data will show how the development of strengths and needs can improve outcomes compared to the youth served in the public system.

Specific topics to be covered include:
• Case rate and tiered rate development metrics
• Using the CANS to drive quality child family teams
• Data dashboard development for care coordinators, supervisors, and directors
• Developing special pilots for child-serving system partners with care coordination to expand operation

The session will include opportunities for dialogue about the financial models for systems of care. The faculty team includes the perspectives of the Choices CFO who brings extensive experience developing information management systems, analyzing data, and presenting results. The team also includes the CEO of Choices who is a national consultant regarding implementing and sustaining systems of care.

MODERATOR/PRESENTER: Knute Rotto, A.C.S.W., CEO, Choices, Inc., Indianapolis, IN
Shannon Van Deman, M.B.A., CFO, Choices, Inc., Indianapolis, IN
Building and Sustaining Cross-System Training Programs

OBJECTIVES—Participants will learn:
1. To identify strategies for building a training initiative around system of care values and principles, system improvement and expansion, and healthcare reform
2. To describe practical approaches for utilizing existing human service training products and building new products for a training initiative
3. To employ practical strategies for collaboration expansion and social marketing through training activities
4. To describe design and funding strategies for sustaining a training initiative over time

This Workshop will focus on combining three core functions—social marketing, training, and data-driven improvement—into a system-wide training initiative. This strategy has the potential to bring partnering agencies together, develop effective working relationships, and build and sustain an improved service system. Drawing on the successful experiences of the Our Children Succeed Initiative system of care in NW Minnesota, this presentation will identify principles and strategies for creating consensus among partnering agencies, reaching out to include new agencies and service sectors, and establishing change within a region or collaborative group. The vehicle for these changes is an effective and efficient training initiative that not only leads to the promotion of system of care values and principles, but includes data-driven practice and performance improvements.

Faculty will emphasize the effectiveness of system-wide training initiatives in creating paradigm change, vision-driven activity, and system improvement using not only training activities but marketing tools and data-driven activities. The context for the training strategies will be shared including: 1) the priorities of changing paradigms and promoting vision-driven activity to bring about sustainable and effective system improvements, 2) the need for practical methods of engagement to foster vision growth and effective system improvements, and 3) combining social marketing, training, and data-driven improvement activities to achieve system change goals.

Specific topics to be covered include:
• Building a training initiative around system of care values and principles, system improvement and expansion, and healthcare reform
• Utilizing existing human service training products and developing new products for the training initiative
• Implementing strategies for collaboration expansion, quality improvement, and social marketing through training
• Identifying strategies for sustaining a training initiative over time, including financing strategies

Participants will have an opportunity to engage in dialogue related to the topic material, emphasizing the application of these approaches to their particular locations and collaborative partnerships. Participants will take home specific examples of budgeting, training topics, and off-the-shelf resources for use in designing a training initiative. The presenter brings extensive experience in training, as well as experience in community engagement and change initiatives involving school districts, colleges, faith-based organizations, social services, and law enforcement. The presenter brings extensive experience as a trainer and director of nonprofits and will incorporate perspectives including training, social marketing, and data-driven improvement activities across multiple service sectors.

MODERATOR/PRESENTER: Timothy Denney, M.S., C.R.C., Training Director and Internal Evaluator, Northwestern Mental Health Center, Crookston, MN
Short-Term Stabilization in Inpatient Psychiatric Settings:
A Necessary Component of Systems of Care

OBJECTIVES—Participants will learn:
1. To identify key concepts in developing programming for standard short inpatient stays with a focus on specific objectives for assessment and treatment planning
2. How to reduce recidivism in inpatient care by using transition planning for post-discharge care and a system of care approach to practice
3. How to adapt principles that guide a system of care approach to inpatient programming
4. How a family-driven, youth-guided approach using collaborative problem solving can be successfully incorporated into a fast-paced inpatient medical setting

This Workshop will focus on a model for a short-term inpatient stay with specific and achievable objectives combined with a strong focus on transition planning that provides an effective approach when inpatient care is necessary. The approach is based on system of care principles such as family-driven, youth-guided care, with the goal of reducing recidivism and improving intermediate-term and long-term functioning.

Faculty will highlight the organizational change required to implement this approach; the program components; and required support services. The model shifts the focus of short inpatient stays to accurate assessment of the child and caregiving system rather than on treatment per se, and is based on the premise that ongoing treatment and outpatient stabilization require strong post-discharge planning from the first day of hospitalization that relies on family and child input and utilizes informal and formal supports. The approach outlines specific objectives for all team members and the child and family over an average seven-day inpatient stay.

The strategies to be presented are based on an innovative program in Richmond, Virginia that illustrates application of system of care-informed practice into inpatient care within the continuum of care for children with mental health conditions.

Specific topics to be covered include:
• Specific daily objectives tailored to a short-term stay inpatient program emphasizing an accurate assessment of the clinical problem
• Strategies for developing a post-discharge treatment plan that is based on thorough understanding of the problems and in conjunction with engaged caregivers and youth
• How to create a treatment plan with transition or bridge to outpatient community settings
• How to create a youth-guided, family-driven wraparound post-discharge plan with shared ownership that improves engagement
• How to measure outcomes such as reduction of recidivism, improvement of school attendance/performance, and family satisfaction

The model will be illustrated through role play and audience participation. Faculty will include the perspective of a medically trained person who has changed her practice by embracing a system of care approach.

MODERATOR/PRESENTER: Aradhana Bela Sood, M.D., M.S.H.A., Professor of Psychiatry & Pediatrics, Division of Child Psychiatry, Virginia Commonwealth University Health Systems, Richmond, VA
**WORKSHOP #4  1:30 PM THURSDAY • 10:30 AM SATURDAY • NAPLES 1**

**Beyond the Uniform: Serving Military Families in Systems of Care**

**OBJECTIVES**—Participants will learn:
1. To identify the key components that define military family culture
2. Strategies for engaging military families in systems of care
3. Strategies for identifying community resources available to military families
4. How to use practical tools for facilitating military family engagement
5. Strategies for building working alliances with military families

This Workshop will focus on the unique needs of military families in systems of care. By addressing military families as a cultural construct, faculty will outline culturally appropriate, evidence-informed strategies for identifying and serving military families within systems of care.

Like any cultural group there is no monolithic military family. The diversity of military families can be influenced by branch of service, installation assignment or active/Guard or Reserve status. This session will examine strategies that can be implemented by systems of care to leverage the rich history of the military culture and provide culturally-informed, collaborative services to military families.

The information and strategies to be highlighted are based on the work of Coming Together Around Military Families at ZERO TO THREE and the U.S. Department of Defense Family Services programs. The faculty members will also share their personal experiences as a child growing up in a military family and as a military spouse.

Specific topics to be covered include:
- What constitutes military culture
- Strategies for identifying children of military families with mental health needs
- Steps for engaging military families in services once identified
- Military family outreach strategies for community-based organizations

A DVD montage of military family reunions will be shown and case vignettes will be used to illustrate the concepts presented. The faculty team will offer the perspectives of an agency administrator/clinician and family member.

**MODERATOR/PRESENTER:** Michael Rovaris, M.S.W., L.C.S.W., Site Visitor, American Institutes for Research, Raleigh, NC

Bridgitt Mitchell, Doctoral Candidate, Peyton, CO

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**WORKSHOP #5  1:30 PM THURSDAY • 10:30 AM SATURDAY • GAINESVILLE 1-2**

**Youth Support Partners: Peer Support for Better Outcomes**

**OBJECTIVES**—Participants will learn:
1. To apply recruitment strategies on how to hire and support Youth Support Partners (YSPs)
2. How to implement a High-Fidelity Wraparound credentialing process for YSPs
3. To describe strategies to implement a YSP program
4. To examine replication issues and considerations

This Workshop will focus on the “value added” of YSPs with lived experience as peer mentors to youth in systems of care and as team members on service delivery teams, specifically within the High-Fidelity Wraparound approach. Faculty will highlight the use of young adults with lived experience in various child-serving systems as staff to positively impact the outcomes for youth with behavioral health and multi-system concerns.

The information in this session is based on the use of YSPs to support youth in the High-Fidelity Wraparound process in Pennsylvania. Faculty will emphasize lessons learned and issues and strategies for replicating this approach in participants’ states and communities.
Specific topics to be covered include:

- How YSPs as staff contribute to better outcomes in systems of care
- The need for intensive coaching and mentoring for YSPs
- Recruitment strategies including Craig’s List, Facebook, and other unconventional ways to recruit YSPs
- Lessons learned and issues for replication when using young adults with lived experience in the staff role of YSP

The faculty team will include the perspectives of current or former YSPs and a YSP coach. Some of the ideas about YSPs that they will convey are expressed below.

“When I first started out as a YSP I was shocked and amazed that the professionals started to take a vested interested in what the youth had to say. It was like someone hit the ‘easy button’ and magically people started to listen. The High-Fidelity Wraparound process was a no-brainer when I first heard about it. There was a YSP to work with the youth and a Family Support Provider to work with the parent/guardian. The first word that came to my mind was—GENIUS!!!! I wish this was around when I was younger!”

“I look at my experiences—the good, bad and ugly—to motivate me to help the youth I work with, to get them through the bad and the ugly faster than what I went through so they can live in the good. With all the jobs I’ve had and all the people I have talked to I don’t know of any job more fulfilling then this one.”

“For the youth that I have worked with I was able to give them tips and share my experience of how things were for me as I was growing up. The idea of the YSP is not to change how the youth live but to put hope into how they live. Today I am a supervisor for the unit and can now share what I have learned with staff in hopes that the staff will use it out in the field.”

**MODERATOR/PRESENTER:** Aaron Thomas, Youth Support Partner Supervisor/Coach, Allegheny County Department of Human Services, Pittsburgh, PA

**Markese Long, M.A.O.L., Youth Support Partner Supervisor/Coach, Diversified Care Management, Allegheny County Department of Human Services, Pittsburgh, PA**

**Chad Owens, Youth Support Partner, High Fidelity Family Teams, Child and Family Focus, Hatboro, PA**

**RESOURCE PERSON:** Kenneth Nash, M.D. Western Psychiatric Institutes and Clinic, Chief of Clinical Services, Pittsburgh, PA

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**WORKSHOP #6**  
1:30 PM THURSDAY • 10:30 AM SATURDAY • DESTIN 1-2  

**How to Implement Cross-System Behavioral Support Services in High-Need Schools**

**OBJECTIVES**—Participants will learn:

1. How to identify appropriate schools with a student population that will benefit from behavioral support services in schools
2. To describe concrete steps for program design and implementation
3. To identify potential challenges and solutions for engaging key stakeholders and obtaining buy-in
4. To specify the key components of establishing successful communication within a school-based program
5. To employ methods for identifying and tracking process and outcome measures

This Workshop will focus on the process, challenges, and lessons learned through the planning and implementation of a replicable model for collaborative service delivery designed to improve educational and behavioral health outcomes for children in high need districts/schools.

The strategies to be highlighted are based on the work of the New York Promise Zones for Urban Education (Promise Zones), that is an action strategy designed to achieve New York State’s goals of student engagement, academic achievement, dropout prevention, social and emotional competence, and positive school culture and school safety. The overarching goal of the Promise Zone initiative is that children are on task and ready to learn in high-need, high-poverty schools leading to reduced absenteeism, truancy, and incidents; increased instructional time; and improved educational outcomes. The initiative formalizes partnerships between local school districts and child-serving state and local
agencies. Faculty will outline the planning and implementation process for this unique method of cross-system, school and student support programming with the goal of preparing participants to implement similar approaches in their communities and states.

This approach emerged from a review of evidence-based practices related to school success in high-need communities. Child-serving agencies were engaged in a unique collaboration to pilot a model of school and student support. In the New York City pilot program, the model Promise Zones was implemented under the structure and leadership of the city’s Positive Behavioral Interventions and Supports (PBIS) team, a prevention support model that enables educators to adopt school-wide systems which improve behavioral outcomes and build positive school climate. PBIS is a three-tiered, behavioral process supporting implementation of classroom-based group and individualized interventions.

Specific topics to be covered include:

- The planning and implementation process with a focus on challenges and lessons learned
- Key data collection points required for tracking success (process and outcome measures)
- Policy and procedure development, including communication protocols
- Role and responsibility definition required between collaborating entities (schools, community providers, PBIS, etc.)
- Report on client outcomes (office discipline referrals, school attendance, Child and Adolescent Needs and Strengths data) and process measures

The session will include interactive small group exercises designed to assist with planning or replicating similar school programming. The faculty team for the session will offer the perspectives of child and family clinicians and administrators with extensive experience in planning and providing a wide array of mental health and family advocacy services to at-risk children, adolescents, and their families residing in high-need communities.

MODERATOR/PRESENTER: Jessica Fear, M.A., L.M.F.T., Director of Children’s Services, Community Mental Health Services, Visiting Nurse Service of New York, New York, NY

Devin Bandison, M.P.A., Program Director, Community Mental Health Services, Visiting Nurse Service of New York, New York, NY

RESOURCE PERSONS: Neil Pessin, Ph.D., Vice President, Community Mental Health Services, Visiting Nurse Service of New York, New York, NY

David Lindy, M.D, Clinical Director/Chief Psychiatrist, Community Mental Health Services, Visiting Nurse Service of New York, New York, NY

WORKSHOP #7 1:30 PM THURSDAY • 10:30 AM SATURDAY • TALLAHASSEE 1-2

Wraparound in the Faith Community: The Open Table Model

OBJECTIVES—Participants will learn:
1. The challenges of youth and young adults aging out of foster care
2. Strategies for developing long-term supports and relationships to sustain young adults
3. Key components of engaging, equipping, and supporting the faith community in providing highly individualized care
4. How “Open Table,” a grassroots movement, intersects with high-fidelity wraparound

This Workshop will focus on an innovative strategy that bridges research and practice in a community collaborative effort to produce sustainable outcomes for youth aging out of foster care with a high return on investment. Faculty will highlight the Open Table model that mobilizes the faith community by tapping into resources of individual congregations to support these youth. The approach involves creating long-term, personal relationships with young adults who have aged out of foster care. These relationships have proven to be powerful in transforming not only the individual served, but the attitudes and the sense of empowerment of the Open Table volunteers.

Open Table is a faith-based model with five years of research, development, and expansion experience. The approach has the potential to change the fate of youth aging out of foster care who, based on recent studies, will likely find themselves in poverty with little or no support. The model shares the core values of high-fidelity wraparound and
intertwines them with an innovation. To date, the model has been implemented in more than 60 churches in five states, with memberships ranging from 60 to 30,000.

Specific topics to be covered include:
• A review of outcomes for youth exiting foster care based on a study that surveyed over 700 youth in four waves of data collection beginning at age 17 through 23-24 years of age
• How to engage the faith community and create partnerships among faith communities, transition organizations, clinical psychologists, government, local businesses, and nonprofit organizations
• How to implement highly individualized planning in the faith-based context using a group of volunteers who make a year commitment to act as life specialists, encouragers, and advocates
• How Table members, together with the individual or family, establish goals and develop and implement an individualized plan that draws upon resources in their congregations and communities such as legal, accounting, behavioral health, dentistry, employment, and transportation
• How the model draws on experience and research on high-fidelity wraparound by implementing a process that is strength-based; provides the individuals with voice, choice, and access; engages natural supports; is highly individualized; and is sustainable

A video illustrating the Open Table process will be shown, and small groups will be asked to provide their ideas on how the model could impact practice in their communities. The faculty includes the perspectives of agency administrators, national experts on financing, youth, and direct service staff.

MODERATOR/PRESENTER: Gail Biro, M.S.W., National Director of Quality Assurance and Quality Improvement, Arrow Child & Family Ministries, Spring, TX
Jon Katov, Founder, Open Table, Phoenix, AZ
John VanDenBerg, Ph.D., President, Vroon VanDenBerg, LLP, Paonia, CO

WORKSHOP #8  3:30 PM THURSDAY • 8:30 AM SATURDAY • NAPLES 1
Innovative Financing Strategies for Systems of Care:
Creating a County Children’s Service Fund

OBJECTIVES—Participants will learn:
1. How to finance children’s mental health services through a successful grassroots campaign
2. To describe a social investment approach that incorporates a robust theory of change and implementation of high standards of quality to ensure that resources are used wisely, effectively, and efficiently
3. How to apply practical and innovative strategies for training, data system, and communication strategies to ensure return on investment in the creation and maintenance of a system of care approach

This Workshop will focus on the creation of a children’s services fund to finance children’s mental health services in a county. The strategies to be highlighted are based on the experience of St. Louis County, Missouri. Like many communities, St. Louis County experienced significant reductions in funding for children’s mental health services due to budget cuts. To address the growing need, a grassroots effort was launched to create a community children’s services fund that has provided $38 million annually solely for children’s mental health and substance use services.

The county leveraged existing Missouri State Statutes that allow local communities to create a community children’s service fund, but the broad strategies used to create the fund are applicable in states and communities that may not have similar statues, such as a petition drive and awareness campaign. Faculty will share advocacy efforts that can be used to secure funding, as well as communication, training, and performance improvement strategies to successfully sustain children’s mental health services.

Specific topics to be covered include:
• Creating financing mechanisms to support the infrastructure and services of a system of care approach
• Utilizing high quality standards for accountability and quality improvement, Malcolm Baldrige Criteria for Performance Excellence
Participants will view video clips that illustrate key points related to advocacy, data and performance management, strategic communications, and social marketing. The faculty team incorporates the perspectives of the administrators of the county children’s service fund. The executive director also served as the campaign manager of the advocacy effort.

**MODERATOR/PRESENTER:** Julie Russell, M.S.W., L.C.S.W., Deputy Director, Children’s Service Fund, Clayton, MO
Kate Tansey, M.S.W., L.C.S.W., Executive Director, St. Louis County Children’s Service Fund, St. Louis, MO

**WORKSHOP #9**  
3:30 PM THURSDAY • 8:30 AM SATURDAY • TALLAHASSEE 1-2

**Persuasive Storytelling: Discovering the Power of Your Personal Story**

**OBJECTIVES**—Participants will learn:
1. How to make a story relevant to an audience
2. The rationale for incorporating personal stories into public speaking situations and how this benefits the cause of children’s mental health
3. How to develop their Single Overriding Communications Objective (SOCO) for speaking or interview opportunities
4. How to present and use personal stories to highlight the importance of community services and supports for children’s mental health

This Workshop will focus on the use of personal stories, one of the most effective tools for children’s mental health advocates. Personal stories are especially powerful when systems of care are communicating with key partners, agencies, media, and other families and youth. During this session, participants will learn how to persuade others through storytelling, with the goal of more effective communications about children’s mental health.

In addition to training on how to develop personal stories, information will be presented demonstrating how this strategy has been implemented in other communities. Faculty from Chautauqua Tapestries, a system of care in New York will share their first-hand experience in applying and expanding their persuasive storytelling experience. They will discuss how the effort unfolded in their community, how the strategy was used, the impact of persuasive storytelling, and how the strategy has been expanded.

Specific topics to be covered include:
- How to use their personal stories to persuade others of the importance of efforts around children’s mental health
- What makes a story newsworthy and how to use it to gain the interest of others
- Before and after demonstrations that reveal the power of personal stories
- What constitutes a single overriding communications objective (SOCO) and how to create a SOCO to anchor a public speaking opportunity
- How to use persuasive storytelling in combination with other social marketing and communications strategies to advocate effectively for children’s mental health

The Workshop will include interactive group exercises to further explain audience segmentation, SOCO development for groups to develop and share, and interactive presentations that allow for peer-to-peer sharing. The faculty team for the session will offer the perspectives of youth and family members, family advocates, technical assistance providers, and communications professionals.

**MODERATOR/PRESENTER:** Barbara Huff, Technical Assistance Provider, Caring for Every Child’s Mental Health Campaign, National Federation of Families for Children’s Mental Health, Wichita, KS
Leah Holmes-Bonilla, M.Ed., Technical Assistance Specialist, Caring for Every Child’s Mental Health Campaign, Vanguard Communications, Washington, DC
Melody Morris, Co Director/Family Lead, Chautauqua Tapestry, Mayville, NY
OBJECTIVES—Participants will learn:
1. To identify the key components of the Regional Intervention Program (RIP)
2. To describe methods to understand and encourage pro-social behavior
3. To define evidence-based, behavioral intervention strategies for young children
4. How to implement concrete steps to establish a parent-implemented, positive discipline program with preschool children in local communities
5. How to become a certified RIP-Expansion satellite site

This Workshop will focus on the Regional Intervention Program (RIP), a nationally-recognized, community-based, parent-implemented training program for families of young children with social, emotional, and behavioral challenges. Faculty will emphasize evidence-based, positive discipline strategies to enhance parent-child interactions and improve child interactions with family members, peers, and teachers.

The information to be highlighted includes the clinical foundation of the RIP Model; the 3-tiered Management-By-Objectives system used at RIP; evidence-based strategies to understand and encourage pro-social behavior in preschool children; and an objective, data-based outcome measurement system. Practical strategies will be presented to establish and operate a community-based, parent-implemented, positive discipline training program for families of young children with social, emotional, and behavioral challenges including funding, physical space and location, personnel (parent and professional), staffing patterns, instructional materials, scheduling, marketing, referrals, evaluation, and sustainability.

The information and strategies to be presented are based on the work of the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), the RIP Advisory Committee, the RIP Expansion Project, and the RIP headquarters located in Nashville, Tennessee.

Specific topics to be covered include:
- Establishing clinical and structural foundations of a community-based, parent-driven, early intervention program
- Implementing evidence-based, positive discipline strategies used with young children
- Identifying funding and support resources from state agencies and local communities
- Building relationships with community referral agents
- Obtaining adequate space, location, and physical facility layout
- Ensuring a culturally and linguistically competent staff
- Planning developmentally appropriate activities and materials
- Structuring an objective, data-based, outcome measurement system

The session will include a small group activity and “Parenting That Works,” a brief video overview of the Regional Intervention Program (RIP). The faculty team for the session will offer the perspectives of a program coordinator/clinician who is the parent of a child with emotional challenges and a parent staff member who is a graduate parent of the RIP program.

MODERATOR/PRESENTER: Kate Kanies, M.A., M.L.S., Program Coordinator, Tennessee Department of Mental Health and Substance Abuse Services, Regional Intervention Program, Nashville, TN
Scott O’Neal, Parent Staff Case Manager, Regional Intervention Program, Tennessee Department of Mental Health and Substance Abuse Services, Nashville, TN
Partnerships Among Youth, Families, and Clinicians: 
Shared Decision Making for Medication Management

OBJECTIVES—Participants will learn:
1. To describe the Shared Decision Making (SDM) model as it is applied to medication management
2. To identify the “experts” and the role each plays in decision-making
3. To define the “ideal” prescriber and the “ideal” youth/family collaboration in SDM
4. To describe the common tensions experienced in the process of medication management, and how SDM can successfully resolve these
5. To identify the barriers to successful implementation of SDM

This Workshop will focus on an approach to prescribing and managing medications based on collaboration among youth, families, and clinicians. Using medication is an active process that involves complex decision-making and a chance to work through decisional conflicts that requires a partnership among experts—the youth, the family, and the practitioner. Such a partnership improves communication and understanding about medication management.

The SDM model facilitates this by explicitly recognizing the youth and family experts on the youth, his/her current functioning, and his/her unique response to medications (both effects and side effects) and similarly recognizing the prescriber as the expert on the effects, side effects, and evidence base of the medications. Both sets of expertise are essential to effective decision-making and conflict resolution. SDM encourages active involvement of the youth and family in medication selection, administration, monitoring (honest reporting of effects and side effects), as well as giving the youth developmentally appropriate responsibility for taking and keeping track of medications. SDM is based on the system of care values of family-driven, youth-guided, culturally and linguistically competent, and individualized care. When youth and families are meaningfully engaged in treatment, they have better outcomes and they share accountability and responsibility for outcomes.

Specific topics to be covered include collaboration of the experts (youth, family, and psychiatrist) on the following steps of SDM:
• Recognition that a decision needs to be made
• Identification of partners in the process as equals
• Statement of the options as equal
• Exploration of understanding and expectations
• Identifying preferences
• Negotiating options/concordance
• Sharing the decision
• Arranging follow-up to evaluate decision-making outcomes

Faculty will discuss and define the “ideal” prescriber and the “ideal” youth and family for successful implementation of SDM, typical tensions that arise in the process of medication management and what to do when they develop in this partnership, as well as other barriers to the successful implementation of SDM and how to address them.

The Workshop will mirror the SDM model, and the faculty will perform a role play of a shared decision making session to get a true understanding of how each expert’s perspective contributes to shared decision making. The faculty includes the perspective of a youth, parent, and child psychiatrist.

MODERATOR/PRESENTER: Steven Jewell, M.D., Medical Director, Child Guidance & Family Solutions, Akron, OH
Alexander Cook, Youth MOVE Ohio, Akron, OH
Marjorie Cook, Education and Training Coordinator, The Ohio Federation for Children’s Mental Health, Akron, OH
A Culturally Competent Approach for Family Involvement in Systems of Care: Family Roundtables

OBJECTIVES—Participants will learn:
1. The history and purposes of Family Roundtables (FRT)
2. How to assess community readiness for a Roundtable
3. Steps to creating Culturally Responsive roundtables
4. How to establish a Family Roundtable in their communities
5. Methods for sustaining a Family Roundtable
6. Lessons learned for implementing Family Roundtables

This Workshop will focus on Family Roundtables, a model for family engagement and multi-level family-professional partnerships based on respect, equity, and reciprocity. Family Roundtables offer a platform for the voices of families of children with emotional, mental, and behavioral challenges to operationalize the core value of a family-driven approach in child-serving systems and to drive systems change. They also provide a mechanism for professionals to hear authentic family voice, to partner with families for solutions to organization-level challenges, and to establish ongoing, sustainable relationships with families.

The strategies shared in this session are based on the work done by the staff and families of Monroe County, New York’s system of care initiative. Faculty will provide an example of how the Family Roundtable approach is operationalized in various cultural communities with various diverse partners. They will provide information about how to establish Family Roundtables in participants’ communities, how to obtain funding to sustain the approach over time, and lessons learned that can inform the work of others in implementing this strategy.

Specific topics to be covered include:
• Steps to assess readiness for Family Roundtable
• Steps to creating a culturally responsive Family Roundtable
• Potential sources of sustainable funding for roundtables
• Specific steps for establishing a roundtable in your community
• Tips on what partners you need to create sustained champions for your roundtables

This session will primarily be in a discussion format where participants have the opportunity to receive guidance on strategies to create, implement, evaluate, and sustain Family Roundtables in their communities. The faculty team includes the perspectives of the director of community engagement who developed the Family Roundtable approach and was a key family contact for a system of care. A family member who facilitates Family Roundtables will also share her expertise on the team.

MODERATOR/PRESENTER: Melanie Funchess, Director of Community Engagement, Mental Health Association, Rochester, NY

Debby Myricks, Family Member, Mental Health Association, Rochester, NY
OBJECTIVES—Participants will learn:
1. To identify the key components of the Sobriety Treatment and Recovery Teams (START) model
2. To explain how the START model de-stigmatizes substance-affected families and how its collaborative approach keeps families together
3. To describe the value and process of hiring staff with “lived experience” as part of the package for serving families with a system of care approach
4. To define the key components and principles of the wraparound approach and how it enhances system efficiencies and fosters resilience
5. How to apply the four phases of wraparound and how to use available tools to increase success
6. How to implement approaches to accessing and connecting families with resources and removing the barriers in order to increase support and resiliency

This Workshop will focus on how to utilize the wraparound approach for families that are affected by substance use. The wraparound approach to planning and delivering services has evolved as an evidence-informed practice to help children with challenges and their families function more effectively in their homes and communities. The unique approach of the START model integrates drug treatment for substance-affected adults with the cornerstones of the wraparound approach—cross-system integration, creative resource development, and social support to provide family-driven, strength-based, individualized, collaborative, and culturally proficient care coordination in order to keep families together in their communities.

Faculty will describe the strategies used in the START model whereby eligible families are assigned to a team of care managers and parent support partners (PSP). PSPs are integral as the use of their “lived experience” (successfully navigating child welfare and substance abuse systems) is effective in engaging families into the treatment process and “wrapping” a comprehensive array of services and supports around the family that improve family outcomes and resiliency. Faculty will demonstrate how integrating substance use services with wraparound principles in a community-based setting leads to “out of the box thinking” in the development of creative options and interventions that then lead to improved outcomes not often found in traditional therapies.

Specific topics to be covered include:
- Discussion of the importance and effectiveness of hiring staff with “lived experience”
- An overview and description of the 10 principles and cornerstones of wraparound
- Identification of the four key phases of wraparound: Engagement, Planning, Implementation and Transition
- Identification and importance of utilizing natural supports in the wraparound process
- Developing effective community-based service support options that focus on individual strengths, needs, and barriers

The Workshop will provide an opportunity for participants to practice some of the skills involved in the START model. The faculty team includes the perspectives of administrators, providers, and parent support partners.

**MODERATOR/PRESENTER:** Theresa Varos, M.S., Director of Network Support, Lookout Mountain Community Services Care Management Entity, Fort Oglethorpe, GA
Heather Stanley, M.P.S., A.T.R.-B.C., Deputy Director, Lookout Mountain Community Services Care Management Entity, Fort Oglethorpe, GA
Continuous Quality Improvement (CQI) Methodologies to Improve Outcomes

OBJECTIVES—Participants will learn:
1. To specify the key components of a culturally competent CQI process for systems of care
2. How to incorporate youth and family “voice and choice” in CQI methods
3. How to use a CQI process to assess performance and outcomes at the system level and at the service delivery/practice level based on specific indicators and benchmarks
4. To apply key strategies to address under-performance on CQI measures
5. How to use CQI tools (i.e., reports, definitions, site visit protocols) to measure access, capacity, caseloads, and collaboration in wraparound teams and use results to facilitate coaching, supervision, and impact system-level outcomes and sustainability

This workshop will focus on a CQI model that is designed to improve performance and outcomes for a system of care. The information and strategies that will be highlighted are based on the experience of the Cuyahoga County Tapestry System of Care (Ohio). The system of care is comprised of a partnership of parent leaders, local agencies, neighborhood collaboratives, academic institutions, and public partners that serve multi-need youth referred from the child welfare and juvenile systems.

The strategies to be highlighted include: 1) using local and sustainable evaluation data from a case management software tool and external data collection to improve countywide performance, 2) how provider agencies can use CQI processes to make changes in supervision and practice, and 3) how CQI processes can be used to improve system-level structures and processes in systems of care.

The specific topics to be covered include:
• Brief overview of the Cuyahoga Tapestry System of Care
• Description of the CQI system, how it is implemented, and measures used in the CQI report
• Strategies used by a provider agency to improve performance based on CQI data relative to the system of care’s required indicators of success at the practice level
• Examples and how lessons learned at the system level are changing future practices in contracting, site visits, and benchmarking

Participants will have the opportunity to identify challenges they are facing in implementing CQI processes that provide information for data-based decision making at the system and child and family level. Faculty and peers will provide consultation to identify effective strategies and approaches for overcoming barriers. The faculty team will offer the perspectives of administrators, a clinician who has provided wraparound services within the system of care, and a researcher. A parent advocate from the Tapestry community will also be available.

MODERATOR/PRESENTER: Mark Groner, M.S.S.A., Vice President of Clinical Services & Clinical Director, Clinical Services, Beech Brook, Cleveland, OH
Chris Stornann, Ph.D., Senior Research Associate, Begun Center for Violence Prevention Research & Education, Case Western Reserve University, Cleveland, OH
Karen Stornann, L.S.W., Social Program Administrator, Administration, Division of Children and Family Services, Cleveland, OH
WORKSHOP #15  8:30 AM FRIDAY • 3:30 PM SATURDAY • MIAMI 3

Using a Collaborative Training and Technical Assistance Framework to Expand the System of Care Approach

OBJECTIVES—Participants will learn:
1. How to assess the specific training and technical assistance needs related to systems of care in communities, regions, or states
2. To use practical tools to construct collaborative training and technical assistance structures that includes partnerships with family support organizations, system of care partners, and universities
3. How to develop a comprehensive training and technical assistance plan that addresses state, regional, and local needs
4. To identify challenges and solutions to developing a collaborative training and technical assistance framework

This Workshop will focus on creating a framework for providing comprehensive training and technical assistance related to the system of care approach and component services and supports. Faculty will share strategies for developing collaborative partnerships among state agencies, universities, and family support organizations; developing training advisory committees; creating training and technical assistance plans; creating effective communication structures at all levels; and providing training and technical assistance.

The information and strategies to be highlighted are based on the experiences of Portland State University’s Center for Improvement of Child and Family Services, Oregon Family Support Network, and the State of Oregon’s Department of Health Services. The collective experience in developing training capacity and providing training and technical assistance will serve as a guide to inform the work of other state and local entities.

Specific topics to be covered include:

• An approach for developing a structure to provide training and technical assistance across a state, region, and community
• Strategies for the development of partnerships between the state, universities and family support organizations related to training and technical assistance
• Development of training advisory committees at the community level
• Enhancement of multi-directional communication structures among state, regional and local groups
• Development of ongoing, sustainable capacity for training and technical assistance on the system of care approach and effective services
• Training topics and strategies
• Lessons learned in developing a statewide model of system of care

Participants will have the opportunity to engage in dialogue about strategies and tools presented. Digital stories will also be used. The faculty team for this session will offer perspectives of a statewide coordinator, family member, systems of care consultant, and wraparound trainer.

MODERATOR/PRESENTER: Dan Embree, M.Ed., N.C.C., Consultant/Instructor, The Center for Improvement of Child and Family Services, School of Social Work, Portland State University—Systems of Care Institute, Portland, OR
Ermila Rodriguez, Regional Director, Clackamas County, Oregon Family Support Network, Salem, OR

RESOURCE PERSON: Cate Drinan, M.A., Statewide Wraparound Coordinator, The Center for Improvement of Child and Family Services, School of Social Work, Portland State University, Portland, OR
Risky Business: Doing Business with Nonprofit Family and Consumer Organizations

OBJECTIVES—Participants will learn:
1. To define five core business practices and how they impact family-run organization contracts
2. To identify and apply 10 steps that can protect both funders and family organizations and their leaders
3. To utilize methods for maintaining a level of accountability that is business prudent but accommodating the developmental level of family organizations
4. To describe eight key components that MUST be in a contract to ensure successful outcomes and business sustainability

This Workshop will focus on contracting with family and youth-run nonprofit organizations. The session will prepare both those investing in a family organization and organization leaders to establish business arrangements, monitor outcomes, and create pathways of accountability that will encourage transparency and success, despite the competitive and resource poor environment of today’s mental health arena.

As a core foundation of the system of care, programs are establishing new approaches of doing business with new and emerging groups, including family and youth-run organizations. Contracting or other formal agreements have emerged as the mechanism to opening the door and extending authentic family and youth involvement and voice at deeper levels of policy development, service planning, and program evaluation. The capacity to write, implement, manage, and monitor these methods continues to be a challenge. The strategies and approaches to be highlighted in this session will include an examination of the outcomes of ill-fated bumps in contracting and discussions about how to prevent and recover from business mishaps between family-run organizations and government systems. Targeted prevention of common challenges will be explored, and potential solutions will be offered. New methods of monitoring family-run organizations will also be shared, facilitating a developmentally appropriate responsibility and accountability process for funders and those receiving funds.

Specific topics to be covered include:
- Business options and opportunities between family-run organizations and systems of care
- Understanding and building upon organizational capacity and system of care needs
- Creating sustainable business partnerships
- Building the business capacity of family run organizations
- Creating optimum and individualized payment options
- Developmentally appropriate responsibility and accountability process
- Pathways of accountability and transparency that manage risk and protect involved entities

The session will include video clips of real life scenarios and experiences, and participants will have an opportunity to participate in skill-building exercises. Participants will leave with a toolkit of resources for accountable, developmentally sound contracting that minimizes risk and builds sustainable business partnerships. The faculty team for the session will offer the perspectives of a family leader and consultant to family organizations and a state system of care leader who has successfully negotiated and managed contracts with family-run organizations.

MODERATOR/PRESENTER: Conni Wells, Consultant, Axis Group I, LLC, Butler, TN
Marilyn Copeland, Director, Action for Kids Program, Jonesboro, AR
An Innovative Approach to Residential Treatment: Shorter Stays, Better Outcomes

OBJECTIVES—Participants will learn:
1. To identify the elements of effective residential care
2. How to employ strategies for effective partnerships when developing new approaches
3. To describe the key attributes of this model
4. To explain why data collection is critical to program sustainability
5. To analyze the outcomes of this approach

This Workshop will describe a short-term residential model for increasing the effectiveness of residential treatment as a component of a system of care. The strategies to be presented are based on a white paper developed by Magellan Health in response to concerns about the reliance on residential treatment for children and adolescents with serious emotional disturbance and the underuse of evidence-based alternative treatments, “Perspectives on Residential and Community-Based Treatment for Youth and Families.” The design and development of the short-term residential model was a collaborative effort of Magellan’s Lehigh Valley Care Management Center, MCC Warwick, Shawnee Academy, and Children’s Home of Reading.

The key components of this model are small caseloads, family involvement, comprehensive discharge planning and follow up, and outcome measurement. Small staff to youth ratio allows the therapist and a case manager who act as a “team” approach to deliver intensive therapy for the child and family, as well as aftercare planning. Family involvement begins prior to admission and continues after a child is discharged. Therapy often occurs in the home environment allowing the child, family, and therapist to address situations that typically occur in the home. Discharge planning begins on the day of admission, with case manager arranging services and helping the family to activate a support plan that is tailored to their needs and incorporates natural supports within their community. Data collection is monthly and includes age, gender, diagnosis, custody status, presenting issues, average length of stay, aftercare plan, natural supports, and re-admissions to out of home placements. Following 24 months of data comparing this approach with ‘traditional’ residential, the model has significantly reduced lengths of stay and readmissions following treatment. Faculty will share strategies for implementing this approach in other communities and states.

Specific topics to be covered include:
• The impetus for change and the role of research in developing this approach
• Process of program development, including key strategies for engaging providers as partners in a new approach
• Effective aspects of the approach, what really makes the approach successful
• Data collection and outcomes and the importance of data and tracking outcomes for sustainability.
• Lessons learned and steps for implementation in participants’ communities and states

Participants will select one aspect of this approach and plan for use within their communities and then report back. The faculty team includes the family perspective on the importance of engaging families, a clinical perspective to ensure effective services and supports, and the role of policy in supporting programmatic and systemic change.

MODERATOR/PRESENTER: Patricia Hunt, Director of Child & Family Resiliency Services, Public Sector Solutions, Magellan Health Services, Turner, ME

John Lees, L.S.W., Child/Adolescent Care Management Supervisor, Lehigh Care Management Center—Clinical, Magellan Behavioral Health of Pennsylvania Inc., Bethlehem, PA
WORKSHOP #18  8:30 AM FRIDAY • 3:30 PM SATURDAY • TALLAHASSEE 1-2

Preparing Youth and Young Adults Who Have Experienced Trauma to be Advocates for System Change

OBJECTIVES—Participants will learn:
1. To explain how trauma impacts youth and young adults doing advocacy work
2. To describe what youth and young adults need to know in order to protect themselves while effectively advocating for system change
3. How to implement trauma-informed strategies to better engage, prepare, and support youth and young adults to protect against potential re-traumatization
4. To discuss challenges and solutions from the experiences of a former foster care alumnus and an adult support person who engages youth and young adults who have experienced trauma to participate in advocacy work at the policy and system levels

This Workshop will focus on the impact of trauma on youth advocacy efforts and will provide a model of practice that will provide strategies and practical considerations for safe and effective engagement and advocacy work. The strategies to be highlighted are based on the Trauma-Informed Method of Engagement (T.I.M.E.) model developed by the presenting faculty based on the experiences of foster care alumni who are advocates for system change in the areas of child welfare, juvenile justice, and mental health, and the adults that support them. The strategies are aimed at increasing the competency of advocates and adult support partners while decreasing the level of potential re-traumatizing situations.

Specific topics to be covered include in-depth strategies and examples of the T.I.M.E. four core practice considerations:
- Relationship—trust and rapport, trauma triggers, and safety plan
- Preparation—standard trainings, targeted messaging, and practice
- Support—logistical needs, individual strengths and needs identification, and situational considerations
- Reflection—debrief, trauma triggers check-in, and personal and professional development

The session will include an opportunity to engage in brief exercises and dialogue with other participants to increase peer learning opportunities. The faculty team for the session will offer the perspectives of a foster care alumnus advocate and a licensed clinical social worker who is also an adult support partner.

MODERATOR/PRESENTER: Eric Lulow, Youth Involvement Associate, Youth Involvement, National Federation of Families for Children’s Mental Health, Rockville, MD
Debra Cad, M.S.W., L.C.S.W., Director of Child Welfare Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

WORKSHOP #19  8:30 AM FRIDAY • 3:30 PM SATURDAY • DESTIN 1-2

Our World, Our Words: Youth Perspectives on Cultural and Sexual Identity

OBJECTIVES—Participants will learn from youth themselves:
1. Strategies to work with youth who are of mixed identities
2. Approaches for talking with and treating youth with different sexual orientations
3. Challenges and solutions for addressing the needs of youth with diverse ethnic/racial cultures
4. Methods for maximizing success in working with diverse youth

This Workshop will focus on learning from youth with diverse identities about what has worked for them in systems of care. The youth panel will describe their personal journeys as they sought to discover their cultural and sexual identities while dealing with mental health challenges along with way. They will describe critical life challenges and events and the people and supports that guided their path towards success. The youth will share strategies about what worked and what didn’t work from the systems they were involved with, and how systems of care helped them achieve the goals they set. They will also offer advice to parents/caregivers, professionals, and other youth and young adults about how to best provide support and guidance for youth who are seeking to discover their cultural and sexual identities.
The basis for the strategies to be taught come from the real life experiences of the youth themselves and the guidance they received from key individuals in their lives. Specific topics to be covered include:

- Helpful suggestions for working with youth who are in the process of discovering their cultural and sexual identities
- Critical elements that can change the course of successful navigation of identity development
- The complexity of cultural and sexual identity development that is compounded by mental health challenges due to life circumstances, such as involvement with the child welfare system
- Specific advice will be offered to parents/caregivers, professionals, and other youth about how to best provide support and guidance

The youth panel will present their own individual PowerPoint presentations that are a combination of pictures, narrative, music lyrics, poems, quotes, and self-expression to tell their stories and communicate the major themes they wish the audience to take home. The audience will have an opportunity to interact with the panel members during the presentation. Additionally, we will have the capacity for live tweeting by the audience during the presentation to hear your reactions/responses live to what the youth panel is sharing and provide a basis for our interactive discussion. The faculty team will primarily share the perspectives of the youth and young adult panel members.

**MODERATOR/PRESENTER:** Ken Martinez, Psy.D., Principal Researcher and Mental Health Content Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Corrales, NM

Tyrus Curtis, Youth Wellness Specialist, Brooklyn, NY

Carlos Garcia, Youth Leader, New Jersey Alliance of Family Support Organizations., Montclair, NJ

**WORKSHOP #20**

8:30 AM FRIDAY • 3:30 PM SATURDAY • CAPTIVA 1-2

**Integrating a System of Care Approach into Pediatric Medical Homes**

**OBJECTIVES**—Participants will learn:

1. To define the term pediatric medical homes and to describe the underlying principles that align with the system of care approach
2. To identify key structural components of a team-based model that integrates mental health and primary care
3. To identify concrete strategies and tools for engaging primary care providers in a system of care through application of an evidence-based quality improvement framework
4. To identify policy issues pertaining to the pediatric medical home as a hub for integrated behavioral health services

This Workshop will focus on practical strategies for integrating systems of care and pediatric medical homes, identifying components of an integrated model and factors related to sustainability of this approach. Faculty will highlight strategies for integrating behavioral health and primary care including embedded clinical services, provider trainings, integrated governance councils, and evidence-based quality improvement processes. Faculty will also discuss the sustainability of pediatric medical homes as a hub for sustainable, integrated behavioral health services in an environment of changing healthcare systems.

The approaches to be presented are based on the work of the Boston Public Health Commission and Massachusetts Executive Office of Health and Human Services in piloting MYCHILD—a model that embeds an early childhood mental health clinician and family partner into three pediatric medical homes and the Boston Healthcare for the Homeless program.

Specific topics to be covered include:

- The evolution and principles of pediatric medical homes
- A rationale for linking systems of care with pediatric medical homes, emphasizing the natural alignment of core principles related to family-driven, culturally competent, coordinated care between the two frameworks
- Structural components of a model that integrates mental health into pediatric medical homes, including multidisciplinary teams, embedded family partners and clinicians, family-driven care plans, and a quality improvement process
- Application of an evidence-based quality improvement process, a Learning Collaborative, to facilitate the integration of mental health and primary care
• Strategies and tools for engaging primary care providers in a system of care approach, including provider tip sheets, referral systems, micro-trainings, and satisfaction surveys
• Discussion of the policy context for making the pediatric medical homes a hub for sustainable, integrated behavioral health services in an environment of changing healthcare systems

Participants will have the opportunity to apply the quality improvement process to their own community, identifying a specific, measurable goal for engaging primary care providers in their systems approach. The faculty team includes the perspectives of two senior administrators of public health agencies. Additional perspectives to be incorporated include those of a lead family contact, medical doctor, and early childhood mental health clinician.

MODERATOR/PRESENTER: Kathleen Betts, M.P.H., Deputy Assistant Secretary, Massachusetts Executive Office of Health and Human Services, Boston, MA
Deborah Allen, Sc.D., Director, Bureau of Child, Adolescent, and Family Health, Boston Public Health Commission, Boston, MA

WORKSHOP #21 8:30 AM FRIDAY • 3:30 PM SATURDAY • TALLAHASSEE 3
Developing a Web-Based Data System for Family Support Programs: Challenges and Opportunities

OBJECTIVES—Participants will learn:
1. How to use a standardized, systematic approach to collecting data for the evaluation and quality improvement of family support services
2. Strategies to engage stakeholders (family and youth advocates, administrators, researchers, state and local government) in the collaborative process of developing and implementing a family support data system
3. How to select relevant data points and assessment tools to measure individual outcomes and program performance
4. Solutions to institutional and organizational challenges experienced while developing, launching and sustaining a data system

This Workshop will focus on the development and implementation of a web-based data system for peer-run community-based family support programs that is used to track and report individual outcomes, monitor program performance, and improve the quality of services. Faculty will describe strategies for building a network of family support programs; using a collaborative process to ensure the data system meets the needs of key stakeholders; systematically selecting relevant data points; providing effective training and technical assistance in using the data system; and using the data that are generated by the system to inform planning and service delivery.

The strategies to be detailed are based on New York City’s initiative to create a network of family support programs and evaluate their impact on parents/caregivers and youth. Nine Family Resource Centers citywide are staffed by Family Advocates, Youth Advocates, Clinical Partners and Program Directors. The centers provide peer-to-peer support, advocacy, information and referrals, education and skill-building, a warm line, and respite care. A key component of this initiative has been a data system to track who is served, utilization of services, and outcomes.

The specific topics to be covered include:
• A change in practice for family support programs including standardizing services and responding to the new impetus to collect data that will demonstrate the impact of these services
• The purpose of the data system as a tool for evaluating and monitoring programs and for planning future financing and resource allocation within the community
• The choice of data elements and customization of system functions to capture demographic information, service history, families’ strengths, needs, and goals, and use of family support services
• The participatory process of developing the data system including selecting a vendor, surveying service providers, developing data fields, as well as customizing and testing the system
• Lessons learned when launching the system and ensuring data completeness and accuracy
• Methods of providing appropriate training, technical assistance, and support
During the Workshop, faculty will access the web-based data system online to showcase the type of data it collects, its functionality, data reports it generates, and how agencies use data for quality improvement. The faculty team for the session will offer the perspectives of a funder and oversight agency, as well as a Family Advocate.

MODERATOR/PRESENTER: Anastasia Roussos, M.P.H., System of Care Coordinator, Bureau of Children, Youth, and Families, Division of Mental Hygiene, New York City Department of Health and Mental Hygiene, Queens, NY
Shirley Berger, M.A., M.P.H., Research and Evaluation Coordinator, Bureau of Children, Youth, and Families, New York City Department of Health and Mental Hygiene, Queens, NY

WORKSHOP #22 10:30 AM FRIDAY • 1:30 PM SATURDAY • CAPTIVA 1-2

Using Video Conferencing Technology in Systems of Care

OBJECTIVES—Participants will learn:
1. To describe video conference capabilities
2. How to implement video conference capabilities at the state, community, and individual/family level
3. To explain the cost-savings benefits of utilizing video conference technology
4. Strategies for creating access to services and supports for youth and families
5. How video conference technology can assist in strengthening and empowering wraparound child and family teams
6. How to adhere to the system of care values and principles while utilizing video conference

This Workshop will focus on the evidence-informed practice of utilizing video conferencing technology to address mental health needs. Faculty will present strategies for developing a statewide system that allows individuals, families, and numerous system partners to utilize video conference technology including financing, support, and sustainability of the needed infrastructure for video conferencing. The information and strategies to be highlighted are based on the experience and work of the Oklahoma Department of Mental Health and Substance Abuse Services, several community mental health centers, and system of care sites throughout the state.

Specific topics to be covered include:
• The secure features and multifaceted dimensions of video conference technology
• How video conferencing technology can be utilized at the state-level, community-level, and individual-level.
• How child and family team members (i.e. DHS Child Welfare worker, Office of Juvenile Affairs worker, school personnel, psychiatrist, specialists, etc.) who may not be able to physically attend meetings can use this technology to attend via video conference.
• How family members from different parts of the state can serve as mentors to other families via video conferencing.
• How utilizing video conferencing technology can increase access for youth who need inpatient care, for youth who are being discharged from inpatient to community-based services, and can assist in decreasing inpatient length of stays by increasing the active involvement of the family therapy sessions at the inpatient facility.
• The potential of video conferencing technology for implementing the system of care approach by facilitating participation in the development of individualized plans; providing supports to enable services in the most appropriate and least restrictive environment strengthening the capacity to provide services in the community; providing direct support for youth and families; and providing a feasible mechanism for families and youth, involved agencies and providers, schools, and community resources to collaborate.

Participants will experience a live demonstration of video conference technology and will have an opportunity to brainstorm how video conference technology could be utilized in their home communities. The faculty team will include the perspectives of an administrator, technician, clinician, and family member.

MODERATOR/PRESENTER: Jeff Harlin, M.S.W., L.C.S.W., Clinical Programs Administrator/System of Care Director, Grand Lake Mental Health Center, Inc., Nowata, OK
Marcia Keesee, L.P.C. Candidate, System of Care Director CREOKS Behavioral Health Services, Sapulpa, OK

RESOURCE PERSON: Chris Tarpley, Technology and Information Support Coordinator, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City, OK
Implementing, Sustaining, and Expanding the Wraparound Approach

OBJECTIVES—Participants will learn:
1. To describe the key components of implementing wraparound statewide including wraparound enrollment standards and procedures
2. How to ensure wraparound model fidelity and positive outcomes of wraparound through evaluation
3. How to sustain wraparound by using unique financing strategies across child-serving systems
4. Strategies and methods to provide training, technical assistance, and coaching
5. To identify the important partnerships among state and local communities, youth, and families to improve and sustain wraparound

This Workshop will focus on how to implement and sustain the wraparound approach broadly throughout states. The strategies to be highlighted include financing strategies; interagency agreements, training and technical assistance, evaluation, and wraparound enrollment standards that ensure model fidelity.

The strategies are based on experience in Michigan to implement, expand, and sustain wraparound statewide, including requirements for all wraparound providers to ensure consistency. These requirements identify wraparound enrollment standards, address caseload sizes, outline supervisory/coaching requirements, define the role of the community team, specify training expectations, and include evaluation/fidelity requirements. Michigan’s experience can assist other states and communities regarding challenges, barriers, and successes of implementing wraparound.

The specific topics to be covered include:
- The process for wide-scale implementation of wraparound
- Lessons learned in implementing wraparound in Michigan to establish wraparound fidelity statewide across child-serving systems
- Wraparound enrollment requirements and procedures
- A training model, requirements, and annual calendar
- Financing structures and how to maximize funding through blended funding strategies
- Strategies for evaluation and sharing wraparound data
- The importance of and strategies for creating partnerships among states and communities, youth, and families

Faculty will use video and demonstrations to illustrate the processes involved in wraparound implementation, particularly with respect to training. The faculty team will offer the perspective of a state mental health administrator, national wraparound trainer, and state wraparound training team, all of whom have facilitated wraparound.

MODERATOR/PRESENTER: Constance Conklin, L.M.S.W., Director or Programs for Children with a Serious Emotional Disturbance, Mental Health Services to Children and Families, Michigan Department of Community Health, Lansing, MI
Craig Delano, Wraparound Trainer, Michigan Wraparound, Hart, MI
Millie Shepherd, Wraparound Training and Technical Assistance Coordinator, Mental Health Services to Children and Families, Michigan Department of Community Health, Lansing, MI
Missing Link: A Dad

OBJECTIVES—Participants will learn:
1. To explain why it is important to engage fathers
2. How to use practical tools and strategies that can be utilized to engage fathers
3. How to overcome challenges to engaging fathers
4. To apply successful strategies for engaging and recruiting fathers

This Workshop will focus on how to authentically engage fathers in the systems of care and support them in their journey to build an effective connection and relationship with their child that has mental health or emotional needs. Practical, concrete strategies for overcoming some of the common challenges will be presented as well as suggestions for addressing the collaborative issues involved in engaging fathers.

The information and strategies to be highlighted are based on the personal life experiences and work of the staff of the Allegheny Family Network. All Network staff are family members who have raised children with mental or emotional concerns. We will focus on knowing your audience and using a number of strategies to build and sustain these efforts.

Specific topics to be covered include:
• Networking—How to use every opportunity to network with agencies, programs, schools, churches, military, and courts that have any involvement with fathers
• Collaboration—Examples of practical, take-home strategies for collaboration with fathers including specific strategies used by presenters as well as discussion with participants of their ideas
• Support groups—How to create community-based and specialized support groups
• Family enrichment—Providing information and events to help strengthen families and provide family-based services
• Sustainability—Are needs being met? What’s in it for me? How is this helping me?

A number of interactive strategies will be employed. Videos will be shown, and there will be opportunities for discussion on how to better engage fathers. The faculty team for this session will offer perspectives of social service experts, family support partners, advocates, and parents of children with special needs.

MODERATOR/PRESENDER: Rick Cobbs, Supervisor, Allegheny County Community, Allegheny Family Network, Pittsburgh, PA
Keith Blockton, Fathers/Family Support Partner, Allegheny Family Network, Pittsburgh, PA
Ronn Craig, Data Tech Administrative Assistant, Allegheny Family Network, Pittsburgh, PA

Integrating Cultural and Linguistic Competence and Family and Youth Involvement Through Social Marketing

OBJECTIVES—Participants will learn:
1. To explain how social marketing, cultural and linguistic competence (CLC), and family engagement plans can be aligned to meet program objectives based on logic model
2. How to use tactics that have been successful to pursue joint objectives of social marketing, CLC, and family engagement workgroups
3. To employ effective strategies to combine efforts of CLC, social marketing, and family/youth engagement for greater impact

This Workshop will focus on how to use social marketing to amplify the voice of families and youth and to make cultural and linguistic competence a visible reality in all aspects of systems of care. Faculty will describe strategies that can be used to ensure quality interaction and collaboration among families, the CLC team, and the social marketing team, including coordination of joint activities that served to meet their parallel plans. The strategies to be outlined
include: 1) coordinated use of social media, 2) strategic implementation of Awareness Day activities, 3) stigma reduction strategies, including Photovoice and “fotonovelas,” and 4) culture, gender and orientation discussion sessions.

The information and strategies to be highlighted are based on the experience of the social marketing and CLC subcommittees of FACES of Miami (a system of care), the Federation of Families Miami-Dade chapter, and Youth MOVE through the Arts.

Specific topics to be covered include:
- Review of print and online social marketing materials by family members for cultural relevance and how to involve families as active participants in social marketing meetings to ensure that materials are worded and expressed in a way that will be acceptable to families
- Adaptation of Northwestern Minnesota’s Photovoice concept as a stigma reduction project that promotes empowerment and self-expression
- The convergence of cultural competence, family and youth voice, and social marketing in the fotonovela project, a culturally relevant low-tech medium that create stories in comic book format using photos and dialogue to educate and stimulate discussion
- Formal presentations/discussion sessions to educate stakeholders about Santeria and gender and orientation as joint efforts of social marketing and cultural competence with active involvement of families

Samples of the Photovoice and “fotonovela” projects, as well as social media pages, will be displayed, and a short video of Awareness Day activities will be shown. In addition, the session will include discussion to prepare participants for adaptation of the strategies to their own communities. The faculty team for the session will offer the perspectives of a family member, a CLC specialist, and a social marketing coordinator.

MODERATOR/PRESENTER: Maria Elena Villar, Ph.D., M.P.H., Assistant Professor, Florida International University, FACES of Miami, Miami, FL
Myriam Monsalve-Serna, M.S.Ed., Cultural & Linguistic Competency Coordinator, FACES of Miami, Miami, FL
RESOURCE PERSON: Rocío Tucén, Lead Family Contact, FACES of Miami, Miami, FL

WORKSHOP #26 10:30 AM FRIDAY • 1:30 PM SATURDAY • MIAMI 3
Designing Gender-Responsive Programs for Girls: A Prevention Strategy in Juvenile Justice

OBJECTIVES—Participants will learn:
1. To identify and describe the shared factors that make girls at risk for juvenile delinquency and HIV
2. To explain the importance of and to describe gender-responsive strategies in prevention programs for girls
3. To enumerate the key components of gender-responsive programs for girls.
4. How to utilize a multi-pronged approach to prevention education

This Workshop will provide information on how to design and implement gender-responsive programs for girls as a prevention strategy for juvenile delinquency. The intervention to be highlighted is a nine-month prevention/intervention for teenage girls at greater risk of juvenile delinquency. The program emphasizes positive relationship building, identifying and addressing risk factors, recognizing existing strengths and highlighting and nurturing protective assets

The approach to be highlighted is the culmination of over a decade of field work, research, and evaluation by Visionary Vanguard Group Inc. Their work, which focuses on the areas of juvenile delinquency, health disparities, and behavioral science, was used to inform the development of this gender-responsive prevention/intervention program for girls called “Full of Myself™,” which has been funded by the Federal Office on Women’s Health for the past four years.

Specific Topics: This workshop will highlight 7 elements that should be included in gender-responsive programs. These include:
• Mental Health—Ensuring that staff has advanced training in the mental health needs of girls and educating girls on the importance of their mental health and how it impacts overall health
• Relationships and Emotional Safety—Promoting positive relationships among girls as well as between girls and staff and others such as family members and providing an atmosphere of emotional safety
- Physical Safety—Providing an atmosphere of physical safety where girls are safe from physical and sexual abuse and protecting girls from self-inflicted harm
- Health and Hygiene—Providing education about girls’ health, including anatomy, sexuality, sexually transmitted diseases and contraception
- Social and Educational Programming—Providing educational programs, events, and speakers about the experiences of women from various ethnic, racial, and socio-economic backgrounds
- Program Design and Evaluation—Including girls in the design and evaluation of programs and services and revising the program in a significant way as appropriate based on input from the girls
- Staff Hiring and Training—Providing ongoing training and staff support on gender-specific issues such as gender differences in delinquency, adolescent female development, communication and relationship skills, unique issues for girls of color, sexuality and gender identity

Participants will have an opportunity to engage in exercises that will assist them in understanding the intent of the gender responsive program as well as the flow. The faculty team for the session will offer the perspectives of mental/behavioral health clinicians, researchers, and program evaluators.

MODERATOR/PRESENTER: Lauren Josephs, Ph.D., Vice President, Visionary Vanguard Group, Inc., Orlando, FL
Stephan Brown, Ph.D., President, Visionary Vanguard Group, Inc., Orlando, FL

WORKSHOP #27 10:30 AM FRIDAY • 1:30 PM SATURDAY • NAPLES 1
Family Strengthening Interventions for Children and Families Involved in Multiple Systems

OBJECTIVES—Participants will learn:
1. To describe strategies for system transformation toward family-driven practices using high fidelity wraparound and care coordination that ensures family voice and choice in service planning and delivery
2. To identify the key components of a family strengthening model that is embedded in the community, integrated across multiple systems with shared ownership and responsibility, and blended funding
3. How to create efficiencies and maximize revenue while building capacity based on data on current trends, outcomes, and cost-effectiveness
4. How to launch an anti-stigma campaign
5. Strategies to increase collaboration with community stakeholders, system partners, and other community based organizations to avoid system penetration in the child welfare, juvenile justice, and mental health systems

This Workshop will focus on family strengthening interventions that have proven to be cost-effective in serving children and families served by multiple systems. The services are family centered and strength based and are provided through collaborative partnerships that result in positive parent-child relationships and family engagement using high fidelity wraparound.

The information and strategies to be highlighted are based on the work of Brevard C.A.R.E.S. in Florida. Faculty will describe how a grass roots community-driven initiative grew into an agency that has successfully diverted over 13,000 children from entering the formal system to date.

Specific topics to be covered include:
• Program design, roles and processes to empower families to function independently and remain free of systems involvement by increasing skills to navigate systems; improving family functioning; and providing community supports, services, and resources
• The concept of Front-End Prevention (that originated from a group of community stakeholders)
• How Front-End Prevention can serve as a “blueprint” to design a responsive family-driven system that empowers families as equal partners in the planning process with access, voice, and ownership
• Review data trends, measures, performance outcomes, and consumer satisfaction of the Brevard C.A.R.E.S. model and a study methodology for evaluation of the program as a best-practice model
• How innovative family and youth engagement techniques can be implemented in a 100% voluntary environment for families with multiple risk factors, multi-system involvement, and complex needs
The workshop will include small group discussion, an experiential exercise, and a video. The faculty team will include the perspectives of an agency administrator and a wraparound practitioner.

**MODERATOR/PRESENTER: Valerie Holmes, M.S., Executive Director, Child Abuse Prevention, Brevard C.A.R.E.S., Rockledge, FL**

**Tracy Little, M.B.A., Wraparound Fidelity Coordinator, Brevard C.A.R.E.S., Melbourne, FL**

**WORKSHOP #28  10:30 AM FRIDAY • 1:30 PM SATURDAY • TALLAHASSEE 3**

**Using the Ohio Scales for Assessment and Outcome Measurement in Systems of Care**

**OBJECTIVES**—Participants will learn:
1. To describe the qualities of the Ohio Scales that recommend it as an assessment tool for use by systems of care
2. How to interpret the Problems and Functioning scales and subscales
3. How the Ohio Scales can be used to address the issue of “appropriateness for service”
4. Strategies for utilizing the Ohio Scales as a performance measure

This Workshop will focus on the use of the Parent, Worker, and Youth versions of the Ohio Scales short form as tools for the longitudinal measurement of outcomes in systems of care and as a management aid in assessing the appropriateness of referrals into wraparound.

The strategies to be highlighted are based on the evolving strategies used by Oklahoma Systems of Care (OSOC) to collect Ohio Scales data from participating wraparound sites across the state and to use these data to measure outcomes, to monitor appropriateness for service, and to adjust coaching and technical assistance processes. The use of the Ohio Scales as a measure of clinical impairment and of referral appropriateness are based on research conducted by the Texas Department of Mental Health and Mental Retardation, which compared the Ohio Scales to the Child Behavior Checklist, and led to Texas’ adoption of the Ohio Scales as a primary assessment tool.

Specific topics to be covered include:
- How to choose a psychometric tool for sustainable statewide use
- The qualities that attracted OSOC’s Quality Assurance committee to adopt the Ohio Scales for its sustainable statewide evaluation
- How to interpret the Ohio Scales, focusing on the Texas study and its recommendations for using the Problems and Functioning scales to measure clinical impairment and clinically significant improvement
- An approach to scoring and reporting and incorporating the subscales identified in the Texas study—internalizing, externalizing, delinquent—in a data system’s feedback loop
- How to use the Ohio Scales to measure appropriateness for services, not only as a partial measure of overall referral appropriateness, but also to analyze differences in the appropriateness for service of youths arriving from diverse referral sources, such as juvenile justice, child welfare, and schools
- How to use the Ohio Scales as a performance measure to measure the overall effectiveness of a wraparound program by identifying several process and outcome elements of the evaluation dataset as performance measures and how they can be used to assess local systems of care

The faculty team includes the perspectives of a youth who has worked as a family interviewer and two evaluators who have worked with OSOC and have experience in substance abuse and educational research, including work with Oklahoma’s Native American tribes.

**MODERATOR/PRESENTER: John Vetter, M.A., Evaluator, E-TEAM, University of Oklahoma, Norman, OK**

**Stephen Strech, Youth, Interviewer, E-TEAM, University of Oklahoma, Norman, OK**

**RESOURCE PERSON: Geneva Strech, M.Ed., M.H.R., Evaluator, E-TEAM, University of Oklahoma, Norman, OK**
**Leading Systems Change: Working Together to Protect Children and Strengthen Families**

**OBJECTIVES**—Participants will learn:
1. To describe strategies for improving tribal-state collaboration
2. How to implement concrete steps for developing tribal home-based services
3. To identify the key components for implementing system change in Alaska
4. How to engage and partner with stakeholders, including youth in a culturally sensitive manner
5. How to infuse data into the decision making process
6. To explain different leadership styles and approaches for building leadership capacity

Transforming systems is a complex and dynamic process. This Institute will focus on strategies for achieving complex system reform, based on experience in the State of Alaska to improve tribal-state collaboration and to reduce the disproportionate placement of Alaska Native youth in out-of-home placements.

Faculty will share the key considerations for implementing complex systems reform across multiple tribal and state stakeholders and implications for building systems of care. This approach to systems change provides strategies for building leadership, shared vision, stakeholder engagement, organizational capacity, and leveraging the political environment to transform systems. The session will emphasize the importance of engaging in challenging conversations, empowering those who have a stake in achieving the vision, and creating new alliances to join in the journey. Faculty will also share strategies for building systems of care in tribal communities to reduce the need for out-of-home placement and strengthen tribal home-based services.

Specific topics to be covered include:
- Tribal home-based service model
- Youth engagement model and use of youth voice
- Use of data in the system change process
- Theory of system change process and application
- Leadership development

The presenters will share a video that captures tribal and state stakeholder perspectives on the systems change process. Small group discussions will allow time for understanding the system of care home-based service model and for participation in youth-guided activities to promote youth participation in system change efforts. The Institute will feature perspectives of a child welfare director, the executive director of the National Indian Child Welfare Association, an evaluator, and a tribal youth advocate from Alaska.

**MODERATOR/PRESENTER:** Marketa Garner Walters, Project Director, Western and Pacific Child Welfare Implementation Center (WPIC), American Institutes for Research, Baton Rouge, LA

Mary Armstrong, Ph.D., Associate Professor and Director, Division of State and Local Support, Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, College of Behavioral and Community Sciences, University of South Florida, Tampa, FL

Terry Cross, M.S.W., A.C.S.W., L.C.S.W., Executive Director, National Indian Child Welfare Association, Portland, OR

Shilo Valle, Youth Advocate, Southeast Representative, Facing Foster Care in Alaska, Juneau, AK
Healing Our Children, Hearing Their Stories

OBJECTIVES—Participants will learn:
1. How to use digital storytelling and social media as specific tools for development of culture and community health in urban American Indian/Alaskan Native communities
2. To employ strategies for using digital stories as tools for intervention and healing related to historical trauma and present day trauma in American Indian/Alaskan Native communities
3. To use practical tools for preparing, producing, and utilizing digital stories and related social media
4. To describe challenges and solutions related to the use of media interventions for identity development and cultural intervention with urban indigenous communities that live with the cultural disassociation and disorientation that arose out of cultural genocide
5. How to use these tools to promote the implementation of system of care values (such as family voice and youth-guided care), evaluation, and the development of vision related to strategies for sustainability and relevance to community needs

This Institute will focus on culturally specific methods of intervention and healing that are the bedrocks of two federally funded systems of care, Urban Trails (Greater Bay Area of San Francisco, California) and Nak-Nu-Wit (Greater Portland, Oregon Metro Area). Traditionally, storytelling has been a powerful tool for the transmission of culture, and at this time, children have the talent, interest, and expertise to use technology and social media as a tool to tell their stories, the stories of their families, and the story of what culture means to them. Digital storytelling and culturally relevant social media can be powerful tools for identity development, and studies indicate that identity development helps to heal trauma and to provide reparation related to skewed developmental experience.

In this Institute, faculty will offer specific intervention techniques and strategies that speak to teaching, healing, historical documentation, identity development and community health, and utilizing digital stories and social media with the urban American Indian/Alaskan Native populations that these systems of care serve. The specifics of producing digital stories and culturally relevant social media will be discussed. The cost, range of resources, the readiness of the community, use of ceremony, etc. will be addressed.

Specific topics to be covered include:
• Resources and programming options related to the production of digital material and social media, with exposure to the “how-tos” of the process
• Strategies related to using digital intervention in communities where services are delivered within the context of historical trauma, cultural genocide, stigma, and present day health challenges related to mental, physical, emotional, and spiritual health
• Multicultural identity development
• Resiliency vs. post-traumatic growth strategies and research
• Developmental strategies related to the use of social media for the implementation of service strategies and community health

The Institute will use digital media and discussion, and the digital stories of the communities, the families, and the agencies themselves will be utilized. The faculty team will include the perspectives of a youth, an audio engineer, a filmmaker, a social marketer, a Youth Engagement specialist, a clinical manager, and system of care staff.

MODERATOR/PRESENTER: Terry Ellis, L.C.S.W., Clinical Manager of Child and Family Services, Child and Family Services, Native American Rehabilitation Association, Portland, OR
Parke Ballantine, Media Coordinator, Community Wellness—Media Center, Native American Health Center, Oakland, CA
Toni Matt, Youth Engagement Specialist, Systems of Care, Nak-Nu-Wit, Portland, OR
Tommy Orange, Social Marketing Coordinator, Native American Health Center, San Francisco, CA
Culturally Appropriate Community-Based Participatory Research Methods with an Engaged Urban American Indian/Alaska Native Community

OBJECTIVES—Participants will learn:
1. To describe the key components of an urban community-based participatory research
2. To explain why the community-based participatory research approach is relevant and important in a cultural context
3. To describe specific examples of strategies utilized for conducting community-based participatory research within an Urban American Indian/Alaska Native (AI/AN) community setting
4. How to utilize community-based participatory research data for continuous quality improvement
5. To implement approaches for interagency collaboration and stakeholder involvement

This Institute will focus on sharing culturally responsive strategies utilized for conducting community-based participatory research with an Urban AI/AN community. This approach involves employing community engagement strategies with a focus on culture to facilitate the development of local evaluation studies, continuous quality improvement efforts, and strategies for interagency collaboration and stakeholder involvement.

The information and strategies to be highlighted are based on experience in implementing the Portland, Oregon metro area Nak-Nu-Wit system of care. System of care leaders and evaluators will share approaches to evaluation, quality improvement, stakeholder engagement, and interagency partnerships to support the provision of culturally appropriate services and supports. Concrete strategies for carrying out these activities will be shared to guide other communities in implementing similar approaches.

Specific topics to be covered include:
• Community-Based participatory research
• Strategies for creating local evaluation studies
• Community engagement in research processes
• Continuous quality improvement strategies
• Approaches for collaboration across agencies

Participants will have an opportunity to engage in conversations regarding how they may implement the community-based participatory research approach within their own communities. The faculty team will offer the perspectives of a youth and her mother, both of whom have been involved in leadership roles in the Nak-Nu-Wit Evaluation Advisory Committee. The perspectives of a system of care leader, clinical supervisor, and evaluators are also included on the faculty team.

MODERATOR/PRESENTER: Linda Frizzell, Ph.D., Principal Investigator/Project Director, Northwest Portland Area Indian Health Board, Portland, OR
Jerrilyn Couturier, Portland, OR
Raven Couturier, Portland, OR
Danielle Droppers, M.S.W., Evaluation Project Manager, Regional Research Institute, Portland State University, Portland, OR
Eleanor Gil-Kashiwabara, Psy.D., Research Assistant Professor, Regional Research Institute for Human Services, Portland State University, Portland, OR
NATIVE AMERICAN WORKSHOP #1  8:30 AM SATURDAY • DAYTONA 1-2

Struggles and Successes with Urban Indian/Reservation Youth Engagement: Strategies for Overcoming Obstacles

OBJECTIVES—Participants will learn:
1. To describe effective approaches and strategies for engaging and involving Native American youth
2. To identify success stories, learning experiences, and lessons learned in engaging Native American youth
3. To explain the importance of youth-guided participation within system of care
4. How to implement practical and simple strategies for youth engagement that participants can use in their respective communities

This Workshop will focus on the barriers and challenges that community-based systems may face when attempting to engage Native American youth. Faculty will delve into the root causes of these barriers and share strategies and approaches that tribal systems of care have used to break down such obstacles. Faculty will also explore the critical role our cultures, our histories, and resiliency as Native peoples in youth engagement.

The strategies to be highlighted include specific approaches to support and train youth coordinators so that they have the right tools and knowledge to carry out meaningful youth engagement work; to provide appropriate incentives to develop commitment and achieve consistent participation of youth; to utilize arts, media, and culture to inspire and engage youth; and to create safe spaces for healing and healthy relationships.

The National Indian Child Welfare Association (NICWA) and youth coordinators of tribal system of care communities have developed collaborations focused on engaging Native youth in system of care design and practice. Faculty will share their experiences and knowledge in this work, describe the challenges and obstacles they face in engaging Native youth, and present effective strategies and tools they have utilized to increase Native youth participation. Tribal perspectives from rural, urban, village, and reservation backgrounds will be incorporated.

Specific topics to be covered include:
• Importance of conferences, peer mentoring, and youth development training
• Providing healthy food, snacks, prizes, rewards, and incentives
• Digital storytelling, powwows, traditional activities, and cultural exchanges
• Talking circles, focus groups, peer mentoring, and intergenerational involvement
• College tours, outdoors programs, and field trips

The session will include interactive activities including small group dialogue, digital story videos, icebreakers, a talking circle, and cultural exchanges. The faculty team includes a youth specialist and youth coordinator.

MODERATOR/PRESENTER: Rudy Soto, Youth Engagement Specialist, Community Development, National Indian Child Welfare Association, Portland, OR
Crystal Marich, Youth Coordinator, Community Wellness Department (CWD) Youth Services San Francisco, Native American Health Center, San Francisco, CA
Strategies for Improving Access to Services for Native Children and Families

OBJECTIVES—Participants will learn:
1. To identify strategies to improve access to mental health services for their children
2. How to use practical tools from families that can help other families to access mental health services
3. To examine common barriers to access to mental health and/or disability services for families
4. To implement strategies for families to use their “Voice” to make their communities hear their needs
5. To implement strategies for mental health providers to engage families and understand family perspectives

This Workshop will focus on practical strategies for today’s Native families to access mental health and/or disability services in a system that is difficult to navigate for families. The strategies to be highlighted are a compilation of methods utilized by Native families, in both urban and rural settings, to overcome barriers experienced when attempting to access mental health and/or disability services and to create a “family voice” within communities. The information and strategies to be highlighted are based on the experiences of two families, one that navigated children’s services agencies in Alaska and Oregon, and the other that navigated the children’s services system in Arizona.

Specific topics to be covered include:
• Statistics on the disproportionate diagnoses of mental health disorders among American Indian and Alaska Native (AI/AN) youth
• Assessment of the challenges AI/AN families face when attempting to access services for their children
• Strategies for AI/AN families to navigate the system, in both urban or rural settings, to be successful in accessing the mental health and disability services their children need
• Discussion time for family participants to share their own stories about how they were able to successfully navigate the child-serving agencies to get their own children services in their communities
• Discussion time for providers to share their strategies for improving access to mental health and disability services

Participants will have an opportunity to engage in a discussion to share strategies they have used to successfully improve access to services from both the family’s and provider’s perspectives. The faculty team for this session will offer the perspectives of a Native family member, youth, and a community development specialist.

MODERATOR/PRESENTER: Mark Anaruk, M.Ed., Community Development Specialist, Community Development, National Indian Child Welfare Association, Portland, OR
Patricia Ocano, Pascua Yaqui Tribe—Sewa Uusim Program, Tucson, AZ
Jasmine Ocano, Pascua Yaqui Tribe—Sewa Uusim Program, Tucson, AZ
TARGETED INSTITUTE #1 9:30 AM SUNDAY • SUN A

Operationalizing a System of Care: Strategies for Serving High-Risk Children and Youth

OBJECTIVES—Participants will learn:
1. Wraparound Milwaukee’s Theory of Change as it relates to youth with a history of behavior which could represent an ongoing risk to others
2. How to use interventions developed for youth with sexual behavior problems and their families as an example of applying system of care values and evidence-based practices to a special need population
3. How to use data to build and sustain services that challenge traditions beliefs about “what works” with youth who are deemed “high-risk”
4. Strategies for developing, sustaining, and communicating outcome data and data on program fidelity

This Targeted Institute will focus on the treatment of youth with a history of risky behavior requiring specialized interventions strategies and will provide examples of community-based implementation of evidence-informed practices within a system of care to address the needs of high-risk youth.

The information and strategies to be highlighted are based on the experience of Wraparound Milwaukee. In recognition of the need, Wraparound Milwaukee developed specialized, evidence-informed practices and procedures to serve families affected by youth who have been harmful to others. The approach involves the application of wraparound principles to serving youth that have exhibited sexually harmful behavior and youth with other community safety concerns. Faculty will highlight the process and strategies necessary to create a credible, community-based approach to youth with risky behavior that involves juvenile justice, mental health, and other stakeholders.

Specific topics to be covered include:
• An introduction to the approach to service planning and delivery used by Wraparound Milwaukee
• A theory of change for the population of youth identified with complex, high-level risks and needs
• Considerations and cautions when identifying high-risk youth
• Examples of procedures and tools for identifying high-risk youth
• Applying behavior change theories (e.g., Porchaska’s Stage of Change, Risk and Resiliency, and Social Learning Theory) to the treatment of high-risk youth
• Guiding principles for reducing risk and recidivism
• The politics of accountability: The why, what and how of assuring fidelity and outcome data

This Targeted Institute will include a group activity to create a family story and to create strategies for engagement related to community safety and youth development.

The faculty team will include both a clinician and program evaluator. The clinician has developed and oversees programming within the Wraparound Milwaukee system of care for youth with a history of sexually harmful and other behaviors that are considered risky. The program evaluator has developed systems for tracking and gathering outcome data, specifically with respect to recidivism outcomes with high-risk populations.

MODERATOR/PRESENTER: Steve Gilbertson, M.S., Clinical and Consulting Psychologist, Wraparound Milwaukee, Milwaukee, WI
Pnina Goldfarb, Ph.D., Lead Evaluator, Wraparound Milwaukee, Milwaukee, WI
Building Systems of Care: A Primer

OBJECTIVES—Participants will learn:

1. To describe a strategic framework for building systems of care as presented in Building Systems of Care: A Primer, 2nd Edition
2. To identify elements of effective system-building processes and key functions requiring structure in systems of care including governance, system management, family and youth partnership, care coordination, service array and financing, and contracting and quality management, all with real world examples
3. How to apply strategies for infusing system of care values into state and local policies and operations including family-driven and youth-guided, cultural and linguistic competence, individualized, and coordinated care
4. To compare multiple examples from across the country as well as more in-depth illustrations from the Rhode Island system of care
5. To describe Rhode Island’s application of system of care at policy, management, and practice levels with operational specifics and lessons learned

This Targeted Institute focuses on a comprehensive framework for building systems of care drawing on over 20 years of system of care development experience. A range of strategies will be described, some related to effective system-building processes and others related to organizing key functions in systems of care. Among the specific strategies that will be described are how to develop and sustain cross-agency/stakeholder governance entities; how to organize the delivery system to encompass Medicaid and other key purchasers; how to customize care coordination for children with serious and complex challenges including use of Care Management Entities; how to infuse family and youth voice into all levels of the system of care; how to structure effective purchasing and quality management; and strategies to ensure a competent workforce.

The strategies are drawn from states and localities across the country as well as more specifically from Rhode Island’s long-time experience in building systems of care. Both the national examples and those from Rhode Island are applicable to other states and localities in various stages of system development and implementation.

Specific topics to be covered include:

- Definition, history, values, and background for development of systems of care
- Importance of process and structure to the effectiveness and sustainability of systems of care
- Core components of effective system-building processes
- Approaches to structuring a range of system of care functions including governance, system management, care coordination, family and youth partnership, service array and financing, purchasing and quality management, communication, and others
- Examples of system of care processes drawn from states and localities around the country and more in-depth illustration from Rhode Island’s experience

Participants will have opportunities to engage in exercises, share examples from their own experiences, and raise questions or particular challenges to gather input from the faculty and other participants.

The faculty team will offer the perspectives of a family member and a youth who have been involved with multiple child-serving systems and who have experience developing family-run and youth-guided organizations, a state agency administrator, and a national expert in designing and financing systems of care.

MODERATOR/PRESENTER: Sheila Pires, M.P.A., Partner, Human Service Collaborative, Washington, DC
Janet Anderson, Ed.D., Assistant Director, Rhode Island Department of Children, Youth and Families, Providence, RI
Lisa Conlan-Lewis, Director and Parent Support, Rhode Island TimeBanks, Parent Support Network, Greene, RI
Ashley Keenan, Consultant, Providence, RI
Strategies for Expanding the System of Care Approach

OBJECTIVES—Participants will learn:
1. Current efforts to expand the system of care approach throughout states, tribes, and territories
2. To describe a strategic framework for system of care expansion including five core strategies
3. To identify the expansion strategies that have proven most successful
4. How to apply the strategic framework to create large-scale system change
5. How to utilize a new rating tool to assess the level of system of care implementation to track progress toward system of care expansion

This Targeted Institute will focus on effective strategies for expanding the system of care approach based on research and the experience of states that have made significant progress. A strategic framework for large-scale system change will provide the context for the session that includes five core strategy areas for system of care expansion and sub-strategies within each area: 1) implementing policy and regulatory changes, 2) expanding the array of services and supports, 3) creating or improving financing, 4) providing training and technical assistance, and 5) generating high-level support for expansion of the system of care approach. Specific and action-oriented sub-strategies in each of these areas will be outlined and real-world examples will be provided from states that have implemented these strategies.

The approaches to be presented are based on a recent study on effective strategies for expanding the system of care approach that explored the strategies used in nine states that have made significant progress. Specific examples of how these strategies have contributed to New Jersey’s success in implementing systems of care statewide will be interspersed throughout. This will provide real world, practical lessons demonstrating how the framework can be applied and adapted to the unique needs, fiscal and political environments, and priority populations in each state, tribe, or territory.

Specific topics to be covered include:
• Brief history of the system of care concept and the basis for widespread expansion
• Current efforts for system of care expansion
• The strategic framework that provides a conceptual and practical basis for planning and implementing expansion efforts
• Review of the study of effective expansion strategies and findings that identify the most effective strategies to inform the investment of time and financial resources for system of care expansion
• The application of the expansion strategies in multiple states with detail on their use in New Jersey and identifying successes and challenges
• New rating tool designed to assess progress toward implementation of the system of care approach at the community or regional level and how it can be used to support expansion efforts

The session will include an opportunity for small groups of participants to identify a goal for system of care expansion and complete a worksheet to identify strategies for achieving the goal, as well as to complete part of the rating tool to prepare for using it in their home communities and states.

The faculty team will include the perspectives of researchers who conducted the study of effective strategies, technical assistance providers, and a state children’s director with first-hand experience in system of care expansion.

MODERATOR/PRESENTER: Bob Friedman, Ph.D., Professor Emeritus, Department of Child and Family Studies, Florida Mental Health Institute, University of South Florida, Tampa, FL
Jeffer	Guentzel, M.A., L.P.C., Division Director, New Jersey Department of Children and Families, New Jersey Division of Child Behavioral Health, Trenton, NJ
Beth Stroul, M.Ed., President, Management & Training Innovations, McLean, VA
TARGETED INSTITUTE #4
9:30 AM SUNDAY • OSCEOLA A

Health Reform and Children’s Behavioral Health Services

OBJECTIVES—Participants will learn:
1. To explain the impacts of the Affordable Care Act (ACA) on children’s behavioral health services
2. To describe the general provisions of the Act and how they are already affecting children’s behavioral health services
3. To identify the components of the new Health Insurance Exchanges and the opportunities for improving children’s behavioral health services
4. To identify the major changes in Medicaid and the State Children’s Health Insurance Program (SCHIP) and the opportunities for improving children’s behavioral health services
5. To analyze how provisions of the ACA can support the expansion of a system of care approach to services in states
6. How to get involved in states to shape implementation of healthcare reform to better serve children with behavioral health needs and their families

This Targeted Institute will provide individuals with a general understanding of the ACA and how specific sections of the ACA may be used by states to improve health, mental health, and substance abuse services for children and their families. Data will be presented on the positive impacts on families that have accrued from Act provisions already in effect. Faculty will discuss how states can implement ACA provisions to support the expansion of the system of care approach and provide more comprehensive behavioral health coverage to both Medicaid and non-Medicaid populations.

There has been extensive action at the state and federal levels to implement provisions of the Act, and information, data, and resources have been made available. Many states are early innovators and families are already sharing stories about the impact of the Act on services for their children. Faculty will synthesize this information so that participants can better understand how to use the information to make decisions on improving behavioral health services for children in their states.

Specific topics to be covered:
• General provisions of the ACA including coverage of young adults on their parents’ insurance plans, elimination of pre-existing condition exclusions, coverage of preventive care, and new Maternal and Child Health Early Childhood Home Visitation Programs
• Health Insurance Exchanges, including state design requirements and challenges, the impact on individuals and small businesses, and implementation of “Navigator” services, as well as the imperative for administrators and families to get involved in their state design efforts to ensure that Exchange plans offer adequate behavioral health services
• Proposed changes and opportunities through the expansions of Medicaid and SCHIP, including Health Homes, Accountable Care Organizations, 1915(i) State Plan Amendments, Money Follows the Person, and continued Medicaid coverage for young adults exiting foster care
• Resources available for participants to learn about what is happening in their states and how to influence decisions that are being made

This Targeted Institute will include interactive discussions with participants to share experiences in implementing provisions of the ACA and explore what provisions of the Act they may want to focus on back home. The faculty team includes the perspectives of former state administrators of children’s services, both of whom are national consultants on financing and health reform.

MODERATOR/PRESENTER: Jim Wotringer, M.S.W., Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

Gary Macbeth, M.S.W., M.Ed., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University, Washington, DC
Core Competencies for the Children’s Behavioral Health Workforce: Setting High Standards

Objectives—Participants will learn:
1. To describe the importance of designing core competencies and states structures that support training and technical assistance efforts to develop a quality workforce in the children’s behavioral health field based on data from a national scan
2. To enumerate the key components to a set of core competencies for children’s behavioral health
3. How to design and implement a set of core competencies including involving important partners, creating a training structure within the state, and funding
4. To compare and contrast core competencies in two states and apply that information to the development of core competencies in participants’ states or communities
5. To apply information by formulating next steps to generating support for addressing core competencies and implementing workforce structures for training and technical assistance in participants’ states and communities

This Targeted Institute will outline the need for core competencies for a children’s mental health workforce. Faculty will present strategies for bringing a broad group of stakeholder together to develop and implement core competencies with an emphasis on improving the knowledge and skills of child-serving staff through community mental health systems. Attention will be given to the use of core competencies to develop training and technical assistance structures that support the competencies and drive training across states.

The strategies to be highlighted are based on the experience of two states (Maryland and New Hampshire) in creating stakeholder teams that have worked collaboratively to develop a set of core competencies. Strategies will describe how to develop and refine the competencies refined over time, including dialogues and decisions made to infuse system of care values and principles into the competencies; the background research that informed the development of the competencies; and the shared understanding developed among stakeholders. The presentation will also include a description and review of the core competencies structure including the Domains and Levels of Competency. Specific topics to be covered include:
• Development of stakeholder groups including funding
• Creation and refinement of core competencies
• Description and examples of core competencies
• Development of a statewide training structure or network to create training on competencies

In addition, the session will include time for participants to review tools, such as feedback and mapping tools from New Hampshire that can be helpful in the planning process and in creating concrete next steps for participants to implement when they return home.

The faculty team for the session will offer the perspectives of a state agency’s children’s mental health director, a family member, and a university staff member involved in the development of core competencies.

MODERATOR/PRESENTER: Joan Dodge, Ph.D., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Kathleen Abate, Granite State Federation of Families for Children’s Mental Health, Manchester, NH
Melissa Mandrell, M.S.S., M.L.S.P., Project Director, Institute on Disability, University of New Hampshire, Concord, NH
Albert Zachik, M.D., Director, Office of Child and Adolescent Services, Mental Hygiene Administration, State of Maryland Department of Health and Mental Hygiene, Catonsville, MD
Social Marketing: Strategies for Children’s Mental Health Awareness Day

OBJECTIVES—Participants will learn:
1. To describe the significance and value of creating a unified “voice” for children’s mental issues
2. How to use social marketing to support and sustain programs, organizations, and activities that address children’s mental health
3. How to identify partner audiences and the benefits of partnerships
4. How Children’s Mental Health Awareness Day activities can enhance partnerships and the sustainability of systems of care
5. Strategies, tools, and processes for planning and implementing social marketing and communications activities for Awareness Day

This Targeted Institute will focus on social marketing and strategic communication strategies that can be used for the annual Children’s Mental Health Awareness Day. One of the most vexing challenges for systems of care is how to sustain effective services and supports over time. The national Caring for Every Child’s Mental Health campaign has assisted communities across the country to successfully implement National Children’s Mental Health Awareness Day and develop partnership strategies that have helped to ensure the future of community-based services and supports for children, youth, and families. Promoting Awareness Day as an act of partnership allows systems of care to develop or enhance partnerships across local agencies and organizations, which in turn contributes to their long-term sustainability.

Faculty will illustrate how National Children’s Mental Health Awareness Day is a social marketing tactic that helps to foster long-term partnerships. The information and strategies to be highlighted are based on the experience of the Ohio Clermont FAST TRAC system of care, as well as on the expertise of national leaders in the Caring for Every Child’s Mental Health Campaign.

Specific topics to be covered include:
• The vital role of partnership development in sustaining systems of care and identifying key partnership opportunities
• An overview of Children’s Mental Health Awareness Day
• How to use Awareness Day to develop or enhance partnerships across local agencies and organizations
• Social marketing tactics and activities for Awareness Day
• Real world examples of Awareness Day strategies and tips based on the experience of one community
• How to use tip sheets, drop-in articles, templates, social media tools, suggestions of events, and outreach to support this work

This Targeted Institute will demonstrate how these efforts have created a national movement that occurs every May where more than 1,100 communities throughout the country participate in social marketing efforts to raise awareness about the importance of children’s mental health. This highly interactive session will allow participants to engage in an exercise focusing on partnership development strategies to assist them with outreach in their respective communities.

The faculty team will offer the perspectives of a social marketer, youth coordinator, and a national expert on social marketing in children’s mental health organizations.


Barbara Huff, Technical Assistance Provider, Caring for Every Child’s Mental Health Campaign, National Federation of Families for Children’s Mental Health, Wichita, KS

Tara Keith, Social Marketing Coordinator, Clermont FAST TRAC, Batavia, OH
TARGETED INSTITUTE #7  9:30 AM SUNDAY • TAMPA 1-2-3

Implementing a Public Health Approach to Children’s Mental Health

OBJECTIVES—Participants will learn:
1. How to partner with family members at all levels of systems development (clinical, governance, and policy)
2. To employ strategies in their own communities in order to partner with non-traditional partners such as health, housing, and parks and recreation
3. To enumerate the key components of a theoretical framework for a public health approach to children’s mental health
4. To specify concrete methods of applying these concepts

This Targeted Institute will focus on expanding systems of care to incorporate a public health framework and linking with partners that offer the various components of a public health approach. Using an overarching theoretical framework, faculty will highlight strategies to implement related to all aspects of a public health approach (promotion, prevention, and treatment) with examples from two systems of care. The emphasis will be on the challenges of providing promotive and preventive strategies and how these components can be effectively incorporated into systems of care.

The information to be presented is based on the theoretical framework developed at the Georgetown University Center for Child and Human Development. Family and other system of care leaders from North Carolina and Massachusetts will provide concrete examples of how the framework has been used in their sites to broaden their systems of care to adopt a public health approach.

Specific topics to be covered include:
• How to address family-driven services in a public health approach
• How to identify financing mechanisms for promotive and preventive services and supports
• How to build a full continuum of services and supports from promotion to prevention through intervention
• How to address policy issues at the local, state, territorial, and tribal levels

The session will include a small group exercise and take home work in which participants will identify next steps in promotion, prevention, and intervention in their communities.

The faculty team for the session will include the perspectives of family members, agency administrators, clinicians, and national experts on children’s mental health.

MODERATOR/PRESENTER: Neal Horen, Ph.D., Deputy Director Early Childhood Policy and Clinical Psychologist, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Susan Osborne, C.S.W., Director, Alamance County Department of Social Services, Burlington, NC
Gita Rao, M.D., M.P.H., Project Director, Boston Public Health Commission, Boston, MA
Gloria Weekes, Lead Family Partner, MYCHILD, Boston Public Health Commission, Boston, MA
OBJECTIVES—Participants will learn:
1. How storytelling and video can be used as systems change tools to educate the public and influence decision-makers
2. How to create the message using, as an example, how children and youth who have complex behavioral health challenges and have met the “level of care” for residential treatment can be successfully served in the community
3. How to communicate messages effectively
4. Tips for identifying the audience to be influenced
5. How to determine the need for specific stakeholder involvement (elected and government officials, media, providers, advocates, family members, and youth) in planning and implementing the approach and in communicating the message.

This Targeted Institute will focus on strategies for developing and using storytelling and video for systems change efforts at local, state, and national levels. As an example, faculty will use a storytelling and video project developed to influence decision-makers to consider appropriate policies and financing strategies in support of a system of care approach for children and youth with complex behavioral health needs who otherwise would be placed in more restrictive residential treatment. The approach includes high-fidelity wraparound practice with intensive home and community-based services. The strategies to be highlighted are the various steps that need to be considered and addressed in order to undertake a successful systems change effort using education and advocacy tools such as video and storytelling.

The information and strategies to be shared are based on the experience of creating a publication and video for the Community Alternatives to Psychiatric Residential Treatment Facility (PRTF) Waiver Initiative that has been implemented in nine states. The publication and video (Children and Families Having a Choice and a Voice) are used for systems change efforts to influence decision-makers to increase the access to and use of home and community-based services.

Specific topics to be covered include:
• Before involving media—being clear about the message along with compelling data, succinct success stories, and expert interviewees
• Tips for involving all stakeholders
• Identifying the medium (TV, newspaper, documentaries, magazine show profiles, blog, online discussions, or social media such as YouTube and Facebook)
• Defining the audience—may be multi-purpose which dictates the delivery medium, length, and tone
• Three influencers that should be included in a video: facts, finances, and feelings
• Tips related to hiring a video production company—being clear about “asks” of a production company, working with video crews, editing, video distribution, and measuring the impact of the video

The Targeted Institute will include short video clips and examples from the storytelling publication will be interspersed throughout the session. The faculty team will include the perspectives of the Centers for Medicare and Medicaid Services, the PRTF Waiver Project Director from Montana, the producers of the video, and the lead for the storytelling project.

MODERATOR/PRESENTER: Sherry Peters, M.S.W., A.C.S.W., Director, Psychiatric Residential Treatment Facility Waiver Initiative, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Ron Hendler, M.P.A., Technical Director, Division of Community Systems Transformation, Centers for Medicare and Medicaid Services, Baltimore, MD
Kathy Napierala, Manager of Instructional Media Center, JBS International, North Bethesda, MD
Laura Taffs, M.Ed., Psychiatric Residential Treatment Facility Waiver Project Director, Montana Department of Public Health and Human Services, Helena, MT

RESOURCE PERSONS: Jane Bernard, Quality Assurance Coordinator, Children’s Mental Health Bureau, Montana Department of Public Health and Human Services, Helena, MT
Racial and Ethnic Disparities in Systems of Care: Confronting Issues…Creating Solutions

OBJECTIVES—Participants will learn:
1. To define and differentiate between disparities in mental health status and mental health care among racial and ethnic groups
2. To list and describe factors that contribute to these disparities in their settings
3. To describe the advantages and limitations of cultural and linguistic competence in addressing racial and ethnic disparities in mental health
4. To create a disparities action plan with practical strategies to implement in their respective settings

This Targeted Institute will focus on the identification of contributing factors to racial and ethnic disparities in children’s mental health and development of an action plan to address such disparities. Faculty will highlight approaches including data-driven strategies to uncover disparities and measure progress for racially and ethnically diverse children, youth, and their families and specific ways in which cultural competence and linguistic competence can address racial and ethnic disparities in mental health care.

These strategies emerge from a synthesis of the literature and the experience of the faculty in conducting research and providing training, technical assistance, and consultation on the essential role of cultural and linguistic competence in decreasing racial, ethnic, and other disparities and promoting equity across child-serving systems.

Specific topics to be covered include:
• Definitions and conceptual frameworks to explain the multiple dimensions of disparities (i.e., differentiating disparities in mental health status and outcomes from disparities in mental health care including the 5 As—availability, accessibility, affordability, appropriateness, and acceptability)
• Factors that contribute to racial and ethnic disparities at the cultural group level (norms, traditions, and world view); interpersonal level (interaction between practitioner and service recipients including the role of bias); and societal level (social determinants of mental illness to include structural “isms”)
• Role of cultural and linguistic competence at both the individual and organizational levels that can address the aforementioned challenges
• Examination of issues and application of strategies and potential solutions based on the socio-cultural contexts of the participants’ respective settings

Participants will be engaged in an interactive “Sticky Wall” exercise. Each participant will create an individual “Addressing Disparities Plan of Action” for implementation in their organizational and program settings.

Both presenters are members of the faculty of the National Center for Cultural Competence (NCCC) at Georgetown University and bring perspectives from the mental health world with a particular interest in the impact of bias, the “isms”, and processes of mental health service delivery on disparities in mental health care, as well as knowledge and experience related to cultural and linguistic competence across a broad spectrum of human service fields.

MODERATOR/PRESENTER: Vivian Jackson, Ph.D., Senior Policy Associate, National Center for Cultural Competence and the National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

Tawara Goode, M.A., Director and Assistant Professor, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC
TARGETED INSTITUTE #10  9:30 AM SUNDAY • OSCEOLA B

Implementing Peer Supports for Families: Core Competencies, Training, and Support

OBJECTIVES—Participants will learn:
1. To identify the core job functions of a Certified Parent Support Provider (CPSP)
2. To describe the core competencies needed to be an effective CPSP
3. How to implement trainings to obtain the skills needed to be an effective CPSP
4. How to use the lived experience of family members to be an effective CPSP
5. To discuss the benefits of using data to show the effectiveness of the CPSP role

This Targeted Institute will summarize the universal job functions of CPSPs and the benefits of including CPSPs in systems of care. Family members hired to provide peer-to-peer support need training, supervision, and support to share their lived experience in an effective and ethical manner. Faculty will share core competencies of parent support providers and show how these are linked to the job tasks of CPSPs. The core competencies are comprised of 11 educational domains derived from an analysis of the minimum competence needed to perform the job tasks with specification of the performance levels necessary to practice competently with the requirement of regular peer-to-peer supervision and consultation.

Faculty will also highlight the reasons and methods for using “lived experience” as an integral part of parent support work. The benefits of collecting and using data will be described in order to demonstrate how to implement a Continuous Quality Improvement (CQI) process showing the effectiveness of parent support providers and to improve parent support services. Successful strategies for developing funding mechanisms through Medicaid or other third party payers will be discussed. The information and strategies covered in this session will help participants to access the training and consultation needed to implement effective parent support services.

Specific topics to be covered include:
• Job tasks, skills, and attitudes of CPSPs
• Core competencies needed to be an effective CPSP
• Strategies for core trainings to obtain the skills needed to be an effective CPSP
• The use of lived experience as an integral strategy for cultural and linguistic competence and family-driven services
• Use of data for CQI and demonstrating outcomes of CPSP services
• Medicaid billing codes and definition of parent support partner services

Role playing will be incorporated into the session to demonstrate the use of lived experience.

The faculty team will include the perspectives of a parent advocate within a system of care, a training and technical assistance family specialist, and the director of the certification commission for parent support providers.

MODERATOR/PRESENTER: Teresa King, Family Resource Specialist, National Federation of Families for Children’s Mental Health, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Frances Purdy, M.Ed, J.D., Director, Certification Commission, National Federation of Families for Children’s Mental Health, Rockville, MD
Belinda Harris, Lead Parent Advocate, Cuyahoga Tapestry System of Care, University Settlement, Cleveland, OH
Measuring the Outcomes of Family-to-Family Peer Support: How to Use the Family Journey Assessment

OBJECTIVES—Participants will learn:
1. To describe the content of the Family Journey Assessment (FJA)
2. To explain the relevance of the FJA to the goals of family support, Parent Support Provider (PSP) competencies, and expected progress of families
3. To apply the steps to administer the FJA within the context of family support through collaborative discussions with caregivers
4. How to score the FJA based on the anchors provided in the FJA manual
5. To analyze the lessons learned from the implementation of the FJA in communities/states
6. To identify the initial results from the implementation of the FJA

This Targeted Institute will focus on the background, administration, and scoring of the FJA, an instrument designed to help PSPs track the progress of families on their journey to self-efficacy and self-advocacy through peer-delivered support. Faculty will present techniques for implementing the FJA to PSPs to track caregivers’ progress and to inform the PSPs work by identifying what the family needs, the goals that are linked to those needs, and the skills and strategies needed to move toward the goals. The FJA also provides a way to observe and celebrate progress. The content of the FJA aligns with competencies associated with national PSP certification.

Faculty will provide training in the semi-structured discussion approach of the FJA, which begins with general open-ended questions for each cluster area (Self-Knowledge, Family Well-Being, Seeking Information, Using Knowledge, Collaborating, and Coping), followed by prompts to gain further information, and ending with caregiver feedback in which the PSP’s impression of progress is discussed and ratings adapted accordingly. Procedures for scoring items on the core scale using information garnered from the FJA discussion, other conversations with the family and key stakeholders, and observations will be detailed, employing the anchor behaviors for each rating on a 4-point scale and associated vignettes exemplifying the rating. Faculty will also review training protocols used to ensure fidelity of administration and scoring of standardized video interviews.

The FJA was developed through a participatory process initiated by the Montgomery County, Maryland chapter of the Federation of Families for Children’s Mental Health (FFCMH) and now broadened through a growing national collaborative aimed of improving the psychometric properties of the instrument and testing its sensitivity and relation to outcomes.

Specific topics to be covered include:
• Background and development of the FJA
• Administration of the FJA
• Scoring of the FJA
• Lessons learned from the implementation of the FJA
• FJA training

Two interactive activities will focus on hands-on use of the FJA. First, participants will watch and score a standardized, video-taped administration of the FJA, and a mock-interview activity will allow participants to gain experience with the structured discussion administration format and rating parameters.

Faculty for the workshop include representatives from the FJA national collaborative, including the initial developers, and representatives from family organizations in Maryland, Michigan, and North Carolina who are leading the implementation of the FJA.

MODERATOR/PRESENTER: Bruno Anthony, Ph.D., Professor of Pediatrics and Director of Research and Evaluation, Georgetown University Center for Child and Human Development, Washington, DC
Elizabeth Jones, Family Support Director/Lead Family Partner, North Carolina Families United, Sophia, NC
Celia Serkin, Executive Director, Montgomery County, Maryland Federation of Families for Children’s Mental Health, Silver Spring, MD
Jane Shank, M.S.W., Statewide Coordinator, Parent Support Partner Project, Association for Children’s Mental Health, Interlochen, MI
Creating Effective Youth-Adult Partnerships

OBJECTIVES—Participants will learn:
1. To examine the strategies for youth-adult partnerships used by successful youth groups and organizations
2. To develop strategies for creating effective youth-adult partnerships in participants’ own communities
3. To describe the different roles youth and adults can play and where they overlap
4. To identify common pitfalls in youth-adult partnerships and develop strategies on how to avoid and/or overcome them

This Targeted Institute is designed to help youth and their adult supports learn what effective youth groups do in their communities. The session is designed for both youth and adults interested in improving their partnerships to create successful youth organizations.

Many youth groups or organizations struggle with being youth-driven and youth-guided while still being managed by supportive adult organizations. As such, clear strategies and guidelines must be established to ensure healthy partnerships and smooth functioning. Faculty will discuss the different roles youth and adults take in running and maintaining successful youth groups and how to avoid issues that can create difficulties.

The strategies to be highlighted are based on the experiences of youth and young adults who are also experienced in running and maintaining youth group organizations.

Specific topics to be covered include:
• Examples of successful youth organizations across the country and the national, state, and local levels
• The key areas that successful groups focus on including recreation, social marketing, leadership development, and community advocacy
• The different roles youth and adults take in areas such as money management, messaging, and advocacy
• Where overlaps occur, what pitfalls may arise, and strategies on how to avoid them

Participants will have the opportunity to break out into small work groups to use the information to analyze youth organizations in their states or communities, examine youth-adult partnership, and develop ideas for can improving their partnerships to achieve the shared goal of creating successful youth organizations. Participants will also participate in an exercise designed to help people understand the different roles of youth and adult partners and how each role is important.

The faculty team for the session will offer the perspectives of foster care alumni and professionals engaged in youth advocacy work.

MODERATOR/PRESENTER: Eric Lulow, Youth Involvement Associate, Youth Involvement, National Federation of Families for Children’s Mental Health, Rockville, MD
Lacy Kendrick, M.S., Executive Director, Youth Engagement Solutions, LLC, Hattiesburg, MS
Keeping Wrap on Track: Tools for Successful Wraparound Implementation

OBJECTIVES—Participants will learn:
1. To identify the multiple levels essential in wraparound implementation
2. To use specific tools to assess readiness and enhance quality improvement for wraparound implementation, including both care management and peer support
3. To utilize tools to enhance practice and other areas of wraparound implementation
4. To identify strategies that they can bring back to their organizations, communities, and states to develop and/or utilize available tools to enhance wraparound implementation and quality improvement efforts

This Targeted Institute will present a review of tools, technologies, and procedures that can keep a community or state wraparound initiative on track and moving full speed ahead. Faculty will present a research-based model of wraparound implementation that accounts for the multiple levels of effort that are critical to achieving high-quality practice (i.e., state, community, host agency, team, and staff). Each level will then be associated with an array of mutually reinforcing training, coaching, workforce, quality assurance, and evaluation tools that can help a wraparound initiative to stay on track. An overview of details on how to access and use each of the tools will be provided along the way.

The tools and specific instruments to be shared are derived from the work of the National Wraparound Initiative and/or the work of the University of Maryland Institute for Innovation and Implementation. These tools have shown to be effective in enhancing implementation and improving practice.

Specific topics to be covered include:
• Necessary components in successful wraparound implementation including policy development, systems structures and state-level cross-system collaboration, workforce development for both care management and family support organization staff, and evaluation
• Overview of the importance of using an array of tools to support implementation including: 1) Assessing readiness for implementation (Wraparound Readiness Self-Assessment, Community Supports for Wraparound Inventory); 2) Evaluating fidelity to the practice model (Wraparound Fidelity Index and WFI-EZ, Team Observation Measure); 3) Enhancing practice for both care coordination and peer support staff (Coaching Measure for Effective Teams or COMET); 4) Using a data system to manage and document the team process (Wraparound Team Monitoring System or Wrap-TMS); and 5) Utilizing a searchable database of resources from national experts and wraparound sites on the National Wraparound Initiative website (www.nwi/pdx.edu)

Participants will have opportunities for dialogue and activities to apply their learning to their experiences in their own states or communities such as practice using sample tools related to readiness assessments, fidelity tools, wraparound practice improvement, and viewing an online database. Presenters will also provide participants with an opportunity to consider and discuss barriers to implementing specific tools and ideas for using or developing tools appropriate for their community.

The faculty team will offer the perspectives of the national trainers; director of technical assistance, peer support, and system of care implementation manager; a wraparound and system of care implementation manager; and the co-director of the National Wraparound Initiative, which has led the development of implementation supports for wraparound and disseminates multiple accountability tools and other resources for high-quality wraparound.

MODERATOR/PRESENTER: Marlene Matarese, M.S.W., Director, Training & Technical Assistance Center, The Institute for Innovation and Implementation, University of Maryland, School of Social Work, Baltimore, MD
Eric Bruns, Ph.D., Associate Professor, Psychiatry, University of Washington School of Medicine, Seattle, WA
Kim Estep, M.S.W., The Institute for Innovation and Implementation, University of Maryland School of Social Work, Baltimore, MD
The Child and Adolescent Service Intensity Instrument (CASII): A Tool for Child and Family Teams

OBJECTIVES—Participants will learn:
1. To describe the Child and Adolescent Service Intensity Instrument (CASII)
2. To discuss how the CASII can be used as part of a system of care reform
3. To describe how the CASII can be used by Child and Family Teams to document the appropriate level of the service intensity for the child or adolescent and their family
4. How to use the Recovery Environment Dimension to capture the family’s perception of the environmental strengths and stresses they experience
5. How to aggregate CASII data to communicate system needs to funding agencies and state legislatures

This Targeted Institute will focus on how the CASII can be used by Child and Family Teams to identify and communicate to others the needed service intensity for the child and family. Faculty will describe the instrument and how it can be used at multiple levels—at the system level as part of a system reform and at the service delivery level to determine appropriate services for a child and family. Faculty will emphasize the use of this instrument as a tool for Child and Family Teams that are developing individualized service plans for a youth and family.

The information and strategies to be presented are based on experience in Arizona where the CASII has been implemented statewide as part of the Child and Family Team process to plan both low and high-intensity, community-based, individualized service plans. The role of families in Arizona’s system of care will be outlined along with family perspectives on the use of the CASII. In addition, strategies for using the CASII as part of a statewide system of care reform will be discussed.

Specific topics to be covered include:
• Overview of the CASII
• How to use the CASII in the Child and Family Team process
• How the CASII can be used to support system of care development in Arizona
• Role of parent-run organizations in systems of care
• Lessons learned from the use of the CASII in Arizona
• Examples of how the CASII is used in other states
• Overview of reliability and validity studies on the CASII

Faculty will lead the attendees in use of the CASII in the identification of the appropriate service intensity using a vignette of an adolescent developed by the parent faculty member based on her son’s experiences.

The perspectives on the faculty team include those of a parent of a child with serious mental illness and leader in a parent-run organization and of a child psychiatrist who is the co-developer of the CASII, a CASII trainer, and has extensive experience in systems of care and wraparound.

MODERATOR/PRESENTER: Robert Klaehn, M.D., Medical Director, Division of Developmental Disabilities, Arizona Department of Economic Security, Phoenix, AZ
Toni Donnelly, Director of Training and Innovation, Family Involvement Center, Phoenix, AZ
TARGETED INSTITUTE #15 9:30 AM SUNDAY • SUN 1-2-3

Providing Early Childhood Mental Health Consultation

OBJECTIVES—Participants will learn:
1. To identify the key components of an effective, high-quality early childhood mental health (ECMH) consultation framework
2. To describe national efforts to integrate and sustain ECMH consultation practices across child-serving systems such as primary care, home visitation, and child welfare programs
3. To apply practical tips and tools to support ECMH consultation efforts
4. To identify action steps for integrating new information into local mental health promotion, prevention, and intervention efforts

This Targeted Institute will focus on the practice of ECMH consultation and is designed to provide the most up-to-date information about its implementation. Every day there are infants struggling to attach to a primary caregiver, toddlers having difficulty calming, and preschoolers entering school unprepared to learn due to social and emotional challenges. Young children need access to services that promote social emotional health early, before problems escalate and diagnosis and tertiary services are necessary. Early childhood mental health consultation (ECMHC) is a promising practice that supports parents and caregivers to nurture the mental wellness of infants and young children within natural, community settings.

Faculty will highlight the core elements necessary to ensure the quality adaptation of ECMHC from venue to venue to strengthen the continuum of care for infants, young children, and their families across primary care, home visitation, early care and education, and child welfare services. When used with high fidelity to best practices, ECMHC services can be an important component of a system of care.

The information and strategies highlighted in this session are based on research completed by the Georgetown University Center for Child and Human Development and will include strategies from a report titled, What Works? A Study of Effective Early Childhood Mental Health Consultation Programs, as well as resources and tools developed through the Center for Early Childhood Mental Health Consultation. In addition, the session information will be guided by the experiences of several state efforts to integrate ECMHC across infant and early childhood settings as well as participant’s stories.

Specific topics to be covered include:
• Information on how ECMHC can be integrated within a public health framework and across infant and early childhood settings using a variety of approaches and funding sources
• Key components of quality ECMHC including infrastructure, consultant skills, quality services, sustainable funding, and use of data
• The ten principles inherent to quality ECMHC

Peer-to-peer small group discussions will be used to further explore ECMHC services and supports.

The faculty team will include the perspectives of a national policy expert, a national researcher, and a state-level administrator/consultant.

MODERATOR/PRESENTER: Roxane Kaufmann, M.A., Director of Early Childhood Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Mary Mackrain, M.Ed, Early Childhood Consultant, Michigan Department of Community Health, Mental Health Services to Children and Families, Birmingham, MI
Deborah Perry, Ph.D., Research Associate Professor, Georgetown University Center for Child and Human Development, Washington, DC
Employment Solutions for Youth and Young Adults with Mental Health Challenges: Making it Work

OBJECTIVES—Participants will learn:
1. To describe the current state of employment for youth and young adults with mental health needs and about current programs that address employment
2. The five transition areas of a research-based framework identified as necessary for the successful transition of all youth to adulthood including specific considerations for youth with mental health needs
3. To identify key “soft skills” essential for employment success and engage in hands-on activities that offer strategies for building soft skills
4. Concrete strategies for helping young adults with mental health needs prepare for and find employment
5. How to apply employment support concepts to practice

This Targeted Institute will focus on research-based themes for the transition of youth with mental health needs into employment and will provide practical strategies to assist young adults to prepare for and find employment. The strategies to be highlighted are based on Guideposts for Success, a research-based tool to identify what youth need to transition into employment. Faculty will focus on program elements that can lead to successful transitions for youth, the role of “soft skills” in employment success, strategies to build those skills in youth, and how to link with agencies providing employment support to improve career preparation and employment outcomes for youth.

The information and strategies to be highlighted are based on work related to the Healthy Transitions Initiative (HTI) funded by the Substance Abuse and Mental Health Services Administration; the National Collaborative on Workforce and Disability for Youth funded by the Department of Labor’s Office of Disability Employment Policy; and the experience of HTI grantees in Maryland and Missouri.

Specific topics to be covered include:
- Current state of employment outcomes for persons with mental health challenges
- Overview of current programs that address employment and mental health needs in youth
- Overview of general concepts for preparing youth for employment
- How to apply Guideposts for Success to determine what all youth, including youth with mental health needs, require to make the transition into adulthood
- The role of “soft skills” in employment success
- Agencies that can provide employment supports for youth with mental health challenges
- How to translate concepts into practice based on the experiences of communities that have implemented transition services

The session will be interactive incorporating large group activities and question/answer segments. Participants will receive Tunnels and Cliffs: A Guide for Workforce Development for Practitioners and Policymakers Serving Youth with Mental Health Needs.

The faculty team for the session will offer the perspectives of a national technical assistance provider to HTI sites, a national expert on the employment of youth with disabilities, a HTI program manager, and a youth participant.

MODERATOR/PRESENTER: Sean Roy, M.S., Projects Director, Transition and Workforce Partnerships, National Collaborative on Workforce and Disability for Youth, PACER Center, Minneapolis, MN
John Coppola, M.S.W., State Project Director, Maryland Healthy Transitions Initiative, Frederick, MD
Charmaine Kimble, Transitions Peer Outreach Worker, Truman Medical Center Healing Canvas—Futures Department, Kansas City, MO
Gwendolyn White, M.S.W., Technical Assistance Director—Healthy Transitions Initiative, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Serving Children and Youth with Co-Occurring Developmental Disabilities and Mental Health Challenges: Strategies for Managing Aggressive Behavior

OBJECTIVES—Participants will learn:

To discuss critical information about pathways to violent behavior among children and youth with co-occurring developmental disabilities and mental health challenges

1. To identify concrete ways to engage families and stakeholders, develop infrastructure, and evaluate outcomes as well as cost-benefits in services for these youth and their families
2. How to select an appropriate array of effective services and supports for these youth and their families
3. To implement creative strategies for developing expertise in the existing workforce
4. To describe financing strategies that can work for states and communities, including potential use of Medicaid waivers

This Targeted Institute will focus on how to design and implement effective services and supports for children and youth with developmental disabilities as well as aggressive or disruptive behavior. Faculty will offer a renewed understanding of violent behavior in developmental disorders and effective services for this population. Key strategies for developing these interventions include infusing expertise into the existing workforce, developing system linkages, selecting enhanced services, and using flexible financing strategies.

The information and strategies to be presented are based on the work of the University of Massachusetts Memorial Behavioral Health System, which has developed cutting edge services for individuals with co-occurring intellectual and behavioral disorders, as well as other leading evidence-based approaches in the field. A senior official from the Centers for Medicare and Medicaid Services (CMS) will present financing options. Faculty will address elements of effective, cost-effective and data-driven services from the ground up.

Specific topics to be covered include:

• Preparatory steps that include engaging the perspectives of families and stakeholders as well as mining data to identify programmatic needs and baseline costs
• Infrastructure requirements and linkages among agencies
• Critical clinical issues including the high frequency of trauma in this population, common unrecognized medical problems and adverse drug reactions, and typical immediate precipitants for violence
• Twenty-first century strategies to develop expertise within existing providers rather than creating parallel services
• The recommended array of services, which includes multi-disciplinary teams, trained in-home supports, and planned respite
• Crisis prevention planning and emergency management
• Smart data collection
• Effective strategies for financing

Faculty will introduce a planning tool, The Checklist for Effective Services, which includes many resources. In addition, participants will have opportunities to brainstorm with faculty around family perspectives and community engagement, to respond to case presentations, to discuss a video showing families’ responses to community-based services, and to consult with the faculty concerning their own programs.

The faculty team for this session brings the perspectives of a co-occurring disorders consultant and researcher, clinician, federal financing expert, and program administrators with experience at the community, state, and federal levels.

MODERATOR/PRESENTER: Diane Jacobstein, Ph.D., Senior Policy Associate and Clinical Psychologist, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

Lauren Charlot, Ph.D., LL.C.S.W., Director Intellectual Disabilities Services, UMass Medical School, Department of Psychiatry, Wrentham, MA

Ron Hendler, M.P.A., Technical Director, Division of Community Systems Transformation, Centers for Medicare and Medicaid Services, Baltimore, MD

William O’Brien, M.S.W., Executive Director, UMass Memorial Behavioral Health System, Instructor in Psychiatry, UMass Medical School, Worcester, MA
Implementing Mental Health First Aid in Systems of Care

OBJECTIVES—Participants will learn:
1. To outline the prevalence of mental health and substance use disorders in the general population and specifically among children and youth
2. To describe the history and approach of Mental Health First Aid USA
3. To identify some general signs and symptoms of depression, anxiety, psychosis, substance abuse, and eating disorders and how to respond in crisis and non-crisis situations
4. To describe the evidence base behind the Mental Health First Aid program both domestically and internationally
5. How to implement and fund a local Mental Health First Aid training initiative at their organization or community

This Targeted Institute will focus on Mental Health First Aid USA emphasizing the content of the new version designed for youth. Launched in Australia in 2001, Mental Health First Aid was brought to the U.S. in 2008 where it has been taught to more than 50,000 people to date with 2,100 instructors in 48 states, DC, and Puerto Rico. The specific youth-focused curriculum is currently being piloted in 10 locations around the country and will be launched broadly at the end of 2012. The course has been taught to teachers, faith-based audiences, public safety officers, primary care staff, behavioral health staff, and policy makers.

The session will provide participants with an overview of Mental Health First Aid USA training certification and will prepare participants to implement a Mental Health First Aid training initiative. A case study of a system of care in Iowa (Community Circle of Care) will be presented to demonstrate how Mental Health First Aid has been implemented with over 1,000 professionals, parents, and youth certified in rural Iowa since 2010.

Specific topics to be covered include:
• Prevalence of mental health problems and the recovery model
• Depression, anxiety, substance use disorders, and eating disorders among youth
• Applying the Mental Health First Aid Action Plan in crisis and non-crisis situations
• Case Study: Implementing Mental Health First Aid
• Developing and sustaining a Mental Health First Aid program—marketing, grants, etc.

The Targeted Institute will be interactive and will incorporate group scenario work and film clips. The faculty team includes the perspectives of the national program administration, a local program administration, and on-the-ground instructors who teach the course around the country to those who work with families and children.

MODERATOR/PRESENTER: Bryan Gibb, M.B.A., Director of Public Education, Mental Health First Aid USA, National Council for Community Behavioral Healthcare, Washington, DC
Jill Kluesner, M.A., Youth Coordinator & Training Coordinator, Community Circle of Care, University of Iowa, Dubuque, IA
Susan Partain, National Council for Community Behavioral Health Care, Washington, DC
A Collaborative Approach to Promoting Social-Emotional Well-Being for Children, Youth, and Families in the Child Welfare System

OBJECTIVES—Participants will learn:

1. To identify key themes that are critical for improving comprehensive mental health services for children, youth, and families in the child welfare system
2. To employ strategies for providing mental health services that use a collaborative approach to systems change in order to improve access and delivery of mental health services
3. To describe the critical phases of planning and implementing change across systems
4. How to implement strategies for successfully engaging children, youth, and families in their own service planning and as full partners in practice, policy, and system development and implementation

This Targeted Institute will focus on a promising approach to improving mental health outcomes for children, youth, and families in the child welfare system. Faculty will highlight effective strategies for working collaboratively across systems to effectively plan, implement, and sustain the wraparound practice model statewide for the mental health, child welfare, and juvenile justice systems.

The strategies employed include building relationships and strengthening partnerships, creating a strong collaborative team environment, conducting joint training, utilizing a shared database, partnering with families, emphasizing voice and choice, focusing on screening and assessment, streamlining pathways to existing resources, services, and supports, and expanding evidence-based practices.

The information and strategies to be presented are based on the experience of and lessons learned in North Dakota over the last 10 years. North Dakota’s approach involves children, youth, and families as active partners; is statewide and community-based; cuts across all systems (mental health, child welfare, and juvenile justice); provides effective mental health services; and addresses solutions systemically. North Dakota was selected as a pilot site for an in-depth review of its children’s mental health system of care and wraparound practice model by the Georgetown University National Technical Assistance Center for Children’s Mental Health. This review obtained information on the strategies employed, challenges/barriers, and recommendations for sustainability and continuous improvement.

Specific topics to be covered include:

• Critical components for bringing child-serving agencies together to create systems change
• How to incorporate the wraparound practice approach into the child welfare system
• How to engage agency leaders in a collaborative process of planning for and implementing change

Faculty will also outline major strategies for cross-system collaboration including: establishing relationships and gaining an increased understanding of each systems role; creating shared philosophy and values; creating buy-in from key stakeholders; agreeing on a common language, database, and outcomes; creating a training plan to implement the model; being flexible and adaptable; and focusing on continuous program improvement.

Participants will have an opportunity to discuss how the collaboration strategies can be applied in their agencies, states, and communities through a peer learning exchange. The faculty team for the session will offer the perspectives of the research team, a mental health agency administrator, and a parent partner.

MODERATOR/PRESENTER: Lan Le, M.P.A., Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Debra Cady, M.S.W., L.C.S.W., Director of Child Welfare Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Wendy Borman, M.S.W., Children’s Mental Health Program Administrator, Mental Health & Substance Abuse, North Dakota Dept of Human Services, Bismarck, ND
Carlotta McCleary, Executive Director, North Dakota Federation of Families for Children’s Mental Health, Bismarck, ND
OBJECTIVES—Participants will learn:
1. To describe the benefits of data-informed decision making
2. To define Empowerment Evaluation and identify how it can help achieve results
3. To discuss the value of using a results-based accountability approach
4. To identify strategies used to engage community members, families, and youth in Empowerment Evaluation
5. To share challenges, benefits, and lessons learned by using the Empowerment Evaluation approach

This Targeted Institute will focus on strategies for generating evaluation information for data-based decision making in systems of care and for engaging key community partners in evaluations. Successful evaluations are a collaborative effort requiring buy-in and investment from multiple stakeholders including internal staff, external consultants, local evaluators, system of care leaders, families and youth, and others. A strategic plan for strengthening collaborative relationships is a significant component of field-based data collection efforts. Faculty will highlight successful strategies to engage community partners in Empowerment Evaluation using a participatory approach to building community capacity to facilitate data-informed decision making including identifying necessary collaborative relationships, defining ways to strengthen buy-in, reviewing potential barriers to collaboration, and maintaining local investment in the evaluation efforts during the implementation of a longitudinal study.

Using the strategies and approaches of Empowerment Evaluation as a framework, the Alameda County, California system of care will share an example of how a local evaluation team can collaborate with community partners, families, and youth to exceed performance expectations; address challenges and action plans; and address changing project needs.

Specific topics to be covered include:
• The key components of Empowerment Evaluation as a practical approach for defining community goals and desired outcomes as well as building evaluation capacity
• Getting To Outcomes (GTO)®, a 10-step results-based accountability approach that offers communities a “how to” Empowerment Evaluation framework for program planning, evaluation, and continuous quality improvement
• Strategies to engage community partners in Empowerment Evaluation using a participatory approach to building community capacity to facilitate data-informed decision making
• How a local evaluation team can collaborate with community partners, families, and youth to exceed performance expectations; address challenges and action plans; and address changing needs in a system of care

Participants will be encouraged to draw from their own experiences and will engage in small group activities to develop strategies for embedding a more participatory approach to evaluation in their communities. The faculty team for the session will offer the perspectives of an agency administrator, a community evaluator, and national evaluation technical assistance partners.

MODERATOR/PRESENTER: Stacy Johnson, M.S.W., Senior Associate, ICF International, Portland, OR
Liz Grossman, M.P.H., Manager, National Evaluation Team, ICF International, Atlanta, GA
Margie Gutierrez-Padilla, L.C.S.W., Early Connections, Alameda County Behavioral Health Care Services, San Leandro, CA
Sonja Jain, Dr.P.H., Lead Evaluator, Early Connections System of Care, Health & Human Development, Senior Research Associate, WestEd, Health and Human Development, Oakland, CA
TARGETED INSTITUTE #22  9:30 AM SUNDAY • OSCEOLA 1-2

Youth MOVE: Strategies for Chapter Development

OBJECTIVES—Participants will learn:
1. How to develop bylaws for a youth group
2. Strategies for increasing membership for a youth group
3. To employ methods for family organizations to support the development of a youth organization
4. How to implement strategies for fundraising and marketing a youth group

This Targeted Institute will focus on strategies and methods for developing Youth MOVE Chapters, as well as other youth groups and organizations. Faculty will offer strategies related to increasing chapter membership, developing bylaws, group sustainability, and other methods of chapter development. The information to be highlighted is based on the Youth MOVE National Chapter Tool-Kit that was created for the direct use of chapters as a technical assistance resource to support their development. Strategies will also be derived from a document developed by Youth MOVE National to help family organizations support the development of youth organizations.

Specific topics to be covered include:
• Chapter membership including recruiting, retaining, and developing members
• Bylaws development and other organizational procedures that assist in group productivity
• Methods for family organizations to support the development and sustainability of youth groups and how to assist them properly
• Establishing a speaker’s bureau and a writing team as methods of fundraising
• Using social media outlets for marketing and how to market in the community

Participants will have an opportunity to dialogue with other youth groups to strategize on effective methods of adapting this information to maximize benefits in their communities. The faculty team for the session will offer the perspectives of youth, youth engagement specialists, administrators, and Youth MOVE National Board Members.

MODERATOR/PRESENTER: Cindy Juarez, M.B.A., Director, Youth MOVE National, National Federation of Families for Children’s Mental Health, Rockville, MD
Tricialouise Gurley, Youth MOVE National, Rockville, MD
Joy Spencer, Administrative Assistant, Youth MOVE National, Rockville, MD
Antonio Wilson, Youth MOVE National, Miami, FL
Theory-Driven Evaluation: Quality Improvement and System Sustainability

OBJECTIVES—Participants will learn:
1. To explain how theory-driven evaluation can be used to identify outcomes, develop an evaluation plan, and collect data that can be used to support systems change
2. How to overcome common challenges related to developing theories of change and logic models
3. How to engage stakeholders and partners in theory-driven change
4. How to use theory-driven evaluation for continuous quality improvement (CQI), sustainability of services, and systems change

This Targeted Institute will explore how communities successfully incorporate theory-driven evaluation into their system of care implementation efforts and how to translate ideas about systems change into tangible action-oriented strategies for achieving these goals. Faculty will present strategies for theory-driven evaluation that focus on bringing evaluation and program planning staff closer together; engaging stakeholders in order to develop a shared model for change; and using data as a tool to refine thinking, change strategies, and understand why change happens over time.

Specific topics to be covered include:
• Best practices for working with system of care staff, youth, family members, family organizations, and other community partners to develop a theory-driven logic model including how child and family outcomes can be woven into a logic model
• Barriers and challenges communities face throughout phases of system of care development and the benefits of using a theory-driven logic model as a tool to address those challenges
• How logic models can be designed to support national and local evaluations of outcomes and how the logic model process can be used to identify gaps and inform local evaluation activities
• Various cultural approaches that can be used to engage communities in the development of theory-driven logic models
• How the process of developing a theory-based evaluation can be made easier by making logic modeling language and concepts more accessible to everyone in the community
• The importance of forming a cohesive and committed workgroup charged with developing a community logic model
• The connection between theories of change, strategic planning, and CQI efforts and how logic models can be used for CQI and sustainability of services

Participants will be encouraged to draw from their own experiences and will engage in small group activities to practice developing key components of a theory of change evaluation, address challenges to developing the logic model based on their experience, and discuss various strategies for how theory-driven evaluation can be used locally for evaluation planning, CQI, and sustainability of change plans. The faculty team will include the perspectives of lead evaluators from systems of care and members of the national evaluation team of the federal Children’s Mental Health Initiative.

MODERATOR/PRESENTER: Sharon Hodges, Ph.D., M.B.A., Research Associate Professor and Division Director, Department of Child and Family Studies, University of South Florida, Tampa, FL
Bonnie Brandt, M.A., Training Associate, Center for Excellence in Developmental Disabilities Education, Research, and Service, University of Guam CEDDERS, Mangilao, Guam
Sheryl Schrept, Senior Evaluator/Trainer, System of Care Expansion Coach, The National Federation of Families for Children’s Mental Health, Bradenton, FL
Heather Wallace, Ph.D., Program Evaluator, Centerstone Research Institute, Knoxville, TN
Standing Up! for Cultural and Linguistic Competence: Organizational and System Change in Challenging Environments

8:30 AM TUESDAY • 8:30 AM WEDNESDAY • OSCEOLA A

OBJECTIVES—Participants will learn:
1. To list strategies used by the Office of Behavioral Health Equity in SAMHSA to address mental health disparities
2. To initiate practical tasks to plan for and implement cultural and linguistic competence (CLC) at an organizational level (e.g., conducting a CLC assessment process, developing, implementing, and monitoring a CLC plan, structuring CLC training, developing a CLC budget, contracting with interpreters, and using web-based resources)
3. To describe areas of personal discovery regarding their own conscious and unconscious biases and develop strategies to address them
4. To engage in productive conversations with others regarding difficult subjects such as bias, stereotypes, the isms, etc.
5. To apply knowledge of organizational change and community organizing to CLC development in their organizations and/or communities
6. To use interactive exercises and media to facilitate learning related to CLC
7. To establish a plan for self-care

This Pre-Institutes Training Program will focus on creating organizational change for cultural and linguistic competence (CLC). This task requires informed and effective leaders who can stand up in challenging environments. This intensive, interactive, hands-on training experience is designed to enhance participants’ capacity to promote and advance CLC in their respective settings. The content is designed for participants who have responsibilities for or interests in CLC in state or local mental health or substance abuse treatment systems, child-serving agencies in any field, managed care organizations, early childhood services, services for youth and young adults of transition age, youth organizations, or family organizations.

Standing Up! for CLC requires a commitment to acquire cultural knowledge and skills to build effective relationships with diverse populations and in diverse settings, as well as knowledge and skills to facilitate individual behavioral change, organizational change, and system change. Demonstrating a “can-do” attitude, even in environments in which there is limited knowledge of or outright resistance to CLC, can seem insurmountable.

This program will address these challenges and will provide specific strategies as well as successful examples from communities, states, and tribes that Stand Up! for CLC. Faculty will provide the “nuts and bolts” of establishing processes to incorporate CLC fully into all aspects of a service system, organization, and agency including individual and organizational self-assessment, planning documents, committee organization, budget planning, and language access requirements, plans, and resources. Faculty will also guide participants on the application of organizational change and community mobilization strategies to promote and advance CLC.

The program will challenge participants to examine their own perceptions, attitudes, and biases (conscious and unconscious) and offer tools to address these challenges for both themselves and to use with others. Opportunities will also be incorporated that will allow participants to learn about and practice the use of specific strategies, including media strategies designed to stimulate awareness and create change. As a special feature, participants will be offered strategies for self-care in this exciting yet challenging work to Stand Up! for CLC.

MODERATORS/PRESENTERS: Vivian Jackson, Ph.D., Senior Policy Associate, National Center for Cultural Competence and the National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Ken Martinez, Psy.D., Principal Researcher and Mental Health Content Specialist, Technical Assistance Partnership, American Institutes for Research, Corrales, NM
Mariles Benavente, Cultural and Linguistic Competence Coordinator, Project Kariu, Early Childhood System of Care, University of Guam CEDDERS, Mangilao, Guam; Karen Francis, Ph.D. Candidate, Senior Researcher, American Institutes for Research, Washington, DC; Melanie Funchess, Director of Community Engagement, Better Days Ahead, Mental Health Association, Rochester, NY; Tawara Goode, M.A., Director and Assistant Professor, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC; Henry Gregory, Ph.D., Cultural Competence Coordinator, Baltimore Mental Health System/MD Cares, Woodstock, MD; Larke Huang, Ph.D., Senior Advisor, Children Youth and Families, Office of Policy Planning and Innovation, Director, Office of Behavioral Health Equity, Substance Abuse Mental Health Services Administration, Rockville, MD;
Leadership and Change Management to Promote Systems Change

8:30 AM TUESDAY • 8:30 AM WEDNESDAY • SUN C

GOBjectives—Participants will learn:
1. To distinguish between the functions of leadership, authority, management, and advocacy within systems change
2. To identify the leadership role in adaptive work (that which requires shifts in values, attitudes, beliefs, and behaviors)
3. To discuss leadership skills that support the change agent role
4. To describe a change management framework developed by John Kotter
5. To practice leadership skills needed to manage the tension of changing entrenched individual and system practices
6. To identify strategies to address complacency and resistance and shift individual and system behavior
7. To apply the change management framework to individual challenges
8. To develop a set of action steps to implement change management activities

This Pre-Institutes Training Program will address adaptive leadership skills and change management processes needed to overcome resistance and complacency and successfully navigate systems change. The framework for system change in this training is based on the premise that the role of leadership in transformation is to create a context for individuals to learn, adapt, and absorb important new ideas, new values, and new behaviors over time. This framework requires that leaders be strategic and focused in their role as change agents and that they differentiate their work between change management, which helps align perspectives and fosters change of hearts and minds, and ultimately behavior, and project management, which focuses more on tracking, reporting, and determining corrective action.

Leadership skills to be taught include:
• Applying John Kotter’s Change Management Framework to Address Resistance
• Managing the Tension of Changing Entrenched Practices
• Creating a Space of Trust and Safety
• Utilizing Facilitative Leadership in Managing Difficult Conversations
• Navigating the Dynamics of Difference
• Keeping Everyone Focused on the Work of Change

Participants will emerge from this training with new ways of seeing their roles, adaptive leadership skills and practices, and the ability to apply those skills within a rational and strategic change management framework.

Moderator/Presenter: Ellen Kagen, M.S.W., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

Gary Blau, Ph.D., Chief, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse & Mental Health Services Administration, Rockville, MD; Suganya Sockalingam, Ph.D., Partner, Change Matrix LLC, Las Vegas, NV; Malisa Pearson, Executive Director, Association for Children’s Mental Health, Lansing, MI

Pre-Institutes Training Program
Strategic Financing for Children’s Behavioral Health Services and Systems of Care: Health Reform and Other Financing Opportunities

8:30 AM TUESDAY • 8:30 AM WEDNESDAY • SUN D

OBJECTIVES—Participants will learn:
1. To describe approaches for determining the broad policy, population, and service goals to guide financing redesign
2. To identify opportunities to improve and expand children’s behavioral health services within a system of care approach in difficult economic times
3. To describe specific requirements and uses of a range of financing options for enhancing community services
4. How to analyze financing options for fit with their states or communities
5. To apply strategies from the experiences of other states to assist in developing financing and service models

This Pre-Institutes Training Program is designed for children’s behavioral health leaders and advocates to explore a range of financing options for enhancing community services and supports and expanding system of care approaches. The program will help participants to explore possibilities that are not yet being utilized for financing services and supports for children, youth, and young adults with mental health and substance use challenges and their families.

The last few years have been difficult for state budgets and for the provision of publicly funded children’s behavioral health services. However, this is not the time for children’s services leaders and advocates to be discouraged. There are new opportunities to fund, and even expand, system of care approaches. The passage of the Affordable Care Act (ACA), new options through Medicaid and Title IV-E, the implementation of managed care technologies, and changes in the Children’s Health Insurance Program and Early Childhood Home Visitation Programs offer opportunities for states to use existing funding to organize services in new ways and bring system of care approaches to scale.

Redesigning financing to improve services and supports starts with setting state policy and service delivery goals for populations of children with behavioral health needs. Faculty will discuss strategies to analyze current data, establish a direction, set goals, and determine priorities to guide system redesign and financing, including utilizing ACA provisions, Medicaid waiver and state plan amendment options, block grant funds, Title IV-E, and managed care. The faculty includes national experts on financing and policy makers and administrators from the national, state, and local levels who have implemented effective financing strategies. Small groups will be used to identify potential approaches in participants’ states and communities. Participants will leave the training with a “library” of resources covering a range of funding sources, how they can and are being used, and requirements for accessing them.

MODERATORS/PRESENTERS: Jim Wotring, M.S.W., Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Gary Macbeth, M.S.W., M.Ed., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University, Washington, DC

Doreen Cavanaugh, Ph.D., Research Associate Professor, Georgetown University Health Policy Institute, Georgetown University, Washington, DC; Constance Conklin, L.M.S.W., Director or Programs for Children with a Serious Emotional Disturbance, Mental Health Services to Children and Families, Michigan Department of Community Health, Lansing, MI; Jeffrey Guenzel, M.A., L.P.C., Division Director, New Jersey Department of Children and Families, New Jersey Division of Child Behavioral Health, Trenton, NJ; Jody Levison-Johnson, L.C.S.W., Director, Coordinated System of Care, Louisiana Department of Health and Hospitals, Baton Rouge, LA; Sheila Pires, M.P.A., Partner, Center for Health Care Strategies, Inc., Human Service Collaborative, Washington, DC

RESOURCE PERSONS: Teresa King, Family Resource Specialist, National Federation of Families for Children’s Mental Health, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Sherry Peters, M.S.W., A.C.S.W., Director, Psychiatric Residential Treatment Facility Waiver Initiative, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Debra Cady, M.S.W., L.C.S.W., Director of Child Welfare Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Effective Residential Service Interventions in Systems of Care

8:30 AM TUESDAY • 8:30 AM WEDNESDAY • SUN 1-2-3

OBJECTIVES—Participants will learn:
1. To describe best programmatic and clinical practices that support positive outcomes for youth and families touched by residential interventions
2. To identify specific state, local, and programmatic partnership practices, fiscal strategies, and policies that have been proven successful in supporting effective residential interventions
3. To apply successful strategies used across the country to support the culture change necessary for residential programs to transform towards becoming a best-practice program
4. To use a number of tools (e.g., Guidelines, Tip Sheets, Self-Assessment Tools) to support positive outcomes for youth and families
5. To access resources and contact information to support follow-up for their specific challenges

This Pre-Institutes Training Program will focus on the role of residential services within a system of care and promising and best practices in residential settings. Nearly one in three youth served in systems of care experience an out-of-home placement within two years of receiving services, making it essential to provide effective residential services that are used appropriately and linked with community-based services and supports. When used appropriately, and with high fidelity to best practices, residential services can be an important component of a comprehensive array of services. Residential programs using these effective practices have better outcomes for youth and families and lower recidivism rates.

This program is designed to provide the most up-to-date information about promising and best practices in residential programs and will offer practical information about ways to advance partnerships among residential and community service providers, youth, and families. The program will include presentations by national experts combined with hands-on learning activities, including specific strategies to assess the strengths and needs of residential programs, to incorporate youth and families in program activities, to enhance cultural and linguistic competence, and to implement fiscal and policy innovation.

The faculty team includes national consultants, state-level policy makers, residential leaders, and family and youth advocates—all of whom have experience in ensuring positive outcomes in residential programs. Each of the experts also serves as a leader in the National Building Bridges Initiative (BBI), which is dedicated to supporting positive outcomes for youth and families served in residential programs across America.

Participants will create an individualized action plan that identifies specific steps to implement best practices in their respective residential and service agencies, systems of care, communities, and/or states.

MODERATOR/PRESENTER: Beth Caldwell, Director, Caldwell Management Associates, Housatonic, MA
Joe Anne Hust, Peer Support and System of Care Implementation Manager/National Trainer, The Institute for Innovation and Implementation, University of Maryland School of Social Work, Baltimore, MD
Marvin Alexander, M.S.W., L.C.S.W., President, Youth MOVE National, Inc., Rockville, MD
Janice LeBel, Director of Program Management, Massachusetts Department of Mental Health, Tewksbury, MA
Robert Lieberman, M.A., L.P.C., CEO, Kairos, Grants Pass, OR
Julie Collins, L.C.S.W., Director of Standards for Practice Excellence, Child Welfare League of America, Washington, DC
Collaboration Lab: Engaging in Challenging Conversations
8:30 AM TUESDAY • 8:30 AM WEDNESDAY • OSCEOLA 5

OBJECTIVES—Participants will learn:
1. To identify the elements of difficult conversations and how they impact their personal and professional relationships
2. To recognize their role and responsibility in managing conflict situations
3. To understand conversational styles and how to operate in stressful situations
4. A framework for approaching difficult conversations
5. To practice skills needed for holding difficult conversations such as self-management, active listening, and asking intentional questions and effective disengagement

This Pre-Institutes Training Program will introduce participants to concepts, processes, and skills that are essential for engaging in challenging conversations that require shared learning and action around complex issues. Children and families are best served when those working to serve them are able to engage in the challenging conversations inherent in this complex work. Faculty will draw content from a range of current literature on topics including conflict engagement, teaming, collaboration, and dialogue.

Specific topics to be covered include:
• Characteristics of challenging conversations
• Models for unpacking and analyzing the conversation
• A process that includes preparing for, initiating, engaging, and bringing to closure conversations of shared learning and decision making
• Communication skills and strategies for sustaining curiosity
• Intentional inquiry

Throughout the program, small group analysis of participants’ most challenging conversations will be used to prepare challenging conversations and to practice a range of communication skills. The faculty team brings a range of professional experience including conflict engagement, change and transition, teaming, and collaboration.

MODERATOR/PRESENTER: Elizabeth Waetzig, J.D., Partner, Change Matrix, LLC, Granger, IN
Greg Abell, Principal, Sound Options Group, LLC, Bainbridge Island, WA
POSTER PRESENTATIONS
FRIDAY, JULY 27 • 3:30 – 5:30 PM

POSTER #1  National Technical Assistance Center for Children’s Mental Health  
Jim Worthing, M.S.W., Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #2  System of Care Expansion  
Sybil Goldman, M.S.W., Senior Advisor, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #3  Health Reform  
Gary Macbeth, M.S.W., M.Ed., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Jim Worthing, M.S.W., Director, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #4  Research and Evaluation: Linking Research, Policy, and Practice  
Bruno Anthony, Ph.D., Director of Research and Evaluation, Georgetown University Center for Child and Human Development, Washington, DC; Lan Le, M.P.A., Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #5  Technical Assistance to Advance and Sustain Cultural and Linguistic Competence in Children’s Mental Health  
Tawara Goode, M.A., Director, National Center for Cultural and Linguistic Competence, Georgetown University Center for Child and Human Development, Washington, DC; Vivian Jackson, Ph.D., Senior Policy Associate, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #6  Promoting Positive Partnerships Between Child Welfare and Mental Health  
Debra Cady, M.S.W., L.C.S.W., Director of Child Welfare Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #7  Early Childhood Mental Health  
Frances Duran, M.P.P., Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Neal Horen, Ph.D., Co-Director for Training and Technical Assistance, Georgetown University Center for Child and Human Development, Washington, DC; Roxane Kaufmann, M.A., Director of Early Childhood Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #8  Putting the Pieces Together: A Toolkit on Developing Early Childhood Systems of Care  
Frances Duran, M.P.P., Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC; Roxane Kaufmann, M.A., Director of Early Childhood Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC

POSTER #9  Bright Futures: A Public Health Approach to Children’s Mental Health  
Ellen Kagen, M.S.W., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
<table>
<thead>
<tr>
<th>POSTER #10</th>
<th>Leadership Development for Systems Change</th>
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<td><strong>Ellen Kagen</strong>, M.S.W., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #11</th>
<th>Policy and Implementation Academy: A Strategic Approach for Leading Change in Policy and Service Implementation</th>
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<tr>
<td><strong>Joan Dodge</strong>, Ph.D., Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<th>POSTER #12</th>
<th>Primer Hands On: System of Care Training for Leaders</th>
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<tr>
<th>POSTER #13</th>
<th>Healthy Transitions Initiative</th>
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<td><strong>Gwen White</strong>, M.S.W., Project Director of the Healthy Transitions Initiative, National Technical Assistance Center for Children’s Mental Health, Washington, DC and Great Lakes Behavioral Research Institute, Pittsburgh, PA</td>
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<tr>
<th>POSTER #14</th>
<th>Community Alternatives to Psychiatric Residential Treatment Facility (PRTF) Waiver Initiative</th>
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<tbody>
<tr>
<td><strong>Sherry Peters</strong>, M.S.W., A.C.S.W., Director of the PRTF Waiver Initiative, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #15</th>
<th>Family-Driven</th>
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<td><strong>Teresa King</strong>, Trainer and Family Content Specialist, National Federation of Families for Children’s Mental Health and National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #16</th>
<th>Youth-Guided</th>
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<td><strong>Eric Lulow</strong>, National Federation of Families for Children’s Mental Health and National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #17</th>
<th>A Public Health Approach to Children’s Mental Health</th>
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<td><strong>Neal Horen</strong>, Ph.D., Co-Director for Training and Technical Assistance, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #18</th>
<th>University Center for Excellence in Developmental Disabilities</th>
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<td><strong>Antonia Brathwaite-Fisher</strong>, M.A., Associate Director, University Center for Excellence in Developmental Disabilities, Georgetown University Center for Child and Human Development, Washington, DC</td>
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<tr>
<th>POSTER #19</th>
<th>The National Center for Early Childhood Mental Health Consultation (ECMHC): Translating Research to Practice for Young Children’s School Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deborah F. Perry</strong>, Ph.D., Research Associate Professor, Georgetown University Center for Child and Human Development, Washington, DC; <strong>Roxane Kaufmann</strong>, M.A., Director of Early Childhood Policy, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC</td>
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POSTER #20  Certificate in Early Intervention  
Toby Long, Ph.D., P.T., F.A.P.T.A., Director, Certificate in Early Intervention Program, Georgetown University, Center for Child and Human Development, Washington, DC

POSTER #21  Building Relationships to Sustain and Expand a System of Care in a Large Urban Area  
Carlynn Nichols, L.M.S.W., Director of Children’s Initiatives, Detroit-Wayne County Community Mental Health Agency, Detroit, MI; Crystal Palmer, L.M.S.W., Children’s Systems Transformation Coordinator, Detroit-Wayne County Community Mental Health Agency, Detroit, MI

POSTER #22  Mental Health First Aid U.S.A. for Youth  
Bryan Gibb, M.B.A., Director of Public Education, National Council for Community Behavioral Healthcare, Washington, DC; Jill Kluesner, M.A., C.R.C., Youth Coordinator and Training Coordinator, Community Circle of Care, University of Iowa, Dubuque, IA

POSTER #23  The Children’s Enhancement Project: An Overview and Evaluation of an Innovative System of Care in Children’s Mental Health  
Susan Frauenholtz, M.S.W., Doctoral Student, University of Kansas, Lawrence, KS; Amy Mendenhall, Ph.D., M.S.W., Assistant Professor, University of Kansas, Lawrence, KS

POSTER #24  The System of Care Model: Lessons Learned from Long-Term Integrated Implementation, Organizational Development, and Program Outcomes Evaluation  
Donna Burton, Ed.M., Assistant Research Professor, University of South Florida College of Behavioral and Community Sciences, Tampa, FL; John Mayo, M.A., Deputy Executive Director, Success 4 Kids and Families, Tampa, FL

POSTER #25  Building Resilience after Childhood Trauma: Can We Come Back Stronger?  
Molly Lopez, Ph.D., Research Scientist, University of Texas at Austin, Austin, TX; Han Ren, M.S., Graduate Research Assistant, University of Texas at Austin, Austin, TX

POSTER #26  Project TIC Talk: Bringing Trauma-Informed Care to Trauma-Exposed Youth  
Sheri Strahl, M.P.H., Senior Director of Research and Operations, The Village Family Services, North Hollywood, CA

POSTER #27  The New York City Family Support Network in Action: Improving Practice Through a Learning Collaborative  
Anastasia Roussos, M.P.H., System of Care Coordinator, New York City Department of Health and Mental Hygiene, New York City, NY

POSTER #28  Non-Wraparound Wraparound  
Jeffery Folsom, M.S.W., J.D., Chief Operating Officer, A.W.A.R.E., Inc., Helena, MT; Ira Lourie, M.D., Partner, Human Service Collaborative, Hagerstown, MD

POSTER #29  The Wraparound Team Monitoring System: A Web-Based Support to Team, Supervisor and Program Level Decision Making  
Eric Bruns, Ph.D., Associate Professor, University of Washington School of Medicine, Seattle, WA; Kelly Hyde, Ph.D., Chief Executive Officer, Accountability Solutions, Inc., Santa Fe, NM; April Sather, M.P.H., Project Coordinator, University of Washington School of Medicine, Seattle, WA

POSTER #30  Wraparound: From A to Z  
Manuel Lua, M.S., M.F.T., Intern, Clinical Wraparound Supervisor, Victor Community Support Services, Stockton, CA; Paige Shurtliff, M.S.W., L.C.S.W., Clinical Wraparound Supervisor, Victor Community Support Services, Stockton, CA
POSTER #31  Y-Knot Wraparound: Youth Wraparound Guide  
Taj Burgen, Youth Engagement Specialist, C.F.P.-A.C.M.H., Grand Rapids, MI

POSTER #32  Building Community Capacity to Enhance and De-stigmatize Informal Supports in the Wraparound Process  
Theresa Varos, M.S., Director of Community Engagement, Lookout Mountain Care Management Entity/Wraparound Initiative Northwest Georgia, Fort Oglethorpe, GA

POSTER #33  The De-Stigmatization of Mental Health Challenges by Using a Continuum of Family Leadership from Informal to Parent Peer-to Peer Support  
Theresa Varos, M.S., Director of Community Engagement, Lookout Mountain Care Management Entity/Wraparound Initiative Northwest Georgia, Fort Oglethorpe, GA

POSTER #34  Wraparound and Art Therapy: A Cross-System Look  
Heather Stanley, M.P.S., A.T.R.-B.C., Deputy Director, Lookout Mountain Community Services Care Management Entity/Wraparound Initiative Northwest Georgia, Fort Oglethorpe, GA
Moderator/Presenter: Theresa Varos, M.S., Director of Network Support, Lookout Mountain Community Services Care Management Entity, Fort Oglethorpe, GA

POSTER #35  You Are Not Alone  
Linda Henderson-Smith, Ph.D., Director, Child and Adolescent Mental Health, Department of Behavioral Health and Developmental Disabilities, Division of Mental Health, Office of Community Mental Health, Atlanta, GA; Ken Parks, M.Ed., M.A., L.P.C., C.C.F.C., Project Director, Lookout Mountain Community Services Care Management Entity/Wraparound Initiative Northwest Georgia, Fort Oglethorpe, GA; Heather Stanley, M.P.S., A.T.R.-B.C., Deputy Director, Lookout Mountain Community Services Care Management Entity/Wraparound Initiative Northwest Georgia, Fort Oglethorpe, GA

POSTER #36  Art Used as a Tool for Improving Children’s Mental Health  
Gwen Washington, M.H.S., Chief Executive Officer, Three Graces Mentors, Inc., Morton Grove, IL; Yvonne Washington, Vice President Finance, Three Graces Mentors, Inc., Morton Grove, IL

POSTER #37  Community-Based Treatment for Youth with Sexual Behavior Problems and their Families  
Leslie Kille, Ed.D., L.C.S.W., Director of Trauma Recovery Services, Crisis Center of Tampa Bay, Tampa, FL

POSTER #38  Family Intervention Team: Bridging the Gap Between Mental Health, Substance Abuse, and Child Welfare  
Lynette Moriak, M.S.W., Clinical Program Director, Apalachee Center, Tallahassee, FL

POSTER #39  Innovative Service Delivery for Adolescents  
Liz Henry, L.S.W., M.S.W., Program Supervisor, Children’s Home of York, York, PA; Michele Leader, L.C.S.W., M.S.W., Director of Program Services, Children’s Home of York, York, PA

POSTER #40  Meaningfully Involving Families Whose Children Are in Residential Treatment: Learning from Building Bridges  
Norin Dollard, Ph.D., Assistant Professor, Department of Child and Families, Florida Mental Health Institute, University of South Florida, Tampa, FL; Victoria Hummer, L.C.S.W., Social and Behavioral Researcher, Department of Child and Families, Florida Mental Health Institute, University of South Florida, Tampa, FL; Devona Pickle, L.M.H.C., N.C.C., Statewide Inpatient Psychiatric Program Contract Manager, Agency for Health Care Administration, Tallahassee, FL; Patty Sharrock, M.S.W., Associate in Research, Department of Child and Families, Florida Mental Health Institute, University of South Florida, Tampa, FL
POSTER #41  Access to Early Services Guide  
Laura Beard, Lead Family Contact, KY SEED, Kentucky Partnership for Families and Children, Frankfort, KY

POSTER #42  A Childcare Center-Based Infant Mental Health Program  
Neena Malik, Ph.D., Title, University of Miami School of Medicine, Miami, FL; Ruby Natale, Ph.D., Psy.D., Assistant Professor of Clinical Pediatrics, University of Miami School of Medicine, Miami, FL; Susan Uhlhorn, Ph.D., Title, University of Miami School of Medicine, Miami, FL

POSTER #43  Developing a Unified Understanding and Consistent Practices in a Continuum of Care Coordination for Early Childhood  
Sarah Hoover, M.Ed., Faculty, Department of Pediatrics, University of Colorado School of Medicine, Aurora, CO

POSTER #44  First Step to Success in Hawaii Preschools  
Naomi Rombaoa Tanaka, M.S., Project Coordinator, Center on Disability Studies, Honolulu, HI

POSTER #45  Preventing Preschool Expulsion for Challenging Behaviors  
Adrienne Frank, M.S., O.T.R., Parents As Teachers Director, Child Development Resources, Williamsburg, VA; Lisa Thomas, M.S.W., Ed.S., Deputy Director, Child Development Resources, Williamsburg, VA

POSTER #46  Supporting Infants and Toddlers from Military Parents  
Beth Jordan, M.S., Co-Principal Investigator, Kentucky Department for Behavioral Health and Developmental and Intellectual Disabilities, Child, Youth, and Family Services Branch, Frankfort, KY; Beth Potter, M.S., Training and Cultural Competency Specialist, KY SEED, Richmond, KY; Vestena Robbins, Ph.D., Co-Principal Investigator, Kentucky Department for Behavioral Health and Developmental and Intellectual Disabilities, Frankfort, KY

POSTER #47  Sustaining Leadership in Uncertain Times: Lessons Learned in Kentucky  
Beth Jordan, M.S., Co-Principal Investigator, Kentucky Division of Behavioral Health and Developmental and Intellectual Disabilities, Frankfort, KY; Vestena Robbins, Ph.D., Co-Principal Investigator, Kentucky Department for Behavioral Health and Developmental and Intellectual Disabilities, Frankfort, KY

POSTER #48  Using Data to Support Systems Change in Child Mental Health Service Systems  
Freda Brashears, M.S.W., Project Manager, ICF International, Atlanta, GA; Cheryl Jackson, C.S.W., Family Member and Children’s Intensive Treatment Team Coordinator, Bluegrass Regional Mental Health—Mental Retardation Board, Inc., Lexington, KY; Vestena Robbins, Ph.D., Evaluator, Kentucky Department for Behavioral Health and Developmental and Intellectual Disabilities, Frankfort, KY

POSTER #49  Sustaining an Early Childhood System of Care through Effective Collaboration  
Michelle Moreno, M.P.A., Director of Training and Quality Assurance, The Florida Center for Early Childhood, Sarasota, FL; Kathryn Shea, L.C.S.W., Chief Executive Officer, The Florida Center for Early Childhood, Sarasota, FL; Kristie Skoglund, Ed.D., L.M.H.C., Vice President, The Florida Center for Early Childhood, Sarasota, FL
POSTER #50  An Alaskan Transition System for Improving the Outcomes of Youth and Young Adults in Community and Rural Settings: TIP Model Implementation and Sustainability
Brita Bishop, M.S.W., L.C.S.W., Alaska Health Program Manager, Alaska Department of Health and Social Services, Juneau, AK; Allen Blair, M.S., L.P.C., Clinical Director, Denali Family Services, Anchorage, AK; Hewitt “Rusty” Clark, Ph.D., B.C.B.A., Director, National Network on Youth Transition for Behavioral Health (NNYT), and Professor Emeritus, University of South Florida, Tampa, FL; Bradley Grigg, M.A., Children’s Behavioral Health Specialist Planner, Alaska Health and Social Services, Juneau, AK

POSTER #51  Transition to Independence Process: TIP Model Fidelity Tools for Continuing Quality Improvement
Hewitt “Rusty” Clark, Ph.D., B.C.B.A., Director, National Network on Youth Transition for Behavioral Health (NNYT), and Professor Emeritus, University of South Florida, Tampa, FL; Karyn Dresser, Ph.D., Director, Research and Program Practices, Stars Behavioral Health Group, Long Beach and Oakland, CA; Chris Lee, M.A., Research Coordinator, Stars Behavioral Health Group, Long Beach and Oakland, CA

POSTER #52  Bridging the Gap: Reaching Out to Emerging Adults
Jeremy Countryman, Program Director, CAFE TA Center, Tallahassee, FL; Conni Wells, TA Training Consultant, CAFE TA Center, Tallahassee, FL

POSTER #53  The Wheel: Reinvention Not Necessary—A Business to Business Marketplace for Partners in Systems Change
Patti Derr, Texas Federation of Families for Children’s Mental Health, San Antonio, TX; Lori Reynolds, Executive Director, Iowa Federation of Families for Children’s Mental Health, Anamosa, IA; Conni Wells, Manager, Axis Group I, Butler, TN

POSTER #54  Continuum of Adult and Children’s System Collaboration
Marqus Butler, M.S.S.M., Oklahoma Healthy Transition Initiative Project Director, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City, OK; John Coppola, M.S.W., Project Director, Maryland Healthy Transitions Initiative, Baltimore, MD; Ming Wang, L.C.S.W., Project Director, Utah Division of Substance Abuse and Mental Health, Salt Lake City, UT

POSTER #55  Effective Youth-in-Transition Services in Urban vs. Rural Communities
Ming Wang, M.S.W., Project Director, Utah Division of Substance Abuse and Mental Health, Salt Lake City, UT; Melissa Robinson Graves, M.A., Healthy Transitions Initiative State Project Director, Georgia Department of Behavioral Health and Developmental Disabilities, Atlanta, GA; Alice Preble, The Moving Forward Initiative, Lewiston, ME; Gerri Mullendore, Coordinator of Family Involvement, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City, OK

POSTER #56  Tackling the Transition: Tailoring Traditional Services for Our Transition-Aged Youth
Tiffany Sturdivant, M.S.W., L.C.S.W., Truman Medical Centers, Kansas City, MO; Amber Takens, M.A., L.P.C., Truman Medical Centers, Kansas City, MO

POSTER #57  Cultural and Linguistic Competence in Focus: Improving Services and Supports for Children/Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Two-Spirit (LGBTQII2-S) and their Families
Mitchell Delaney, Research Assistant, American Institutes for Research, Washington, DC; Jeffrey Poirier, Ph.D. Candidate, M.A., P.M.P., Senior Researcher, Cultural Competence Action Team Member and LGBTQII2-S Learning Community Co-Lead, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC
POSTER #58  It’s Time to Partner with Schools and Improve Outcomes for LGBTQI2-S Youth!

POSTER #59  Schools as Partners in Systems of Care: Approaches to Building and Sustaining School-Based Mental Health Supports and Programs
Elizabeth Freeman, M.S.W., L.I.S.W.-C.P./A.P., Technical Assistant/Consultant, American Institutes of Research, Lexington, SC; Debra Grabill, M.Ed., C.A.G.S., Education Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC

POSTER #60  Judicial Education on Autism Spectrum Disorders in Kentucky
Amy Cooper-Puckett, M.S.S.W., L.C.S.W., Policy Liaison, Department of Behavioral Health and Intellectual Disabilities, Frankfort, KY

POSTER #61  Revising Implementation Drivers for Improved Wraparound Fidelity and Outcomes
Rosalyn Bertram, Ph.D., Associate Professor, University of Missouri-Kansas City School of Social Work, Kansas City, MO; Lea Charnin, Graduate Research Assistant, University of Missouri-Kansas City School of Social Work, Kansas City, MO; Lareatha Clay, M.A., Project Coordinator, Systems of Hope, Houston, TX; Pam Schaffer, Ph.D., Project Director, Systems of Hope, Houston, TX

POSTER #62  Addressing Children’s Mental Health through a Continuum of School-Based Services
Lareatha Clay, M.A., Kashmere SWAP Project Manager, Harris County Systems of Hope, Houston, TX; Brian Goffney, M.S.W., Care Coordinator, Harris County Systems of Hope, Houston, TX; Mark Prucha, M.A., Care Coordinator, Harris County Systems of Hope, Houston, TX; Pam Schaffer, Ph.D., Project Director, Harris County Systems of Hope, Houston, TX

POSTER #63  Integrating Schools and Mental Health Systems
Robin Turner, Consultant, School-Community Health Alliance of Michigan, Lansing, MI

POSTER #64  Systems Approach for Engaging Schools in PBIS
Jon Anderson, M.S., Behavioral Health Crisis Response System Developer, Chautauqua County Department of Mental Health, Mayville, NY; Christine Givner, Ph.D., Dean, College of Education, SUNY at Fredonia, Fredonia, NY; Mansoor Kazi, Ph.D., Lead Evaluator, Chautauqua Tapestry, NYS SUNY at Buffalo, School of Social Work, Mayville, NY; Rachel Ludwig, L.C.S.W., Project Director, Chautauqua Tapestry, Chautauqua County Department of Mental Health, Mayville, NY

POSTER #65  How to Collect 100% Local MIS Data from Schools, Mental Health, Probation, and Other System of Care Partners to Evaluate and Continuously Improve Services in Partnership with Agencies, Youth, and Families
Patricia Brinkman, Director, Community Mental Hygiene Services, Mayville, NY; Mansoor Kazi, Ph.D., Lead Evaluator, Chautauqua Tapestry, Mayville, NY; Rachel Ludwig, L.C.S.W., Project Director, Chautauqua Tapestry, Mayville, NY; Victoria Patti, Youth Engagement Specialist, Chautauqua Tapestry, Mayville, NY

POSTER #66  Sibshops: A Recreational Celebration for Kids Who Have Brothers and Sisters with Special Needs
Victoria Patti, Youth Engagement Specialist, Chautauqua Tapestry, Mayville, NY
POSTER #67  Using a Computer-Based Surveying Methodology to Engage Youth More Effectively in their Individual Plans and to Inform Services
Murray Davies, C.Q.S.W., Chief Executive, The Viewpoint Organization, Golden, CO; Rachel Ludwig, L.C.S.W., Project Director, Chautauqua Tapestry, Mayville, NY; Victoria Patti, Youth Engagement Specialist, Chautauqua Tapestry, Mayville, NY

POSTER #68  Building Trauma-Informed System of Care Partnerships
Susan Erstling, M.S.W., Ph.D., Senior Vice President, Trauma and Emergency Services, Family Service of Rhode Island, Providence, RI; Sarah Kelly Palmer, L.I.C.S.W., Ph.D., M.S.W., Clinical Administrator, Trauma, Residential and Foster Care, Family Service of Rhode Island, Providence, RI

POSTER #69  Forging Family Connections, Strengthening Adoptions
Loriann Floramo, M.S.W., Clinical Coordinator, Youth and Family Alternatives, Ocala, FL; Richard Manuel, M.B.A., Operations Specialist, Youth and Family Alternatives, Brooksville, FL; Keri Seroski, Quality Improvement Coordinator, Youth and Family Alternatives, Brooksville, FL

POSTER #70  Meeting the Needs of Young Children in the Child Welfare System
Stacey Cornett, L.C.S.W., I.M.H.-IV, Co-Project Director/Clinical Director of Systems of Care, Community Mental Health Center, Inc., Lawrenceburg, IN; Angel Schiering, Lead Family Contact, United Families, Batesville, IN

POSTER #71  African American Youth and the Criminal Justice System
Tiesha Nelson, Psy.D., Clinical Psychologist, Association of Black Psychologists, South Florida Chapter, Miami, FL

POSTER #72  Sustaining and Expanding System of Care for Children with Special Health Care Needs
Helen Dao, M.H.A., President and Chief Executive Officer, Dao Consulting Services, Inc., Jersey City, NJ

POSTER #73  The Child and Youth Psychiatric Consult Project of Iowa (CYC-I)
Vickie Miene, M.A., L.M.H.C., Director of Operations, Child Health Specialty Clinics, Iowa City, IA; Debra Waldron, M.D., M.P.H., F.A.A.P., Director and Chief Medical Officer, Child Health Specialty Clinics, Iowa City, IA

POSTER #74  Community Circle of Care Model of Care
Vickie Miene, M.A., L.M.H.C., Director of Operations, Child Health Specialty Clinics, Iowa City, IA; Debra Waldron, M.D., M.P.H., F.A.A.P., Director and Chief Medical Officer, Child Health Specialty Clinics, Iowa City, IA

POSTER #75  Using Student Strengths: Review of Literature, Survey of National Community of Practice Leaders and Model
Claudette Fette, Ph.D., O.T.R., Adjunct Professor, Texas Woman’s University, Denton, TX

POSTER #76  An Innovative Model to Address the Developmental and Mental Health Needs of Young Children Involved in Child Welfare
Kristin Gist, M.S., Senior Director, Developmental Services, Rady Children’s Hospital San Diego, San Diego, CA; Jeanne Gordon, M.A., Director, Developmental Services Community Programs, Rady Children’s Hospital San Diego, San Diego, CA; Roseann Myers, Assistant Deputy Director, County of San Diego Health and Human Services Agency—Child Welfare Services, San Diego, CA; Jeff Rowe, M.D., Supervising Psychiatrist, Children's Mental Health Services, Behavioral Health Services, San Diego, CA
POSTER #77  Community Agencies Working Together to Prevent Youth Penetration into Juvenile Justice
Nick Suhy, Strategic Assessment Consultant, MHS, Inc., Detroit, MI

POSTER #78  The Collaboration LAB: Increasing the Capacity of Individuals and Organizations to Collaborate
Elizabeth Waetzig, J.D., Partner, Change Matrix, LLC, Granger, IN

POSTER #79  The Four Cs of Collaboration: Culture, Change, Conflict, and Communication
Suganya Sockalingam, Ph.D., Partner, Change Matrix, LLC, Las Vegas, NV

POSTER #80  The National Network to Eliminate Disparities in Behavioral Health: Building Capacity to Promote Equity and Address Disparities
Trina Dutta, M.P.P., M.P.H., Public Analyst, Substance Abuse and Mental Health Services Administration, Rockville, MD; Larke Huang, Ph.D., Senior Advisor, Substance Abuse and Mental Health Services Administration, Rockville, MD; Suganya Sockalingam, Ph.D., Partner, Change Matrix, LLC, Las Vegas, NV

POSTER #81  Evidence-Based Services to Prevent Dropout for African American Students with Learning and Mental Health Disabilities: A Literature Review
Jacqueline Tisdale, M.A., Graduate Student, University of Rhode Island, Kingston, RI

POSTER #82  The CLASS Project: Transition Support for First Year College Students with Asperger’s Syndrome
Jacqueline Tisdale, M.A., Disability Services Counselor, University of Rhode Island, Kingston, RI

POSTER #83  Federation of Families, Miami-Dade Chapter and Youth MOVE Miami: Engaging the Community through the Arts
Janet Pereyra, Executive Director, Federation of Families, Miami-Dade, Miami-Dade, FL; Julia Villamizar, Youth Coordinator, Youth MOVE of Miami-Dade, Miami-Dade, FL

POSTER #84  Considering the Impacts of Children’s Mental Health: Family Mediation
Alexia Georgakopoulos, Ph.D., Associate Professor of Conflict Resolution and Communication, Nova Southeastern University, Institute of Conflict Resolution and Communication, Ft. Lauderdale, FL

POSTER #85  Family ACCESS Connection Events: For Families/By Families
Jessica Caston, Peer Partner, The ACCESS Initiative of Champaign County, Champaign, IL; Melissa Neely, ACCESS Initiative Evaluation Parent Liaison/Community Interviewer Coordinator, University of Illinois-Department of Psychology, Champaign, IL; Jonte’ Rollins, Linkage, Engagement, and Communications Coordinator, The ACCESS Initiative of Champaign County, Champaign, IL

POSTER #86  It All Matters: Developing a Community-Based, Trauma-Informed, Gender and Culturally Responsive Service Delivery System
Jessica Caston, Peer Partner, The ACCESS Initiative of Champaign County, Champaign, IL; Tracy Dace, M.S., Program Director, Don Moyers Boys and Girls Club, Champaign, IL; Karen Crawford Simms, M.A.M.F.T., Systems Performance Improvement Coordinator, The ACCESS Initiative of Champaign County, Champaign, IL

POSTER #87  Family and Youth Partners: Community Driven and/or Medically Driven—Which One Is Right for You?
Steve Cooper, Director of Community Engagement, Family and Youth Roundtable, San Diego, CA; Donna Ewing Marto, Chief Executive Officer, Family and Youth Roundtable, San Diego, CA
POSTER #88  
**Family Centered, Voice and Choice, and Family Driven: What’s the Difference?**
*Lisa Lambert, Executive Director, Parent/Professional Advocacy League, Boston, MA*

POSTER #89  
**Family Partner Integration in Alameda County: Lessons Learned**
*Luis Fernando Arenas, Family Partner, Tiburcio Vasquez Health Center, Hayward, CA; Margie Burton-Flores, Psy.D., Mental Health Services Program Director, Tiburcio Vasquez Health Center, Hayward, CA; Margie Gutierrez-Padilla, L.C.S.W., Project Director for Early Connections, Alameda County Behavioral Health Care Services, San Leandro, CA; Sonia Jain, Dr.P.H., M.P.H., Lead Evaluator, Early Connections, WestEd, Oakland, CA; Tanya McCullom, Lead Family Coordinator for Early Connections, United Advocates for Children and Families, San Leandro, CA*

POSTER #90  
**Keeping It Together/Manteniendoles Juntos: Empowering Families to Collaborate with Care Professionals**
*Wendy Lowe Besmann, F.S.S.T., Project Director, Team Up for Families, Knoxville, TN; Sergi Cianci, M.B.A., Executive Director, New Mexico Family Network, Albuquerque, NM*

POSTER #91  
**Promoting Strong Family/Provider Partnerships in the System of Care**
*Kim Malat, Chief, Grant and Contract Administration, Maryland Governor’s Office for Children, Baltimore, MD; Celia Serkin, Executive Director, Montgomery County Federation of Families for Children’s Mental Health, Rockville, MD*

POSTER #92  
**Community Youth Mapping**
*Brittany Heidemann, Youth Coordinator, Community Based Care of Central Florida, Sanford, FL; Kathy Lazear, M.A., Research and Evaluation, University of South Florida, Tampa, FL; William Morgan, Team Leader, Community Based Care of Central Florida, Sanford, FL; Verlee Pender, Youth Coordinator, Community Based Care of Central Florida, Sanford, FL; Holly Stonitsch, Data Coordinator, Community Based Care of Central Florida, Sanford, FL*

POSTER #93  
**Know Your History, Know Yourself: Youth Empowerment through Community-Based Education and Healing**
*Paloma Flores, Youth Coordinator II, Native American Health Center Youth Services San Francisco, San Francisco, CA; Crystal Marich, Youth Coordinator, Native American Health Center Youth Services San Francisco, San Francisco, CA*

POSTER #94  
**Listening Deeply: Supporting Youth to Tell their Stories**
*Tristan Landay, Youth Advisory Board Member, Humboldt County Transition Age Youth Collaboration, Eureka, CA; Shelley Nilsen, M.S.W., L.C.S.W., Deputy Director, Department of Health and Human Services, Eureka, CA; Tia Richardson, Youth Advisory Board Leader, Humboldt County Transition Age Youth Collaboration, Eureka, CA; Brett Salva, Youth Advisory Board Member, Humboldt County Transition Age Youth Collaboration, Eureka, CA; Rochelle Trochtenberg, Youth Organizer, Humboldt County Transition Age Youth Collaboration, Eureka, CA*

POSTER #95  
**Pennsylvania Youth Support Partners**
*Shannon Fagan, M.S., Director, Youth and Family Training Institute, Pittsburgh, PA; Ken Nash, M.D., Chief of Clinical Affairs, Western Psychiatric Institute and Clinic, Pittsburgh, PA; Chad Owens, Youth Support Partner, Child and Family Focus, Bucks County, PA; Aaron Thomas, Youth Support Partner Supervisor, Diversified Human Services, Pittsburgh, PA*

POSTER #96  
**Rise Up—A Movie Based on the Lives of Youth and Families in the Action for Kids System of Care**
*Matthew Knight, M.S., L.P.C., Director of Education, Public Relations and Marketing Northern Counties, Mid-South Health Systems, Jonesboro, AR; Andria Sims, M.S., Director of Education and Marketing Southern Counties, Mid-South Health Systems, Jonesboro, AR*
POSTER #97  Trauma-Informed Care, Transition to Independence (TIP) and Youth Councils: What Do They All Have to Do with Each Other?
Deborah Craig, Grant Project Coordinator, Uniting Pathways, Kansas City, MO; Veronica Highley, M.A., L.P.C., Program Director, Truman Medical Center, Kansas City, MO; Nikayla Morris, HOPE Council Co-chair, Truman Medical Center, Kansas City, MO

POSTER #98  Academic, Psychological, and Social Impact of Immigration Policy on Culturally and Linguistically Diverse Populations: What Can Be Done?

POSTER #99  Navigating Across Systems to Facilitate the Academic Success of Culturally and Linguistically Diverse Children

POSTER #100  Child Interviewing: A Linguistic Perspective
Marie Sanford, M.S., Clinical Associate Professor, Ithaca College, Ithaca, NY

POSTER #101  Children with Mental Health in Saudi Arabia: An Overview
Ibrahim Althabet, Ph.D., Faculty Member, King Saud University, Saudi Arabia

POSTER #102  Closing the Gap: Cultural Perspectives on Family-Driven Care
Bruce Jennings, Chief Inspiration Officer and Founder, Silent Noise Publishing Group, Mays Landing, NJ; Dolores Jimerson, Yellow Hawk Tribal Health Center, Pendleton, OR; Ken Martinez, Psy.D., Principal Researcher, Technical Assistance Partnership, American Institutes for Research, Corrales, NM; Trina Osher, President, Huff Osher Consulting, Takoma Park, MD

POSTER #103  Using Principles of Project Management to Develop and Sustain Youth, Family, and Grassroots Organizations
Bruce Jennings, Project Management Professional, New Jersey Alliance of Family Support Organizations, Atlantic City, NJ

POSTER #104  Reaching Diverse Populations—Achieving Health Equity—Improving Lives
Princess Katana, M.D., M.Ed., Director of Multicultural Affairs, Epilepsy Foundation, Landover, MD; Aldith Steer, M.A., Program Manager of Multicultural Affairs, Epilepsy Foundation, Landover, MD

POSTER #105  Using Fotonovelas to Address Stigma of Mental Health and Substance Abuse Services Among Hispanic Families
Lorene Bauduy, Social Marketing Coordinator, FACES/F.I.U., Miami, FL; Rocio Tucen, Lead Family Contact, Federation of Families, Miami-Dade Chapter, Miami, FL; Martin Vago, Vago Designs, Miami, FL; Maria Elena Villar, Ph.D., M.P.H., Assistant Professor, FACES/F.I.U., Miami, FL

POSTER #106  Healthcare Utilization and Quality Among Young Adult Clients in a Mental Health System of Care
Thomas Delaney, Ph.D., Evaluator, University of Vermont, Burlington, VT; Jesse Suter, Ph.D., Evaluator, University of Vermont, Burlington, VT
POSTER #107  An Evaluation of the Influence of Mental Health Need and Traumatic Experiences on Juvenile Justice System Processing: A Data Driven Case for Trauma-Informed System of Care  
Erin Espinosa, Ph.D., Research Associate, The University of Texas at Austin, Austin, TX

POSTER #108  Automating System of Care  
John Hopkins, M.B.A., C.H.P., Director, IIT, PACE System of Care, Mesa, AZ

POSTER #109  FACES of Parent Evaluators  
Rhonda Bohs, Ph.D., Vice President of Research and Clinical Development, Spectrum Programs, Miami, FL; Rene Castillo, Sr., Parent Evaluator for the FACES Project in Miami-Dade County, Spectrum Programs, Miami, FL; Laqonia Johnson, A.A., Parent Evaluator for the FACES Project in Miami-Dade County, Spectrum Programs, Miami, FL

POSTER #110  Looking Through Their Eyes: Preliminary Findings from the Family and Youth Retrospective Study  
David Cavalleri, M.S., Research Director, Health Council of East Central Florida, Oviedo, FL; Sara Sullivan, M.A., Consultant, Sullivan Evaluation, Oviedo, FL

POSTER #111  Measuring the Work of Front Line Workers: How Do We Really Know What’s Going On?  
Julie Reynolds, M.A., Outcomes Manager, Choices, Indianapolis, IN; Shannon Van Deman, M.B.A., Chief Financial Officer, Choices, Indianapolis, IN

POSTER #112  Outcomes from Radical Residential Treatment Intervention Using Care Coordination  
Knute Rotto, A.C.S.W., President and Chief Executive Officer, Choices, Inc., Indianapolis, IN

POSTER #113  Racing to the Top: Creating New Data-Driven Systems to Identify At-Risk School Children  

Joan Abbey, L.M.S.W., Eastern Michigan University, Ypsilanti, MI; Sarah Soltis, L-M.S.W., Eastern Michigan University, Ypsilanti, MI

POSTER #115  Theory-Driven Evaluation: Strategies for Engaging Stakeholders, Quality Improvement and System Sustainability  
Bonnie Brandt, M.A., Evaluator, Project Karimu and Training Associate, Center for Excellence in Developmental Disabilities Education, Research, and Service, University of Guam CEDDERS, Mangilao, Guam; Sharon Hodges, Ph.D., University of South Florida, Tampa, FL; Heather Wallace, Evaluator, K-Town Youth Empowerment Network and Program Evaluator Centerstone Research Institute, Knoxville, TN

POSTER #116  We’re Here! Can You Hear Us? Introducing an Innovative Evaluation Technique to Assess Family Voice and Interagency Collaboration  
Sarah Suiter, Ph.D., M.S., Lead Program Evaluator, Centerstone Research Institute, Nashville, TN; Heather Wallace, Ph.D., Program Evaluator, Centerstone Research Institute, Knoxville, TN; Gregory Washington, Ph.D., Lead Evaluator, University of Memphis, Memphis, TN
POSTER #117  Tools You Can Use: Using Clinical and Operational Data to Improve Outcomes for Youth and Families  
Tim Goldsmith, Ph.D., Chief Clinical Officer, Youth Villages, Memphis, TN; Sarah Hurley, Ph.D., Director of Research, Youth Villages, Memphis, TN

POSTER #118  Utilization Management to Build Capacity, Achieve Fidelity, and Produce Positive Outcomes  
Jeanne Leising, M.S., Director of Utilization Management, Community Connections of New York, Buffalo, NY; Heidi Milch, L.M.S.W., Executive Director, Community Connections of New York, Buffalo, NY; Brian Pagkos, Ph.D., L.M.S.W., Director of Research and Evaluation, Community Connections of New York, Buffalo, NY

POSTER #119  Center for Improvement of Child and Family Services: A Systems of Care Approach to System-Level Change  
William Baney, M.Ed., Director, The Center for Improvement of Child and Family Services, School of Social Work, Portland State University—Systems of Care Institute, Portland, OR; Cate Drinan, M.A., Statewide Wraparound Coordinator, The Center for Improvement of Child and Family Services, School of Social Work, Portland State University—Systems of Care Institute, Portland, OR; Dan Embree, M.Ed., N.C.C., Consultant/Instructor, The Center for Improvement of Child and Family Services, School of Social Work, Portland State University—Systems of Care Institute, Portland, OR

POSTER #120  Increasing Community Awareness of Children’s Mental Health Issues: Series of Teachings and Trainings to the Community and Child Emotional Wellness Screening Efforts  
Linda Alpert-Gillis, Ph.D., Associate Professor, Psychiatry, Pediatrics & Clinical Nursing, University of Rochester Medical Center, Rochester, NY; Sarah Jonovich, Ph.D., Title, University of Rochester Medical Center, Rochester, NY; Kenya Malcolm, Ph.D., Senior Instructor, Psychiatry, University of Rochester Medical Center, Rochester, NY

POSTER #121  People, Policy, and Picnics: A Creative Approach to Bring Communities Together for Children’s Mental Health  
Joni Bruce, Executive Director and Parent, Oklahoma Family Network, Edmond, OK; Lynn Goldberg, M.P.H., C.H.E.S., Communication and Events Specialist, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma City, OK; Lindsley Harry, Social Marketing/TA Coordinator, Muscogee (Creek) Nation Division of Health Protecting the Future, Sapulpa, OK

POSTER #122  Using Data to Present Your Social Marketing Case  
Connie Maples, M.S., Senior Research Associate, ICF International, Atlanta, GA; Helen Mitternight, Deputy Project Director, Caring for Every Child’s Mental Health Campaign, Substance Abuse and Mental Health Services Administration, Washington, DC

POSTER #123  Video to Influence Stakeholders and Educate the Public  
Kathy Napierala, M.A., Manager, Instructional Media Center, JBS International, Inc., North Bethesda, MD

POSTER #124  The Economics of Systems of Care: Sharing What We Know from Research and Practice  
Richard Dougherty, Ph.D., CEO, DMA Health Strategies and President, BasicNeeds US, Lexington, MA

POSTER #125  BasicNeeds: Empowering Youth and Building Community Capacity in Kenya  
Richard Dougherty, Ph.D., CEO, DMA Health Strategies and President, BasicNeeds US, Lexington, MA
Two Spirits
1:30 PM THURSDAY • ST. GEORGE 108
Filmmaker Lydia Nibley explores the cultural context behind a tragic and senseless murder. Fred Martinez was a Navajo youth slain at the age of 16 by a man who bragged to his friends that he ‘bug-smashed a fag’. But Fred was part of an honored Navajo tradition—the ‘nadleeh’, or ‘two-spirit’, who possesses a balance of masculine and feminine traits. Through telling Fred’s story, Nibley reminds us of the values that America’s indigenous peoples have long embraced.
NOT RATED • 54 MINUTES
Ashley Horne, Senior Government Affairs Associate, National Indian Child Welfare Association, Portland, OR
Jill Shepard Erickson, M.S.W., A.C.S.W., Executive Director, First Nations Behavioral Health Association, Portland, OR
Jeff Poirier, Ph.D. Candidate, M.A., P.M.P., Senior Researcher, Cultural Competence Action Team Member and LGBTQI2-S Learning Community Co-Lead, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC

Who Cares About Kelsey?
8:30 AM FRIDAY • ST. GEORGE 108
Who Cares about Kelsey? is a documentary film about Kelsey Carroll’s journey from being a defiant and disruptive young person into a motivated and self-confident young woman. Kelsey, who has a variety of issues with which she has struggled over the years including ADHD, emotional and behavioral problems, immaturity, angry outbursts, hyperactivity, and stubbornness, has one goal for herself—graduating from her high school. During Kelsey’s sophomore year, her school which had one of the highest drop-out rates in New Hampshire, implemented Positive Behavioral Interventions and Supports (PBIS) and a planning process for youth and young adults called RENEW to help students such as Kelsey. This film, which is in Kelsey’s own voice and the voices of her family and teachers, tells how critical persons in her life encouraged and helped Kelsey to discover her own strengths and dreams as well as ask for help if she needed it. Who Cares about Kelsey? shows this unique young woman’s transformation as she finally graduates, finds her own happiness, and becomes a champion for other students who are at risk of school failure.
NOT RATED • 75 MINUTES
Nicholas Read, Research Analyst, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC
Debra Grabill, Education Content Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC
JoAnne Malloy, Ph.D., Ph.D., Assistant Clinical Professor, Institute on Disability, University of New Hampshire, Concord, NH
Kelsey Carroll, Young Adult Featured in the Film, Concord, NH

Extremely Loud & Incredibly Close
8:30 AM SATURDAY • ST. GEORGE 108
Oskar is convinced that his father, who died in the 9/11 attacks on the World Trade Center, has left a final message for him hidden somewhere in the city. Feeling disconnected from his grieving mother and driven by a relentlessly active mind that refuses to believe in things that can’t be observed, Oskar begins searching New York City for the lock that fits a mysterious key he found in his father’s closet. His journey through the five boroughs takes him beyond his own loss to a greater understanding of the observable world around him.
RATED PG-13 • 129 MINUTES
Ernestine Briggs-King, Ph.D., Director, Data and Evaluation Program, National Center for Child Traumatic Stress, Duke University School of Medicine, Durham, NC
Ken Martinez, Psy.D., Principal Researcher and Mental Health Content Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC
Waiting for Superman
1:30 PM SATURDAY • ST. GEORGE 108

For a nation that proudly declared it would leave no child behind, America continues to do so at alarming rates. Despite increased spending and politicians’ promises, our buckling public education system, once the best in the world, routinely forsakes the education of millions of children. Reminding us that education “statistics” have names: Anthony, Francisco, Bianca, Daisy, and Emily. The film follows a handful of promising kids through a system that inhibits, rather than encourages, academic growth, undertaking an exhaustive review of public education, surveying “drop-out factories” and “academic sinkholes,” methodically dissecting the system and its seemingly intractable problems.

RATED PG-13 • 103 MINUTES

David Osher, Ph.D., Vice President and Co-Director, Human and Social Development Program, American Institutes for Research, Washington, DC
Karen Francis, Ph.D., Senior Researcher, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC

Rise Up
5:00 PM FRIDAY • TALLAHASSEE 1

Eli Jamison, a high school senior in a small town, suffers from depression following a traumatic childhood. Eli is desperate to break free, but he stumbles and winds up in court AGAIN. This time the court orders him to participate in an intensive program called Action for Kids. Will the services and supports offered through this program help him address his personal struggles, deal with the stigma associated with mental illness, face the pressure from his peers, and avoid another criminal act??? In the end, Eli faces a choice—one that will affect the rest of his life.

This movie is based on the lives of youth and families in the Action for Kids system of care in Arkansas. It portrays a realistic picture of the issues confronting our youth and the nature of the work to offer help. It offers a wonderful way to share the system of care story with potential system partners, the community at large, families, youth, and friends.

MODERATOR/FACILITATOR: Matthew Knight, M.S., L.P.C., Director of Education, Public Relations and Marketing Northern Counties, Mid-South Health Systems, Jonesboro, AR

Ask Us Who We Are
5:00 PM FRIDAY • TALLAHASSEE 2

Ask Us Who We Are is a documentary film focused on the challenges and extraordinary lives of youth in foster care. The film is a reflection on loss and the search for belonging and finding family. Although the film highlights the heartbreak that many foster care youth carry with them as they move through their lives, the documentary also reveals the tremendous strength and perseverance that grows out of their determination to survive and thrive. The documentary also focuses on the lives of foster care parents and kinship families that open their homes to children. Through small and large acts of kindness these adults can change the course of children’s lives and give them a sense of place if only for a brief time. In addition, the film highlights two parents who lose their children to the system and struggle to be reunited with them.

Ask Us Who We Are is about the search for home, community, and the transformative power of love in the midst of fractured and often broken lives. The film breaks open stereotypes and gives voice to those who are often not heard. Kingdom County Productions, Director/Producer Bess O’Brien and participants in Ask Us Who We Are received the David Goldberg Youth Advocacy Award from Voices for Vermont’s Children in June 2011 for this documentary.

MODERATOR/FACILITATOR: Diane Jacobstein, Ph.D., Senior Policy Associate and Clinical Psychologist, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
Youth MOVE Rock Star Awards

Each year Youth MOVE National recognizes a youth, family member, professional, and organization that have shown exemplary support and commitment to the furtherance of the principles and practices of youth-guided care. The recipients of this prestigious national award are considered “Rock Stars” of the Youth MOVEment and are inducted into the National Youth Advocacy Hall of Fame of Youth MOVE National.

CARDIO ZUMBA

During the Training Institutes, Zumba (a mix of Caribbean rhythms and dance) exercise sessions will be offered exclusively for Training Institutes participants from 6:00 AM to 7:00 AM each morning from Thursday, July 26 through Sunday, July 29 in the Exhibit Hall Lobby on the lower level. Join in for a fun start to the day.

Youth MOVE Miami Community Choir

The Youth MOVE Miami Community Choir will perform at the Welcome Banquet on Thursday. The choir is part of the FACES of Miami System of Care that uses the arts for healing and recovery. Led by Cuban singer, choral conductor, composer, and arranger Clary Varona, the choir has performed all over Miami-Dade County to raise awareness of mental wellness through song. The choir features a very diverse repertoire, representing the different cultures and languages of their community. Members of the choir are all members of Youth MOVE Through the Arts and the Federation of Families.
NEW!
Improving Emotional and Behavioral Outcomes for LGBT Youth
A Guide for Professionals
Edited by Sylvia K. Fisher, Ph.D., Jeffrey M. Poirier, M.A., PMP, & Gary M. Blau, Ph.D.

Despite growing social acceptance, many young people who are lesbian, gay, bisexual, or transgender (LGBT) experience harassment and bullying, family rejection, and social stigmatization—putting them at high risk for depression and other mental health challenges. How should the mental health community best respond?

Answers can be found in this book, which provides a road map to practices, interventions, and policies that will make a positive difference for LGBT youth and their families. This book equips readers with the very latest research findings, specific practice and policy recommendations, and reliable Internet resources to help professionals support young people who are LGBT and their families as they achieve positive mental health and become increasingly resilient.

www.brookespublishing.com/store/sccmh.htm

The Leadership Equation
Strategies for Individuals Who Are Champions for Children, Youth, and Families
Edited by Gary M. Blau, Ph.D., & Phyllis R. Magrab, Ph.D.

When mental health professionals are promoted into leadership roles, they’re often expected to “hit the ground running” with little training or experience. This eye-opening book is the perfect way for new leaders to fill that gap in professional development—and help their organization meet the needs of children and families.

Bringing to book form the principles and practices behind the Georgetown University Leadership Development Program, this resource dispels the myths about good leadership and sheds light on the values and actions that steer an individual and an organization toward success. Throughout the book, the expert contributors distill the best of today’s theory and research on leadership and bring key points to life with real-world examples and anecdotes. And practical worksheets help readers address conflict, improve their resiliency, clarify their views of leadership, collaborate effectively during team meetings, and more.

No matter where readers are on their leadership journey—whether they’re new to their roles or veterans seeking to renew their passion and commitment—this book will help them master the skills they need to guide and motivate staff, bring about positive systems change, and ensure the best outcomes for children and families.

www.brookespublishing.com/store/sccmh.htm

The System of Care Handbook
Transforming Mental Health Services for Children, Youth, and Families
Edited by Beth A. Stroul, M.Ed. & Gary M. Blau, Ph.D.

Address the urgent need for individualized, coordinated mental health care with this book—the only one-stop reference for establishing, evaluating, and improving services and systems of care for children, adolescents, and young adults with mental health challenges and their families. The cornerstone of the highly respected Systems of Care for Children’s Mental Health series, this comprehensive volume helps administrators, program developers, and clinicians from mental health and partner child-serving systems, along with families and youth, skillfully navigate every key issue they may encounter on the road to effective service delivery.

Weaving all the latest research and best practices into a single accessible handbook, more than 60 expert contributors give readers the in-depth, practical knowledge.

Throughout the book, case studies of children, youth, families, and successful programs take readers beyond the abstract and reveal in vivid detail how high-quality services can transform the lives of children and youth—from early childhood to their transition to adulthood—as well as their families and caregivers. This compendium of knowledge is designed for anyone involved in shaping the future of children’s mental health services that truly respond to the needs of children, youth and families.

www.brookespublishing.com/store/sccmh.htm
Charting a Course for Children’s Mental Health: Change Agents Required

GARY BLAU

Gary Blau, Ph.D. is a clinical psychologist and Chief of the Child, Adolescent and Family Branch of the federal Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. In this role, he provides national leadership for children’s mental health and for creating systems of care across the country. Prior to moving to Washington, D.C., Dr. Blau worked in Connecticut as the Bureau Chief of Quality Management, as Director of Mental Health at the Connecticut Department of Children and Families, and as the Director of Clinical Services at a Child and Family Agency. Throughout his career he has been dedicated to helping others as a provider of services and through effective policy and practice.

UNBREAKABLE: The Dewey Bozella Story

DEWEY BOZELLA

There are times in life when it is easier, or even more sensible, to just give up. This isn’t a belief held by Arthur Ashe Courage Award winner, Dewey Bozella. The 2011 ESPY Awards celebrated the courage and conviction that led Bozella to the ultimate path of freedom after 26 years of wrongful imprisonment. Bozella’s early life was one of hardship and turmoil, having been exposed to trauma and violence. Foster care and life on the streets defined his youth. In 1983, Bozella’s life took a dramatic turn when he was convicted of a murder he did not commit. Sentenced to 20 years to life in Sing Sing prison, Bozella maintained his innocence. Anger at his imprisonment gave way to determination, and instead of becoming embittered, he became a model prisoner, earning his GED, bachelors and masters degrees, working as a peer counselor, and falling in love and getting married. Through it all, Bozella found strength and purpose through boxing, becoming the light heavyweight champion of Sing Sing prison. Unyielding in his innocence, Bozella never gave up fighting in or out of the ring. When new evidence was uncovered that exonerated him, he was finally released in 2009 after being in prison for more than 26 years. Today, Bozella devotes his life to helping others. The Dewey Bozella Foundation is dedicated to fulfilling his lifelong dream of working with high-risk youth to teach them discipline, the value of hard work, perseverance, and courage. Through boxing, Dewey and the Foundation hope to inspire youth to set goals, follow their dreams, and, most importantly, never give up.

The Challenge of Trauma: Innovative Strategies for Systems of Care

BRYAN SAMUELS

Bryan Samuels is the Commissioner of the Administration on Children, Youth and Families and has spent his career formulating service delivery innovations in large government organizations on behalf of children, youth, and families. As Chief of Staff for Chicago Public Schools, Mr. Samuels played a leadership role in managing the third largest school system in the nation. Previously, Mr. Samuels served as the Director of the Illinois Department of Children and Family Services where he implemented comprehensive assessments of all children entering care, redesigned transitional and independent living programs to prepare youth for transitioning to adulthood, created a child location unit to track all runaway youth, and introduced evidence-based services to address the impact of trauma and exposure to violence on children in state care. He also taught at the University of Chicago’s School of Social Service Administration.
JUDITH COHEN
Judith Cohen, M.D., is a child and adolescent psychiatrist and serves as the Medical Director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital in Pittsburgh, PA, and as a Professor of Psychiatry at Drexel University College of Medicine. With colleagues, Dr. Cohen developed and tested Trauma-Focused Cognitive Behavioral Therapy for children and caregivers who have experienced trauma. She has conducted extensive research, has written extensively, and has provided training to innumerable mental health professionals and researchers on assessing and treating trauma. In addition, Dr. Cohen is the principal author of the Practice Parameters for the assessment and treatment of childhood Posttraumatic Stress Disorder published by the American Academy of Child & Adolescent Psychiatry.

ERNESTINE BRIGGS-KING
Ernestine Briggs-King, Ph.D., a clinical community psychologist, is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center in Durham, NC. She is the Director of the Data and Evaluation Program for the UCLA-Duke University National Center for Child Traumatic Stress, sponsored by the Substance Abuse and Mental Health Services Administration as well as the Director of the Trauma Treatment & Research Program at the Center for Child and Family Health. Dr. Briggs-King has developed a national reputation for her research and clinical work in the areas of child maltreatment and family violence, child traumatic stress, and resiliency in military families.

BRIANNE MASSELLI
Brianne Masselli is the Director of Training and Continuous Quality Improvement for THRIVE, a federally and state-funded system of care in Maine. Ms. Masselli coordinates training and technical assistance to providers, organizations, and communities seeking to become trauma informed in order to better serve the needs of families and youth who are experiencing mental health challenges. Ms. Masselli was a co-author of the System of Care Trauma-Informed Agency Assessment that is now required for all child-serving agencies in Maine. Previously, Ms. Masselli was the Youth Coordinator for THRIVE and was instrumental in the promotion of youth-guided care and youth advocacy, as well as the creation of a Youth MOVE chapter in Maine. In addition, Ms. Masselli has received recognition as an advocate who has first-hand experience as a former youth consumer of mental health services.

Health Reform: Implications and Opportunities for Children’s Behavioral Health

JOHN O’BRIEN
John O’Brien is the Senior Policy Advisor for the Disabled and Elderly Health Programs Group at the Centers for Medicare and Medicaid Services. Previously, Mr. O’Brien served as the Senior Advisor to the Administrator on Health Care Reform at the Substance Abuse and Mental Health Services Administration. Mr. O’Brien was the director of several national projects funded by the Robert Wood Johnson Foundation to develop strategies for coordinating funding for human services from federal, state, and local dollars. He has worked with Medicaid, state mental health and substance abuse authorities, and local human services authorities on strategies such as developing federal Medicaid Waivers, Medicaid state plan amendments, and federal grant applications, including applications for federal children’s system of care funding. Mr. O’Brien has also been a manager at KPMG Peat Marwick and has worked for the Eunice Kennedy Shriver Center, the Massachusetts Developmental Disability Council, the Illinois Governor’s Office, and the Illinois Legislative Commission on Mental Health, Mental Retardation and Substance Abuse.
JAMES WOTRING
Jim Wotring, M.S.W., is the Director of the National Technical Assistance Center for Children’s Mental Health at Georgetown University and supports faculty and staff who work with states and communities to improve mental health services for children and families across the nation. He consults nationally and internationally on systems of care, wraparound, financing, outcome management, change management, and implementation of evidence-based practices. Previously, he worked for the Michigan Department of Community Health as the Child and Adolescent Service System Program Director and the Director of Programs for Children with a Serious Emotional Disturbance. He has worked in the child welfare, juvenile justice, and mental health systems including community mental health centers, residential treatment centers, private outpatient clinics, and nonprofit agencies. Mr. Wotring has been active in national organizations supporting the development of systems of care for children’s mental health and has presented at numerous national and international conferences. His publications are in the areas of outcome measurement and management, financing, and health reform.

ANGELA KIMBALL
Angela Kimball is Director of State Policy for the National Alliance on Mental Illness (NAMI), where she provides policy guidance on financing of mental health services, parity, health care reform, and other issues that affect children, youth, and adults who live with mental illness. Ms. Kimball also provides extensive technical assistance to NAMI organizations across the country on state policy issues, with a particular emphasis on strategy and communications. Prior to joining the NAMI Policy Team, she served as policy analyst for the Association of Oregon Community Mental Health Programs. In this capacity, she is widely credited as having orchestrated the grassroots campaign that resulted in the enactment of Oregon’s comprehensive mental health parity law. Previously, Ms. Kimble served as Executive Director and Public Policy Coordinator for NAMI Oregon, where she received multiple awards for her legislative advocacy and as Family Involvement Coordinator for Multnomah County Behavioral Health Division. As the proud parent of a young adult who lives with a mental health diagnosis, Angela is deeply passionate about mental health care.

YOUTH LEADERSHIP TRACK FEATURED SPEAKER
James Durbin of American Idol: Overcoming Obstacles and Pursuing Your Dreams

James Durbin lit the American Idol stage on fire with his powerful performances, and now the Season 10 alum is setting the music world aflame with his debut music video and album “Memories of a Beautiful Disaster.” As a youth, James was diagnosed with both Tourette’s and Asperger’s Syndromes. Affected by these conditions and by his father’s death of a drug overdose, his talent has helped him overcome the obstacles that he faces day by day. Overall, “Memories of Beautiful Disaster” is an audio document of Durbin’s life as he’s lived it. “I am looking back on my life. Parts were disastrous, and there are some things I wished never happened. But I can look back and appreciate things that I once considered disasters as things of beauty. They make me who I am today. I’d never go back and change anything.” With that attitude, and the fact that he set the table for his career thanks to American Idol, Durbin has all the necessary tools to fulfill his mission of bringing back the rock! He is now ready to step on his own stage and is ready for his fans to stand with him. Even though his talent has led him to where he is now, his challenges have also played a part, and he has become a role model for American youth with challenges of any kind.

For Registered Participants in the Youth Leadership Track ONLY.
BUILDING, SUSTAINING, AND EXPANDING SYSTEMS OF CARE

- A Conceptual Framework for Developing and Implementing Effective Policy in Children’s Mental Health (B. Friedman, 2001)
- Achieving the Promise: Transforming Mental Health Care in America, New Freedom Commission on Mental Health Final Report to the President—Executive Summary (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, July 2003) Additional information about the Commission and its reports are available at www.MentalHealthCommission.gov
- Avoiding Cruel Choices: A Guide for Policymakers and Family Organizations on Medicaid’s Role in Preventing Custody Relinquishment (C. Koyanagi, Bazelon Center for Mental Health Law, November 2002)
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• Coming Together Around Military Families—List of Resources (ZERO TO THREE, 2010)
• Strengthening Our Military Families: Meeting America’s Commitment (The White House, January 2011)
• Views from the Homefront: How Military Youth and Spouses Are Coping with Deployment—Research Highlights (Rand Center for Military Health Policy Research, 2011)

PROVIDING EFFECTIVE FAMILY-DRIVEN, YOUTH-GUIDED, CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES

Family-Driven, Youth-Guided Care Practices
• A Youth Guide to Treatment Planning: A Better Life (E. Grealish & M. Chven, 2011)
• Best Practices forIncreasing Meaningful Youth Participation in Collaborative Team Planning (J. Walker, B. Friesen, et. al., Research and Training Center on Family Support and Children’s Mental Health, Portland State University)
• Family Driven Care: Are We There Yet? (A. Duchnowski & K. Kutash, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2007)
• Family-Driven Care in America: More than a Good Idea (S. Spencer, G. Blau & C. Mallery, Journal of the Canadian Academy of Child and Adolescent Psychiatry, August 2010)
• Family Guide to Systems of Care for Children with Mental Health Needs (Federation of Families for Children’s Mental Health and Vanguard Communications, June 2000)
• Focal Point: Resilience and Recovery (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Summer 2005)
• Focal Point: Strengthening Social Support (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Winter 2006)
• Focal Point: Youth Empowerment and Participation in Mental Health Care (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Summer 2009)
• Integrating “Youth Guided” and “Cultural and Linguistic Competence” Values Into Systems of Care (R. Reid, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC, 2011)
• Introduction to the Youth Self-Efficacy Scale/Mental Health and the Youth Participation in Planning Scale (J. Walker & L. Powers, Research and Training Center on Family Support and Children’s Mental Health, Portland State University, 2007)
• Involving Youth in Planning for Their Education, Treatment and Services: Research Tells Us We Should Be Doing Better. (J. Walker & B. Child, Research and Training Center on Family Support and Children’s Mental Health, Portland State University, 2008)
• Is Your Organization Supporting Meaningful Youth Participation in Collaborative Team Planning? A Self-Assessment Quiz (Research and Training Center on Family Support and Children’s Mental Health, Portland State University)
• Working Definition of Family-Driven Care (National Federation of Families for Children’s Mental Health, January 2008)
• Youth-Adult Partnerships in Systems of Care (R. Reid, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC, 2011)
• Youth Guided Definition (Youth MOVE National)
• Youth Guided, Youth Directed, and Youth Driven Care and Ladder of Young People’s Participation—PowerPoint Presentation (National Federation of Families for Children’s Mental Health, 2008)
• Youth Involvement in Systems of Care: A Guide to Empowerment (M. Matarese, L. McGinnis & M. Mora, Technical Assistance Partnership, 2005)

Involving Families and Youth at the System Level
• A Workbook on Data Informed and Family Driven Decision Making: “Evidence as Co-pilot” (National Federation of Families for Children’s Mental Health, 2009)
• Change Agents Guide to Starting a Youth-run Organization (National Federation of Families for Children’s Mental Health, 2009)
• FFCMH Principles of Family Involvement (Federation of Families for Children’s Mental Health)
• Financing Structures and Strategies to Support Effective Systems of Care: Issue Brief 2—Effective Strategies to Finance Family and Youth Partnerships (S. Pires & G. Wood, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2007)
• Focal Point: Caregiver-Child—Mutual Influences on Mental Health Partnering with Families (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Summer 2008)
• Involving Families in Policy Group Work: Tip Sheet (Federation of Families for Children’s Mental Health, September 2001)
• Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems: Issue Brief #6—Family Involvement in Managed Care Systems (G. Wood, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2003)
• The Core Competencies of Parent Support Providers (National Federation of Families for Children’s Mental Health, 2011)
• Quick Guide for Self-Assessment of Family-Run Organizations in Systems of Care (K. Lazear, R. Anderson, & E. Boterf, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2007)
• Sustaining Youth Engagement Initiatives: Challenges and Opportunities (The Finance Project, 2009)

Cultural and Linguistic Competence
• A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment (National Center for Cultural Competence, Georgetown University Center for Child and Human Development, Winter 2002)
• A System of Care Team Guide to Implementing Cultural and Linguistic Competence (Cultural Competence Action Team, Technical Assistance Partnership for Child and Family Mental Health, July 2010)
• CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care (S. Salimbene, 2001)
• Creating a Front Porch: Strategies for Improving Access to Mental Health Services—Making Children’s Mental Health Services Successful Series (L. Callejas, T. Nisman, D. Mowery, & M. Hernandez, University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children’s Mental Health, 2008)
• Cultural and Linguistic Competence Policy Assessment (National Center for Cultural and Linguistic Competence, Georgetown University Center for Child and Human Development, 2006)
• Cultural Exchange Creates Community Understanding: Federation of Families of West Palm Beach County, Inc. (Promising Practice Series, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2005)
• Engaging Youth to Create Positive Change: Parent Support Network of Rhode Island (Promising Practice Series, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2005)
• Focal Point: Cultural Competence, Strengths, and Outcomes (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Summer 2003)
• Getting Started and Moving On: Planning, Implementing and Evaluating Cultural and Linguistic Competency for Comprehensive Community Mental Health Services for Children and Families: Implications for Systems of Care (National Center for Cultural Competence, Georgetown University Center for Child and Human Development)
• Innovative Self-Assessment and Strategic Planning: Addressing Health Disparities in Contra Costa County (Promising Practice Series, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2005)
• Latino Network: A Natural Fit in a Community-Driven Model, Westchester County Community Network (Promising Practice Series, National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2005)
• National Standards for Culturally and Linguistically Appropriate Services in Health Care—Executive Summary (U.S. Department of Health and Human Services, Office of Minority Health, March 2001)
• Organizational Cultural Competence: A Review of Assessment Protocols (M. Harper, M. Hernandez, et. al., Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2006)
• Planning for Cultural and Linguistic Competence in Systems of Care for Children and Youth with Social-Emotional and Behavioral Disorders and Their Families (National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 2003)
• Promoting an Evidence-Based Culture in Children’s Mental Health: Resource Guide (Substance Abuse and Mental Health Services Administration, 2007)
• Serving Everyone at the Table: Strategies for Enhancing the Availability of Culturally Competent Mental Health Service (Making Children’s Mental Health Services Successful Series). (P. Inniss, T. Nesman, D. Mowery, L. Callejas, & M. Hernandez, University of South Florida, College of Behavioral & Community Sciences, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies, Research and Training Center for Children’s Mental Health, 2009)
• The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children’s Mental Health (M. Isaacs, L. Huang, M. Hernandez, & H. Echo-Hawk, December 2005)
• Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence (J. Samuels, W. Schudrich & D. Altschul, Center of Excellence in Culturally Competent Mental Health, The Nathan Kline Institute for Psychiatric Research, Orangeburg, NY)

**Services in Native American Communities**

• A Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs: Ensuring the Seventh Generation (National Indian Child Welfare Administration, Portland, OR)
• Child Abuse and Neglect in Indian County: Policy Issues (T. Cross, K. Early & D. Simmons, 2000)
• EvalBrief: Findings and Sustainability in American Indian and Alaska Native Systems of Care: Results of an Exploratory Story (ICF Macro, Atlanta, GA, April 2009)
• Indian Health Service’s (IHS) Community Suicide Prevention Website: http://www.ihs.gov/NonMedicalPrograms/nspn/
• Native American Youth in Transition: The Path from Adolescence to Adulthood in Two Native American Communities (K. Fox, et al., March 2005)
• National Indian Child Welfare Administration website: www.nicwa.org
• Statement of the National Indian Child Welfare Association Submitted to the Senate Committee on Indian Affairs Regarding Suicide Prevention Among Native American Youth (June 22, 2005)
• Suicide Among American Indians/Alaska Natives (Suicide Prevention Resource Center)

**BUILDING CROSS-AGENCY PARTNERSHIPS**

**Partnering with Schools**

• Advances in School Mental Health Promotion: Training and Practice, Research and Policy—Inaugural Issue (The Clifford Beers Foundation in collaboration with the University of Maryland School of Medicine, Center for School Mental Health, October 2007)
• Advancing School Mental Health Promotion Globally (M. Weist, Center for School Mental Health, University of Maryland School of Medicine & M. Murray, The Clifford Beers Foundation, October 2007)
• Background on Social and Emotional Learning (SEL): A Key to Children’s Success in School and Life (Collaborative for Academic, Social, and Emotional Learning [CASEL], December 2007)
• Carter Center Paper: Building Conditions for Learning and Healthy Adolescent Development: A Strategic Approach (October 28, 2007)
• Collaboration Between Schools and Mental Health within a System Of Care (S. Keenan, TA Partnership, June 2010)
• Communities of Practice: A New Approach to Solving Complex Educational Problems (J. Cashman, P. Linehan & M. Rosser, National Association of State Directors of Special Education, 2007)
• Education and Systems of Care Approaches: Solutions for Educators and School Mental Health Professionals (University of Maryland, Center for School Mental Health, May 2007)
• Enhancing Student Connectedness to Schools (Center for School Mental Health, December 2005)
• Improving Conditions for Learning for Youth Who Are Neglected or Delinquent (D. Osher, A. Sidana & P. Kelly, American Institutes for Research)
• Is School-Wide Positive Behavior Support An Evidence-Based Practice? A Research Summary (OSEP Center on Positive Behavioral Interventions and Supports, September 2007)
• Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda—A Concept Paper (The National Association of State Mental Health Program Directors and The Policymaker Partnership for Implementing IDEA at The National Association of State Directors of Special Education, 2001)
• Parents and Teachers as Allies: In-Service Mental Health Education for School Professionals [1-pager] (National Alliance for the Mentally Ill, May 2007)
• Parents and Teachers as Allies: Partnering with Schools to Improve the Lives of Students with Mental Illnesses—PowerPoint Presentation (D. Gruttadaro, NAMI Child & Adolescent Action Center, October 2007)
• School-Based Mental Health: An Empirical Guide for Decision-Makers (K. Kutash, A.J. Duchnowski & N. Lynn, The Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, April 2006)

• School Mental Health Sustainability: Funding Strategies to Build Sustainable School Mental Health Programs (E. Freeman, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC, 2011).
  – Series 1: Why School Mental Health? What Is the Connection with Systems of Care
  – Series 2: What Are the Challenges to School and Mental Health Agency Partnerships?
  – Series 3: How Do Systems of Care Leaders Work with Community Agencies/Organizations to Overcome Challenges to Develop a Sustainable School Mental Health Program?
  – Series 4: What Are Some Strategies to Sustain School Mental Health Programs?

• School Mental Health Services in the United States, 2002-2003 (S. Foster, M. Rollefson, T. Doksum, D. Noonan, G. Robinson, & J. Teich, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005)

• School-Wide Positive Behavior Support: Implementers’ Blueprint and Self-Assessment (OSEP Center on Positive Behavioral Interventions and Supports, University of Oregon, 2004)

• Systems of Care Work for Educators—Powerpoint Presentation (Caring for Every Child’s Mental Health Campaign, Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services)

• Talking Points on School-Wide Positive Behavior Support & School-Based Mental Health (Compiled by G. Sugai, Co-Director of the National Technical Assistance Center on PBIS, University of Connecticut; R. Horner, Co-Director of the National Technical Assistance Center on PBIS, University of Oregon; L. Eber, Statewide Director, Illinois PBIS Network, January 2007)

• The Benefits of School-Based Social and Emotional Learning Programs: Highlights from a Forthcoming CASEL Report (Collaborative for Academic, Social, and Emotional Learning, December 2007)

• The Role of Mental Health Services in Promoting Safe and Secure Schools (K. Kutash & A. Duchnowski, Hamilton Fish Institute on School and Community Violence and Northwest Regional Educational Library, 2008)


• Website Links to Resources and Organizations for Mental Health Services in Schools (2008)

• Working Together to Help Youth Thrive in Schools and Communities, Mental Health Awareness Day (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, May 7, 2009)

**Partnering with the Child Welfare System**


• Building Systems of Care: A Primer for Child Welfare is a companion document to the web-based training resource, Primer Hands On—Child Welfare [see below] (S. Pires, K. Lazear & L. Conlan, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC, Spring 2008)


• Child Welfare/Education Collaborations: Highlights (National Resource Center for Permanency and Family Connections, 2010)

• Child Welfare Information Gateway website: www.childwelfare.gov


• Community Partnerships: Improving the Response to Child Maltreatment (Children’s Bureau, Office on Child Abuse and Neglect, 2010)

• Congressional Testimony of Commissioner Bryan Samuels on Psychotropic Medication Use for Children in Foster Care (Before the Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security, Senate Committee on Homeland Security and Governmental Affairs, United States Senate, December 1, 2011)

• Congressional Testimony of Commissioner Bryan Samuels on Reauthorization of Promoting Safe and Stable Families (Before the Subcommittee on Human Resources, Committee on Ways and Means, U.S. House of Representatives, June 16, 2011)

• Creating Child Welfare and Behavioral Health Partnerships (The National Council for Community Behavioral Healthcare, 2008)
• Developing Community Partnerships in Child Welfare (National Child Welfare Resource Center for Organizational Improvement)
• Improving Child Welfare Outcomes through Systems of Care: Building the Infrastructure—A Guide for Communities (G. DeCarolis, L. Southern & F. Blake, National Technical Assistance and Evaluation Center for Systems of Care)
• Interagency Collaboration: A Closer Look (National Technical Assistance and Evaluation Center for Systems of Care, 2008)
• Mental Health Treatment of Infants and Toddlers: Creating an Integrated System of Care for Infants and Toddlers in the Child Welfare System (K. Orfriner & J. Rian, 2008)
• Multiple Response System and System of Care: Two Policy Reforms Designed to Improve the Child Welfare System (Center for Child and Family Policy, 2009)
• National Center on Substance Abuse and Child Welfare Online Tutorials. Available at: http://www.ncsacw.samhsa.gov/training/default.aspx
• Oversight of Psychotropic Medication for Children in Foster Care; Title IV-B Health Care Oversight & Coordination Plan—Information Memorandum (Administration for Children and Families, U.S. Department of Health and Human Services, April 11, 2012)
• Parental Substance Abuse and the Child Welfare System (Child Welfare Information Gateway, 2009)
• Resources on Collaboration between Mental Health and Child Welfare Systems (K. Helfgott, Technical Assistance Partnership for Child and Family Mental Health)
• Solutions Storytelling: Messaging to Mobilize Support for Children’s Issues (Child Advocacy 360 Foundation, 2010)
• Systems of Care: A Complete Reference Guide for Putting SOC in Action (Delaware Children’s Department, 2007)
• Understanding the Common Ground (FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2009)
• Voice: Ensuring Stability for Children at Home and in School (Casey Family Services, Winter 2010)
• You Are Not Alone: An Empowering Guide for Parents Whose Children Are in DCF Foster Care (Parents Helping Parents, 2010)

Services for Youth in the Juvenile Justice System

• A Primer for Mental Health Practitioners Working With Youth Involved in the Juvenile Justice System (R. Kinscherff, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC, 2012)
• Children, Youth and Mental Illness: Working with the Juvenile and Criminal Justice System—What You Need to Know (National Federation of Families for Children’s Mental Health, 2010)
• Focal Point: Corrections (Research and Training Center on Family Support and Children’s Mental Health, Portland State University, Summer 2006)
• Impact of Systems of Care on Juvenile Justice-Related Outcomes (TA Partnership, 2011)
• Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice (M. Lipsey, J. Howell, M. Kelly, G. Chapman, & D. Carver, Center for Juvenile Justice Reform, December 2010)
• Juvenile Diversion: Programs for Justice-Involved Youth with Mental Health Disorders (K. Skowyra & S. Powell, National Center for Mental Health and Juvenile Justice, June 2006)
• Juvenile Justice and Mental Health—Working Together for Youth with Serious Emotional Disorders (J. Burrell, TA Partnership, AIR)
• Juvenile Mental Health Courts: An Emerging Strategy (J. Cocozza & J. Shufelt, National Center for Mental Health and Juvenile Justice, June 2006)

• Making the Right Turn: A Guide About Improving Transition Outcomes of Youth Involved in the Juvenile Corrections System (J. Gagnon & C. Richards, Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership, Washington, DC, 2008)

• Mental Health Screening within Juvenile Justice: The Next Frontier (National Center for Mental Health and Juvenile Justice)

• NDTA Issue Brief: Family Involvement (L. Brock, J. Burrell & T. Tulipano, National Evaluation and Technical Assistance Center for the Children and Youth Who Are Delinquent, Neglected, or At Risk, August 2006)

• New Directions for Behavioral Health Funding and Implications for Youth Involved in the Juvenile Justice System (A. Cuellar, Technical Assistance Partnership for Child and Family Mental Health, Washington, DC, 2011)

• Office of Juvenile Justice and Delinquency Prevention, OJJDP Model Programs Guide—The OJJDP Model Programs Guide is an online portal to scientifically tested and proven programs that address a range of issues across the juvenile justice spectrum. The Guide profiles more than 175 prevention and intervention programs and helps communities identify those that best suit their needs. Available at: http://www.ojjdp.ncjrs.gov/programs/mpg.html

• Responding Restoratively to Vulnerable Victims, Youths and Families (Protecting Children, American Humane, Volume 24, Number 4, 2009)


• Systems of Care Work for Juvenile Justice—PowerPoint Presentation (Caring for Every Child's Mental Health Campaign, Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services)

• The Connector: Working Together For Multi-System Youth (Robert F. Kennedy Children Action Corps, Winter 2011)

• The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense, Justice Policy Institute, May 2009

• The Role of Specialty Mental Health Courts in Meeting the Needs of Juvenile Offenders (Bazelon Center for Mental Health Law, September 2004)

• Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions (J. Ford, J. Chapman, J. Hawke, & D. Albert, National Center for Mental Health and Juvenile Justice, June 2007)

• Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study (J. Shufelt & J. Cocozza, National Center for Mental Health and Juvenile Justice, June 2006)

**Partnering with Health to Implement a Public Health Approach**


• A Public Health Approach to Mental Health: Building Resilience in All Children—Select Resources (Roundtable Meeting, October 2007)

• Facilitated Referral: Checklist for Professionals (C. Ciano, N. Horen, E. Kagen, & R. Mayer, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development and Bright Futures at Georgetown University, Washington, DC)

• Family Engagement & Trust Building Skills Checklist (C. Ciano, N. Horen, E. Kagen, & R. Mayer, Georgetown University Center for Child and Development and Bright Futures at Georgetown University, Washington, DC)


• Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Available at: http://www.nap.edu/catalog.php?record_id=11470

• Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities (J. Parks & D. Pollack (Eds.), National Association of State Mental Health Program Directors Medical Directors Council, January 2005)


• Linking and Aligning the Medical Home with Systems of Care for Children and Youth with Special Health and Mental Health Needs (M. Tierney, L. Meredity & B. Strickland, 2008)

• Mental Health: A Public Health Approach—Developing A Prevention-Oriented Mental Health System in Washington State (Washington State Board of Health, December 2007)
• Mental Health: A Report of the Surgeon General-Executive Summary (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999)
• Mental Health in Schools and Public Health (H. Adelmen & L. Taylor, University of California Postprints, 2006)
• NCHS Survey Measures Catalog: Child and Adolescent Mental Health—An Overview of the Measures of Child and Adolescent Mental Health and Mental Health Service Use in Various Surveys of the NCHS Data Systems. Available at: http://www.cdc.gov/NCHS/measurescatalog/camh.htm
• Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities. (M. O’Connell, T. Boat, & K. Warner (Eds.), Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education, Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions, National Research Council and Institute of Medicine, The National Academies Press, Washington, DC, 2009)
• Primary Prevention in Behavioral Health: Investing in our Nation’s Future (P. Shea & D. Shern, National Association of State Mental Health Program Directors, Alexandria, VA, 2011)
• Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving Mental Health (C. Keyes, American Psychologist, February-March 2007)
• Promoting Mental Health: Concepts, Emerging Evidence, Practice (World Health Organization, 2005)
• Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience (Report to Congress—Submitted by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, June 2007)
• Promotion, Prevention, and Early Intervention for Mental Health: A Monograph (Department of Health and Aged Care, Commonwealth of Australia, 2000)
• Supporting collaboration between Mental Health and Public Health (NACCHO Issue Brief, Issue 1, Number 1, May 2005)
• Systems of Care Work for Health Care—PowerPoint Presentation (Caring for Every Child’s Mental Health Campaign, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD)
• The Mental Health Foundation: Developing a Public Mental Health Approach. Available at: http://findarticles.com/p/articles/mi_qa4122/is_200409/ai_n9465381
• The Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders: Surely The Time Is Right (N. Davis, International Journal of Emergency Behavioral Health, 4, 3-29, 2002)
• Transforming Mental Health Care for Children and their Families. (L. Huang, B. Stroul, R. Friedman, P. Mrazek, et al., American Psychologist, 60, 615-627, 2005)
• What to Expect and When to Seek Help: Bright Futures Developmental Tools for Families and Providers—Available at: http://www.brightfutures.org/tools/index.html
  – The four developmental tools offer a framework for families and providers to begin a conversation together about how best to support healthy social and emotional development in children and teens (Infancy, Early Childhood, Middle Childhood, Adolescence, and Referral Tool)

COLLECTING AND USING DATA TO IMPROVE SERVICES
• Blueprint for Change: Research on Child and Adolescent Mental Health (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, National Institute of Mental Health, 2001)
• Continuous Quality Improvement in Systems of Care—PowerPoint Presentation (B. Manteuffel, B. Dague, C. Stormann, & T. King, Presentation for the Technical Assistance Partnership for Child and Family Mental Health, 2007)
• Data Matters (Georgetown University Center for Child and Human Development)
  – Spring/Summer 2003 Special Issue #6, “To Be or Not To Be…Evidence Based?”
  – Spring/Summer 2002 #5, “Outcomes in a System of Care”
– Summer/Fall 2000 #3, “National Scan: Using Evaluation Information for Feedback and System Improvements”
– Winter/Spring 2000 #2, “National Scan, Innovative Children’s MIS”
– Summer 1999 #1, “National Scan of Children’s Services Evaluation”

• Data Trends—A series of briefs addressing current themes, summarizing recent literature, or presenting new developments in the field of children’s mental health (Research and Training Center on Family Support and Children’s Mental Health, Portland State University) Available at: http://www rtc.pdx.edu/pgDataTrends.shtml
• Data Trends—Summaries of current research findings developments in the field of children’s mental health (Research and Training Center for Children’s Mental Health of the Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida) Available at: http://datatrends.fmhi.usf.edu
• EvalBriefs: Systems of Care—(ICF Macro, Atlanta, GA, October 2004-August 2009)
  – How Well Are Grant Communities Implementing System of Care Principles: An Update (August 2009)
  – Findings and Sustainability in American Indian and Alaska Native Systems of Care: Results of an Exploratory Story (April 2009)
  – Implementation of Cultural and Linguistic Competence (January 2009)
  – What Are Youth Saying About Their Involvement in Systems of Care? (December 2008)
  – How Important are Evidence-Based Practices to Caregivers? (August 2008)
  – Are System of Care Services Culturally and Linguistically Appropriate (May 2008)
  – How Similar Are Caregiver and Youth Reports of Youth Suicide Ideation and Suicide Attempts? (January 2008)
  – How Well Are Grant Communities Implementing System of Care Principles? (December 2007)
  – Culturally Competent Provider Practices in System of Care Communities (November 2007)
  – Suicide Attempt After Service Entry: How Often Does It Happen, and to Whom? (June 2007)
  – Perspectives of System of Care Participants on Interagency Collaboration (May 2007)
  – What Plans Do Phase V Communities Have to Implement Evidence-Based Practices? (March 2007)
  – Who’s In Control Over Treatment Decisions: Caregiver and Youth Perceptions (February 2007)
  – Racial and Ethnic Differences in Caregivers’ Perspectives of Culturally Competent Practices in Systems of Care (October 2006)
  – Results of an Evidence-Based Treatment Implemented Within Systems of Care (September 2006)
  – Family Involvement in Systems of Care: Findings from the Family-Driven Study (August 2006)
  – Employment Outcomes of Caregivers in Systems of Care (June 2006)
  – A System-Level Assessment of Family and Youth Involvement by Program Development Years for Communities Funded in 1997-2000 (April 2006)
  – Promoting Continuous Quality Improvement in Systems of Care (February 2006)
  – Evidence-Based Practice Use, Training, and Implementation in the Community-Based Setting: A Survey of Children’s Mental Health Service Providers (June 2005)
  – Findings on the Implementation of Systems of Care at 14 CMHIS Grant Communities (October 2004)

• Evaluation Update: (ICF Macro, Atlanta, GA, June 2009—January 2010)
  – Evaluation Update—Empowering Your Community and Getting to Outcome(R) (January 2010)
  – Evaluation Update—Honoring Excellence in Evaluation (March 2009)
  – Evaluation Update—Recent Developments in the National Evaluation (June 2009)
  – Evaluation Update—National Children’s Mental Health Awareness Day (January 2009)
  – Evaluation Update—Tribal System of Care Financing and Sustainability (October 2008)
  – Evaluation Update—Understanding Evidence-Based Practice (June 2008)

• Evaluation Exchange is a periodical that contains new lessons and emerging strategies for evaluating programs and policies, particularly those focused on children, families, and communities (Harvard Family Research Project, Harvard Graduate School of Education) Available at: http://www.hfrp.org/evaluation/the-evaluation-exchange

• National Children’s Mental Health Day Short Report (May 2008)

• National Inventory of Mental Health Quality Measures provides a searchable database of process measures for quality assessment and improvement in mental health and substance abuse care. http://www cqaimh.org/NIMHQM.htm

• Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems: Issue #4 Accountability and Quality Assurance in Managed Care Systems (M. Armstrong, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2003)


• Quality Improvement Strategies that Work—System of Care Implementation Brief #6 (S. Kukla-Acevedo, S. Hodges, K. Ferriera, & J. Mazza, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2008)

• Selecting Process Measures for Quality Improvement in Mental Healthcare (R. Hermann, H. Leff & G. Lagodmos, The Evaluation Center @HSRI, July 2002)

• The Importance of Culture in Evaluation: A Practical Guide in Evaluation (K. Lee, Association for the Study and Development of Community, The Colorado Trust)

• The Systems of Care Practice Review Collection (SOCPR-R)
  – SOCPR-R Overview
  – SOCPR-R (2005)
  – Measuring the Fidelity of Service Planning and Delivery to System of Care Principles (M. Hernandez, J. Worthington & C. Davis, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2005)
  – Review Team Member Training Manual (J. Worthington, C. Davis, M. Hernandez, & A. Pinto, Research and Training Center for Children’s Mental Health, Louis de la Parte Florida Mental Health Institute, University of South Florida, Revised April 2005)


SPANISH TRANSLATIONS OF MATERIALS


• Children’s Mental Health Fact Sheets (Child, Adolescent, and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration):
  – Helping Children and Youth with Attention-Deficit/Hyperactivity Disorder: Systems of Care
  – Helping Children and Youth with Bipolar Disorder: Systems of Care
  – Helping Children and Youth with Conduct Disorder and Oppositional Defiant Disorder: Systems of Care
  – Helping Children and Youth with Major Depression: Systems of Care
  – Helping Children and Youth with Serious Mental Health Needs: Systems of Care


• Issue Brief: Transforming the Workforce in Children’s Mental Health—Spanish Version (Georgetown University Center for Child and Human Development, February 2005)

• National Federation of Families for Children’s Mental Health Brochure—Spanish Version


• What to Expect and When to Seek Help: Bright Futures Developmental Tools for Families and Providers—Available at: http://www.brightfutures.org/tools/index.html
System of Care Concept and Philosophy

DEFINITION
A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

CORE VALUES
Systems of care are:
1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.

GUIDING PRINCIPLES
Systems of care are designed to:
1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports.
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and Nation.
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings.
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed.
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
11. Protect the rights of children, youth, and families and promote effective advocacy efforts.
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences.

Concepto y filosofía de los sistemas de cuidado

DEFINICIÓN
Un sistema de cuidado consiste en: Un espectro de servicios y apoyos efectivos, basados en la comunidad, para el niño y el joven que corren riesgo de padecer enfermedades mentales u otros desafíos y para sus familias, que está organizado en una red coordinada, que forma alianzas importantes con las familias y los jóvenes, prestando atención a sus necesidades culturales y lingüísticas, a fin de ayudarlos a desenvolverse mejor en el hogar, en la escuela, en la comunidad y en sus vidas.

VALORES BÁSICOS
Los sistemas de cuidado:
1. Son sistemas dirigidos por la familia y con la guía de los jóvenes, que tienen en cuenta las fortalezas y las necesidades del niño y la familia para determinar los tipos y las combinaciones de servicios y apoyos que se prestan.
2. Están basados en la comunidad y los servicios así como la administración del sistema se apoyan en una infraestructura adaptable de estructuras, procesos y relaciones a nivel comunitario.
3. Son sistemas que poseen competencia cultural y lingüística, y sus organismos, programas y servicios reflejan las diferencias culturales, raciales, étnicas y lingüísticas de las poblaciones a las que se prestan servicios para facilitar el acceso y la utilización de servicios y apoyos adecuados.

PRINCIPIOS ORIENTADORES
Los sistemas de cuidado están diseñados para:
1. Garantizar la disponibilidad y el acceso a una amplia gama de servicios y apoyos, para el niño y su familia, que sean flexibles, efectivos, fundados en la experiencia, basados en la comunidad y que atiendan sus necesidades físicas, emocionales, sociales y educativas, incluyendo servicios tradicionales y no tradicionales, así como apoyos informales y naturales.
2. Ofrecer servicios individualizados de acuerdo con el potencial y las necesidades exclusivas de cada niño y familia, guiados por un proceso de planificación de servicios integrales basados en fortalezas y en un plan de servicios individualizados realizado a través de una verdadera colaboración con el niño y la familia.
3. Prestar servicios y apoyos que sean clínicamente apropiados dentro del medio menos restrictivo, más normal posible y que sean adecuados desde el punto de vista clínico.
4. Garantizar que exista total colaboración entre las familias, los demás proveedores de cuidados y el joven, en todos los aspectos de la planificación y la prestación de sus propios servicios y en las políticas y procedimientos que rigen el cuidado del niño y del joven en sus comunidades, estados, territorios, tribus y nación.
5. Garantizar la colaboración entre los sistemas con conexiones entre los organismos que prestan servicios para el niño y los programas existentes en todos los sistemas administrativos y de financiamiento y los mecanismos de gestión a nivel del sistema, coordinación y gestión integrada del cuidado.
6. Prestar servicios de gestión del cuidado y mecanismos similares a fin de garantizar que se presten una multiplicidad de servicios de manera coordinada y terapéutica y que el niño y la familia puedan desplazarse dentro del sistema de servicios, de acuerdo a sus necesidades cambiantes.
7. Prestar servicios y apoyos en salud mental, adecuados al nivel de desarrollo, que promuevan resultados sociales y emocionales óptimos para el niño y su familia dentro del hogar y de la comunidad.
8. Prestar servicios y apoyos, adecuados al nivel de desarrollo del individuo, para facilitar la transición de los jóvenes a la vida adulta y al sistema de servicios para adultos según se necesiten.
9. Incorporar o conectarse con servicios de promoción, prevención, identificación temprana e intervención a fin de mejorar los resultados a largo plazo, incluyendo mecanismos para identificar problemas con anticipación y actividades de promoción y prevención dirigidas a todos los niños y adolescentes.
10. Incorporar mecanismos permanentes de responsabilidad a fin dar seguimiento, controlar y administrar el logro de los objetivos del sistema de cuidado, la fidelidad a la filosofía del sistema de cuidado, así como la calidad, la eficacia y los resultados en los ámbitos del sistema, de la práctica y de la familia y el niño.
11. Proteger los derechos del niño, del joven y de las familias y promover iniciativas de apoyo efectivas.
12. Prestar servicios y apoyos sin tomar en cuenta raza, religión, procedencia, género, expresión de género, orientación sexual, discapacidad física, estatus socioeconómico, geografía, idioma, estatus inmigratorio u otras características; los servicios deben ser sensibles y responder a estas diferencias.

DEFINITION OF FAMILY-DRIVEN CARE

Family-driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing, and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

GUIDING PRINCIPLES OF FAMILY-DRIVEN CARE

1. Families and youth, providers, and administrators embrace the concept of sharing decision-making and responsibility for outcomes.
2. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
6. Providers take the initiative to change policy and practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support, and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families and where family and youth run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

## Definition of Youth-Guided Care

Youth-guided means that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice and then listening to that voice. Youth-guided organizations create safe environments that enable young people to gain self-sustainability in accordance with the cultures and beliefs with which they identify. Further, a youth-guided approach recognizes that there is a continuum of power that should be shared with young people based on their understanding and maturity in a strength-based change process. Youth-guided organizations recognize that this process should be fun and worthwhile.


<table>
<thead>
<tr>
<th>MOVING FROM YOUTH-GUIDED TO YOUTH-DRIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOUTH-GUIDED</strong></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td>• Youth are empowered in their treatment planning process from the beginning and have a voice in decision-making</td>
</tr>
<tr>
<td>• Youth receive training</td>
</tr>
<tr>
<td>• Equal partnership is valued</td>
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<tr>
<td><strong>Community</strong></td>
</tr>
<tr>
<td>• Community partners and stakeholders are open and willing to partner with youth and have created safe spaces for young people</td>
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<tr>
<td><strong>Policy</strong></td>
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<tr>
<td>• Youth are invited to meetings and training and support is provided</td>
</tr>
<tr>
<td>• Youth can speak on their experiences</td>
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<tr>
<td>• Adults value what youth have to say in an advisory capacity</td>
</tr>
</tbody>
</table>

| **YOUTH-DIRECTED**                        |
| **Individual**                           |
| The young person is:                     |
| • Telling his or her story               |
| • Building relationships with people who support them and making decisions in their care |
| • Developing a deeper knowledge and understanding of the system |
| • Not in a consistent period of crisis and basic needs are met |
| **Community**                            |
| • Youth have positions and voting power on community boards |
| • More youth are involved and are recruiting other youth |
| • Community members respect the autonomy of youth voice and spread the word on the importance of youth voice |
| **Policy**                               |
| • Youth understand policy process and have experience being involved and training |
| • Youth understand policy issues and speak their opinions |
| • Youth opinions are heard and action is taken |
| • There is increased of youth and a decrease in tokenism |

| **YOUTH-DRIVEN**                         |
| **Individual**                           |
| • Youth sets vision and goals for treatment with input from team |
| • Youth is aware of options and is able to utilize and apply knowledge of resources |
| • Youth is able to stand on own and take responsibility for choices |
| • Youth are mentors and peer advocates for other youth |
| • Youth give presentations based on personal experiences and knowledge |
| • The youth is making the transition into adulthood |
| **Community**                            |
| • Community partners listen to youth and make changes accordingly |
| • Young people have a safe place to go and be heard |
| • Multiple paid positions for youth in every decision making group |
| • Youth form and facilitate youth groups in communities |
| • Youth provide training in the community |
| **Policy**                               |
| • Youth are calling meetings and setting agendas in policy making |
| • Youth hold trainings on policy making for youth and adults |
| • Youth inform public about policy and have a position platform |
| • Youth lead research to drive policy change |

Definition of Cultural and Linguistic Competence

Definition of Cultural Competence
There is no one definition of cultural competence. Definitions of cultural competence have evolved from diverse perspectives, interests, and needs and are incorporated in state legislation, Federal statutes and programs, private sector organizations, and academic settings. The seminal work of Cross et al in 1989 offered a definition of cultural competence that established a solid foundation for the field. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively.

Five essential elements contribute to a system’s, institution’s, or agency’s ability to become more culturally competent which include:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized culture knowledge
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity

These five elements should be manifested at every level of an organization including policy making, administrative, and practice. Further these elements should be reflected in the attitudes, structures, policies, and services of the organization.

Definition of Linguistic Competence
Definitions of linguistic competence also vary considerably, and are incorporated into state legislation, Federal statutes and programs, private sector organizations and academic settings. The following definition, developed by the National Center for Cultural Competence, provides a foundation for determining linguistic competence in health care, mental health, and other human service delivery systems.

Linguistic Competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of:

- Bilingual/bicultural or multilingual/multicultural staff
- Cross-cultural communication approaches
- Cultural brokers
- Foreign language interpretation services including distance technologies
- Sign language interpretation services
- Multilingual telecommunication systems
- TTY and other assistive technology devices;
- Computer assisted real time translation (CART) or viable real time transcriptions (VRT);
- Print materials in easy to read, low literacy, picture and symbol formats
- Materials in alternative formats (e.g., audiotape, Braille, enlarged print)
- Varied approaches to share information with individuals who experience cognitive disabilities
- Materials developed and tested for specific cultural, ethnic and linguistic groups
- Translation services including those of: legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications); signage; health education materials; public awareness materials and campaigns; and ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals)

Developed by Tawara D. Goode and Wendy Jones, 8/00, Revised 8/03, 9/08, 3/10.
# COMMON ACRONYMYS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACA</td>
<td>(Patient Protection and) Accountable Care Act</td>
</tr>
<tr>
<td>ACO</td>
<td>Accountable Care Organization</td>
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<tr>
<td>ACRA</td>
<td>Assertive Community Reinforcement Approach</td>
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<tr>
<td>ACYF</td>
<td>Administration for Children, Youth and Families</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<tr>
<td>ADD/ADHD</td>
<td>Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>APA</td>
<td>American Psychiatric Association</td>
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<tr>
<td>APA</td>
<td>American Psychological Association</td>
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<tr>
<td>APHSA</td>
<td>American Public Human Services Association</td>
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<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
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<tr>
<td>ASFA</td>
<td>Adoption and Safe Families Act</td>
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<tr>
<td>ASO</td>
<td>Administrative Service Organization</td>
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<tr>
<td>BARJ</td>
<td>Balanced and Restorative Justice</td>
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<tr>
<td>BH</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>BSFT</td>
<td>Brief Strategic Family Therapy</td>
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<tr>
<td>CAFAS</td>
<td>Children and Adolescent Functional Assessment Scale</td>
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<tr>
<td>CAFB</td>
<td>Child, Adolescent and Family Branch, Center for Mental Health Services</td>
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<tr>
<td>CAI</td>
<td>Computer Assisted Interviews</td>
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<tr>
<td>CASSP</td>
<td>Child and Adolescent Service System Program</td>
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<tr>
<td>CB</td>
<td>Children’s Bureau</td>
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<tr>
<td>CBITS</td>
<td>Cognitive Behavioral Intervention for Trauma in Schools</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behavioral Therapy</td>
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<tr>
<td>CDF</td>
<td>Children’s Defense Fund</td>
</tr>
<tr>
<td>CFSP</td>
<td>Child and Family Services Plan</td>
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<tr>
<td>CFSR</td>
<td>Child and Family Services Review</td>
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<tr>
<td>CLC</td>
<td>Cultural and Linguistic Competence</td>
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<tr>
<td>CME</td>
<td>Care Management Entity</td>
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<tr>
<td>CMHC</td>
<td>Community Mental Health Center</td>
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<tr>
<td>CMHI</td>
<td>Children’s Mental Health Initiative</td>
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<tr>
<td>CMO</td>
<td>Care Management Organization</td>
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<tr>
<td>CMHS</td>
<td>Center for Mental Health Services</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
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<tr>
<td>COBRA</td>
<td>Consolidated Omnibus Budget and Reconciliation Act</td>
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<tr>
<td>CPS</td>
<td>Child Protection Services</td>
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<tr>
<td>CPT</td>
<td>Current Procedural Terminology Codes</td>
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<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<tr>
<td>CSA</td>
<td>Child Safety Assessment</td>
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<tr>
<td>CSAP</td>
<td>Center for Substance Abuse Prevention</td>
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<tr>
<td>CSAT</td>
<td>Center for Substance Abuse Treatment</td>
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<tr>
<td>CW</td>
<td>Child Welfare</td>
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<tr>
<td>CWLA</td>
<td>Child Welfare League of America</td>
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<tr>
<td>DD</td>
<td>Developmental Disability</td>
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<tr>
<td>DHHS</td>
<td>US Department of Health and Human Services</td>
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<tr>
<td>DOE</td>
<td>Department of Education</td>
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<tr>
<td>DRN</td>
<td>Disability Rights Network</td>
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<tr>
<td>DSM-IV-TR</td>
<td>Diagnostic and Statistical Manual of Mental Disorders IV Text Revision</td>
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<tr>
<td>Dx</td>
<td>Diagnosis</td>
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<tr>
<td>EBD</td>
<td>Emotionally or Behaviorally Disturbed</td>
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<tr>
<td>EBP</td>
<td>Evidence-Based Practice</td>
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<tr>
<td>EC</td>
<td>Early Childhood</td>
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<tr>
<td>EI</td>
<td>Early Intervention or Early Identification</td>
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<tr>
<td>EIP</td>
<td>Evidence-Informed Practice</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early Periodic Screening, Diagnosis and Treatment</td>
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<tr>
<td>FAQ’s</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>FFCMH</td>
<td>Federation of Families for Children’s Mental Health</td>
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<tr>
<td>FFT</td>
<td>Functional Family Therapy</td>
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<tr>
<td>FMAP</td>
<td>Federal Medical Assistance Percentages</td>
</tr>
<tr>
<td>FOA</td>
<td>Funding Opportunity Announcement</td>
</tr>
<tr>
<td>GAL</td>
<td>Guardian Ad Litem</td>
</tr>
<tr>
<td>GAO</td>
<td>General Accounting Office</td>
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<tr>
<td>GPRA</td>
<td>Government Performance and Results Act</td>
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<tr>
<td>GUCCHD</td>
<td>Georgetown University Center for Child and Human Development</td>
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</tbody>
</table>
### RESOURCES

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCB</td>
<td>Home and Community-Based Services</td>
</tr>
<tr>
<td>HHS</td>
<td>Health and Human Services</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
</tr>
<tr>
<td>HRSA</td>
<td>Health Resources Services Administration</td>
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<tr>
<td>ICD-10-CMBD</td>
<td>International Classification of Diseases, 10th Revision, Classification of Mental and Behavioral Disorders</td>
</tr>
<tr>
<td>ICWA</td>
<td>Indian Child Welfare Act</td>
</tr>
<tr>
<td>ID</td>
<td>Intellectual Disability</td>
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<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
</tr>
<tr>
<td>IEP</td>
<td>Individualized Education Program</td>
</tr>
<tr>
<td>IFSP</td>
<td>Individualized Family Service Plan</td>
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<tr>
<td>IHS</td>
<td>Indian Health Service</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>JJ</td>
<td>Juvenile Justice</td>
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<tr>
<td>LEA</td>
<td>Local Education Agency</td>
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<tr>
<td>LGBTQ12-S</td>
<td>Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Two-Spirit</td>
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<tr>
<td>LRE</td>
<td>Least Restrictive Environment</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
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<tr>
<td>MFP</td>
<td>Money Follows the Person</td>
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<td>MH</td>
<td>Mental Health</td>
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<tr>
<td>MHA</td>
<td>Mental Health America</td>
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<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>MOU/MOA</td>
<td>Memorandum of Understanding/Agreement</td>
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<tr>
<td>MST</td>
<td>Multisystemic Therapy</td>
</tr>
<tr>
<td>NACO</td>
<td>National Association of Counties</td>
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<tr>
<td>NAMBHA</td>
<td>National Alliance of Multi-Ethnic Behavioral Health Associations</td>
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<tr>
<td>NAMI-CAN</td>
<td>National Alliance for the Mentally Ill-Children and Adolescent Network</td>
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<tr>
<td>NAPCWA</td>
<td>National Association of Public Child Welfare Administrators</td>
</tr>
<tr>
<td>NASADAD</td>
<td>National Association of State Alcohol and Drug Abuse Directors</td>
</tr>
<tr>
<td>NASDSE</td>
<td>National Association of State Directors of Special Education</td>
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<tr>
<td>NASMD</td>
<td>National Association of State Medicaid Directors</td>
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<tr>
<td>NASMHPD</td>
<td>National Association of State Mental Health Program Directors</td>
</tr>
<tr>
<td>NASW</td>
<td>National Association of Social Workers</td>
</tr>
<tr>
<td>NBCC</td>
<td>National Board for Certified Counselors</td>
</tr>
<tr>
<td>NCCBH</td>
<td>National Council of Community Behavioral Healthcare</td>
</tr>
<tr>
<td>NCCC</td>
<td>National Center for Cultural Competence</td>
</tr>
<tr>
<td>NCQA</td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td>NCSL</td>
<td>National Conference of State Legislators</td>
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<tr>
<td>NCTSI</td>
<td>National Child Traumatic Stress Initiative</td>
</tr>
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<td>NICWA</td>
<td>National Indian Child Welfare Association</td>
</tr>
<tr>
<td>NIHB</td>
<td>National Indian Health Board</td>
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<tr>
<td>NIMH</td>
<td>National Institute of Mental Health</td>
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<tr>
<td>NOMs</td>
<td>National Outcome Measures</td>
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<tr>
<td>NRCOI</td>
<td>National Child Welfare Resource Center for Organizational Improvement</td>
</tr>
<tr>
<td>NREPP</td>
<td>National Registry of Effective Programs and Practices</td>
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<tr>
<td>NTAC</td>
<td>National Technical Assistance Center for Children’s Mental Health</td>
</tr>
<tr>
<td>NTAC-YT</td>
<td>National Technical Assistance Center on Youth Transition</td>
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<tr>
<td>NWI</td>
<td>National Wraparound Initiative</td>
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<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorders</td>
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<tr>
<td>ODD</td>
<td>Oppositional Defiant Disorder</td>
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<tr>
<td>OJJDP</td>
<td>Office of Juvenile Justice and Delinquency Prevention</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>P &amp; A</td>
<td>Protection and Advocacy</td>
</tr>
<tr>
<td>PBC</td>
<td>Performance Based Contract</td>
</tr>
<tr>
<td>PBE</td>
<td>Practice-Based Evidence</td>
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<tr>
<td>PCIT</td>
<td>Parent-Child Interaction Therapy</td>
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<tr>
<td>PCP</td>
<td>Primary Care Physician</td>
</tr>
<tr>
<td>PD</td>
<td>Project Director</td>
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<tr>
<td>PHI</td>
<td>Protected Health Information</td>
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<tr>
<td>PI</td>
<td>Principal Investigator</td>
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<tr>
<td>PIP</td>
<td>Program Improvement Plan</td>
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<tr>
<td>PMTO</td>
<td>Parent Management Training-Oregon Model</td>
</tr>
<tr>
<td>PO</td>
<td>Probation Officer</td>
</tr>
<tr>
<td>PPO</td>
<td>Preferred Provider Organization</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
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<tr>
<td>PRTF</td>
<td>Psychiatric Residential Treatment Facility</td>
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<tr>
<td>PTI</td>
<td>Parent and Training Information Centers</td>
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<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>RFA or RFP</td>
<td>Request for Application or Proposal</td>
</tr>
<tr>
<td>RTF/RTC</td>
<td>Residential Treatment Facility/Center</td>
</tr>
<tr>
<td>RWJ</td>
<td>Robert Wood Johnson Foundation</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>SBMH</td>
<td>School-Based Mental Health</td>
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<tr>
<td>SCHIP</td>
<td>State Children’s Health Insurance Program</td>
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<td>SEA</td>
<td>State Education Agency</td>
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<td>SED</td>
<td>Serious Emotional Disturbance</td>
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<td>SMHA</td>
<td>State Mental Health Agency</td>
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<tr>
<td>SMI</td>
<td>Serious Mental Illness (used for adults or young adults of transition age)</td>
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<tr>
<td>SOC</td>
<td>System of Care</td>
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<tr>
<td>SPA</td>
<td>State Plan Amendments (to Medicaid)</td>
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<td>SSA</td>
<td>Social Security Administration</td>
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<td>SSBG</td>
<td>Social Security Block Grant, Title XX of Social Security Act</td>
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<tr>
<td>SSDI</td>
<td>Social Security Disability Insurance</td>
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<td>SS/HS</td>
<td>Safe Schools/Healthy Students</td>
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<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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<td>STI/STD</td>
<td>Sexually Transmitted Infection/Disease</td>
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<tr>
<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families Program</td>
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<tr>
<td>TAP</td>
<td>Technical Assistance Partnership for Child and Family Mental Health</td>
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<tr>
<td>TF-CBT</td>
<td>Trauma Focused Cognitive Behavioral Therapy</td>
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<td>TFC</td>
<td>Treatment Foster Care</td>
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<td>TIC</td>
<td>Trauma Informed Care</td>
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<td>Title XIX</td>
<td>Medicaid</td>
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<td>TRAC</td>
<td>Transformation Accountability</td>
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<tr>
<td>Youth MOVE</td>
<td>Youth Motivating Others through Voices of Experience</td>
</tr>
</tbody>
</table>
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Celebration Hospital
400 Celebration Place
Celebration, FL 34747
407-303-4000
(3 miles away)

URGENT CARE/WALK-IN CLINIC:
4320 West Vine Street
Kissimmee, FL 34746
407-390-1888
Hours of Operation
Monday-Friday 8:00am-8:00pm
Saturday & Sunday 8:00am-5:00pm
(6 Miles away)

24 HOUR DOCTOR ON CALL:
East Coast Medical Concierge
407-648-5252

24 HOUR PHARMACY:
Walgreens
5935 W. Irlo Bronson Hwy
Kissimmee, FL 34746
407-396-1006
(1/2 mile away)

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Youth Leadership Track AGENDA
The Training Institute’s 2012 Youth Leadership Track (YLT) is using social media to connect, post information about sessions, and ask questions.

We’ll be tweeting throughout the conference. Be sure to follow along on Facebook or Twitter with the hashtag #YLT2012 and follow us on Twitter and like us on Facebook!

Take a picture or give a shout out to someone you met and post it on our pages too!

Want to learn more about how to use Facebook, Twitter, or Foursquare? The YLT Opening Session will have a quick overview of each and how they can help you be more engaged the Georgetown Training Institutes Youth Leadership Track!

There is free Wi-Fi throughout the hotel!
# My Youth Track Planner

## Wednesday • July 25

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
<th>I PLAN TO ATTEND</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 PM – 3:30 PM</td>
<td>Youth Leadership Track Orientation</td>
<td></td>
<td>ORANGE BLOSSOM</td>
</tr>
<tr>
<td>4:00 PM – 5:30 PM</td>
<td>Special Presentation</td>
<td></td>
<td>OSCEOLA C</td>
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<tr>
<td></td>
<td>The Trevor Project: Innovations in Youth Crisis Intervention and Suicide Prevention</td>
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## Thursday • July 26

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
<th>I PLAN TO ATTEND</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Training Institutes Opening Session UNBREAKABLE: The Dewey Bozella Story</td>
<td></td>
<td>OSCEOLA BALLROOM</td>
</tr>
<tr>
<td>10:00 AM – 10:15 AM</td>
<td>Break</td>
<td></td>
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</tr>
<tr>
<td>10:15 AM – 12:00 PM</td>
<td>Youth Leadership Track Opening Session: James Durbin of American Idol</td>
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<td>SUN A</td>
</tr>
<tr>
<td>12:00 PM – 1:15 PM</td>
<td>Lunch On Your Own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Ask Dewey Bozella: Informal Q &amp; A</td>
<td></td>
<td>OSCEOLA BALLROOM</td>
</tr>
<tr>
<td>1:15 PM – 3:00 PM</td>
<td><strong>SESSIONS</strong> (Choice of 1)</td>
<td></td>
<td>YOUTH TRACK #</td>
</tr>
<tr>
<td>3:00 PM – 3:30 PM</td>
<td>Break</td>
<td></td>
<td>EMERALD 1</td>
</tr>
<tr>
<td>3:30 PM – 5:00 PM</td>
<td><strong>SESSIONS</strong> (Choice of 1)</td>
<td></td>
<td>YOUTH TRACK #</td>
</tr>
<tr>
<td>5:00 PM – 6:30 PM</td>
<td>Welcome Reception</td>
<td></td>
<td>OSCEOLA LOBBY</td>
</tr>
<tr>
<td>6:30 PM – 9:30 PM</td>
<td>Welcome Banquet and Entertainment</td>
<td></td>
<td>OSCEOLA BALLROOM</td>
</tr>
</tbody>
</table>
### YOUTH TRACK PLANNER

#### FRIDAY • JULY 27

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
<th>I PLAN TO ATTEND</th>
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<tbody>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
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<tr>
<td>10:00 AM – 10:30 AM</td>
<td>Break</td>
<td></td>
<td>EMERALD 1</td>
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<tr>
<td>10:30 AM – 12:00 PM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
<td></td>
</tr>
<tr>
<td>12:15 PM – 3:15 PM</td>
<td>Luncheon and General Session</td>
<td></td>
<td>OSCEOLA BALLROOM</td>
</tr>
<tr>
<td>3:30 PM – 5:30 PM</td>
<td>Poster Session and Dessert Reception</td>
<td></td>
<td>SUN BALLROOM</td>
</tr>
</tbody>
</table>

#### SATURDAY • JULY 28

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
<th>I PLAN TO ATTEND</th>
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<tbody>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
<td></td>
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<tr>
<td>10:00 AM – 10:30 AM</td>
<td>Break</td>
<td></td>
<td>EMERALD 1</td>
</tr>
<tr>
<td>10:30 AM – 12:00 PM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
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<tr>
<td>12:00 PM – 1:15 PM</td>
<td>Networking Lunch</td>
<td></td>
<td>OSCEOLA BALLROOM</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
<td></td>
</tr>
<tr>
<td>3:00 PM – 3:30 PM</td>
<td>Break</td>
<td></td>
<td>EMERALD 1</td>
</tr>
<tr>
<td>3:30 PM – 5:00 PM</td>
<td>SESSIONS (Choice of 1)</td>
<td>YOUTH TRACK #</td>
<td></td>
</tr>
<tr>
<td>6:30 PM – 9:00 PM</td>
<td>Sock Hop Dance and Dinner</td>
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<td>SUN C</td>
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</table>

#### SUNDAY • JULY 29

<table>
<thead>
<tr>
<th>TIME</th>
<th>TYPE OF SESSION</th>
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<th>ROOM</th>
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</thead>
<tbody>
<tr>
<td>9:30 AM – 12:30 PM</td>
<td>TARGETED INSTITUTES</td>
<td>TARGETED INSTITUTE #</td>
<td></td>
</tr>
</tbody>
</table>

| Choice of 1    |
7:30 AM – 7:00 PM  Registration  CITY HALL LOBBY

1:30 PM – 3:30 PM  YOUTH LEADERSHIP TRACK ORIENTATION: Get Acquainted, Engaged, and Motivated!  ORANGE BLOSSOM

   You are here in Orlando! Where will you go? What will you do? Most importantly, who will you hang out with? Come to the orientation to meet your fellow youth, youth engagement specialists, and adult partners who will be available to support you during the Institutes. It is also time to learn about all of the workshops and special events available to you over the next four days.

4:30 PM – 5:30 PM  SPECIAL PRESENTATION: The Trevor Project—Innovations in Youth Crisis Intervention and Suicide Prevention  OSCEOLA C

   Start your Training Institutes experience by attending a special presentation by the Trevor Project. The panel will describe the project’s innovative approaches to crisis intervention and suicide prevention, education, and support for youth with a special focus on gay, lesbian, bisexual, transgender, and questioning youth. They will also demonstrate their pioneering use of digital approaches to service delivery.
UNBREAKABLE: The Dewey Bozella Story

You would think he would just give up. But Arthur Ashe Courage Award winner, Dewey Bozella didn’t. Bozella found the ultimate path of freedom after 26 years of wrongful imprisonment. Bozella’s early life was one of hardship and turmoil, having been exposed to trauma and violence. Foster care and life on the streets defined his youth. In 1983, Bozella’s life took a dramatic turn when he was convicted of a murder he did not commit. Sentenced to 20 years to life in Sing Sing prison, Bozella maintained his innocence. Anger at his imprisonment gave way to determination, and instead of becoming embittered, he earned his GED, bachelors and master’s degrees, worked as a peer counselor, and fell in love and got married. Through it all, Bozella found strength and purpose through boxing, and became the light heavyweight champion of Sing Sing prison. Unyielding in his innocence, Bozella never gave up fighting in or out of the ring. When new evidence was uncovered that exonerated him, he was finally released in 2009 after being in prison for more than 26 years. Today, Bozella devotes his life to helping others. The Dewey Bozella Foundation is dedicated to fulfilling his lifelong dream of working with high-risk youth to teach them discipline, the value of hard work, perseverance, and courage. Through boxing, Dewey and the Foundation hope to inspire youth to set goals, follow their dreams, and, most important, never give up.

JAMES DURBIN OF AMERICAN IDOL: Overcoming Obstacles and Pursuing Your Dreams

James Durbin lit the American Idol stage on fire with his powerful performances, and now the Season 10 alum is setting the music world aflame with his debut music video and album “Memories of a Beautiful Disaster.” As a youth, James was diagnosed with both Tourette’s and Asperger’s Syndromes. Affected by these conditions and by his father’s death of a drug overdose, his talent has helped him overcome the obstacles that he faces day by day. Overall, Memories of Beautiful Disaster is an audio document of Durbin’s life as he’s lived it. “I am looking back on my life. Parts were disastrous, and there are some things I wished never happened. But I can look back and appreciate things that I once considered disasters as things of beauty. They make me who I am today. I’d never go back and change anything.” With that attitude, and the fact that he set the table for his
career thanks to American Idol, Durbin has all the necessary tools to fulfill his mission of bringing back the rock! He is now ready to step on his own stage and is ready for his fans to stand with him. Even though his talent has led him to where he is now, his challenges have also played a part, and he has become a role model for American youth with challenges of any kind.

11:30 AM – 1:15 PM  
**Lunch On Your Own**

1:30 PM – 3:00 PM  
**CHOICE OF SESSIONS:**

**YOUTH TRACK #1 • EMERALD 4**  
The Trevor Project Lifeguard Workshop

**YOUTH TRACK #2 • EMERALD 6**  
Youth Leadership Academy: Be a Community Leader

**YOUTH TRACK #3 • EMERALD 8**  
Online and Running: Utilizing Content Management to Strengthen Your Social Media Strategy

**WELLNESS WORKSHOP #1 • EMERALD 2**  
Zumba & A Personal Story of Resilience through Fitness

3:00 PM – 3:30 PM  
**Break**  

3:30 PM – 5:00 PM  
**CHOICE OF SESSIONS:**

**YOUTH TRACK #1 • EMERALD 4**  
The Trevor Project Lifeguard Workshop

**YOUTH TRACK #4 • EMERALD 6**  
Stick it to the Shrink

**YOUTH TRACK #5 • EMERALD 8**  
Digital Story Telling

**WELLNESS WORKSHOP #1 • EMERALD 2**  
Wellness: Zumba & a Personal Story of Resilience through Fitness

5:00 PM – 6:30 PM  
**Training Institutes Reception**  
Voting for Excellence in Community Communications and Outreach Recognition

6:30 PM – 9:30 PM  
**Training Institutes Welcome Banquet**  
Entertainment by Youth MOVE Community Choir
# YOUTH TRACK AGENDA

## FRIDAY • JULY 27

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 AM – 6:00 PM</td>
<td>Registration</td>
<td>CITY HALL LOBBY</td>
</tr>
<tr>
<td>7:30 AM – 8:30 AM</td>
<td>Continental Breakfast</td>
<td>OSCEOLA BALLROOM</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td><strong>CHOICE OF SESSIONS:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>YOUTH TRACK #6</strong> • EMERALD 4</td>
<td></td>
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<tr>
<td></td>
<td>Leadership 101: Youth Voice, Leadership, Empowerment, and Advocacy</td>
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<td></td>
<td><strong>YOUTH TRACK #7</strong> • EMERALD 6</td>
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<td></td>
<td>Trauma: A Youth Perspective</td>
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<td><strong>YOUTH TRACK #8</strong> • EMERALD 8</td>
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<td>MY LIFE: Youth are Agents of Change</td>
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<td></td>
<td><strong>WELLNESS WORKSHOP #2</strong> • EMERALD 2</td>
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<td>Yoga &amp; You Are What You Eat</td>
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<tr>
<td>10:00 AM – 10:30 AM</td>
<td>Break</td>
<td>EMERALD 1</td>
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<td>10:30 AM – 12:00 PM</td>
<td><strong>CHOICE OF SESSIONS:</strong></td>
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<td><strong>YOUTH TRACK #9</strong> • EMERALD 4</td>
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<td>Taking the Lead: Using the Youth Guide to Treatment and Treatment Planning</td>
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<td><strong>YOUTH TRACK #10</strong> • EMERALD 6</td>
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<td>How to Engage Youth Leaders as System Reformers</td>
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<td>Unleash Your Potential... Get AMP’D</td>
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<td><strong>WELLNESS WORKSHOP #2</strong> • EMERALD 2</td>
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<td>Yoga &amp; You Are What You Eat</td>
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<td>12:15 PM – 3:15 PM</td>
<td>Training Institutes Luncheon and General Session</td>
<td>OSCEOLA BALLROOM</td>
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<td>3:30 PM – 5:30 PM</td>
<td>Poster Session and Dessert Reception</td>
<td>SUN BALLROOM</td>
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7:30 AM – 6:00 PM  Registration  CITY HALL LOBBY

7:30 AM – 8:30 AM  Breakfast  OSCEOLA BALLROOM

8:30 AM – 10:00 AM  CHOICE OF SESSIONS:

YO UTH TRACK #2 • EMERALD 6  
Youth Leadership Academy: Be a Community Leader

YO UTH TRACK #3 • EMERALD 4  
Online and Running: Utilizing Content Management to Strengthen Your Social Media Strategy

YO UTH TRACK #4 • EMERALD 8  
Stick it to the Shrink

WELLNESS WORKSHOP #3 • EMERALD 2  
Kick Boxing & Stretch for Health

10:00 AM – 10:30 AM  Break  EMERALD 1

10:30 AM – 12:00 PM  CHOICE OF SESSIONS:

YO UTH TRACK #5 • EMERALD 8  
Digital Story Telling

YO UTH TRACK #8 • EMERALD 4  
MY LIFE: Youth are Agents of Change

YO UTH TRACK #12 • EMERALD 6  
The Spoken Word

WELLNESS WORKSHOP #3 • EMERALD 2  
Kick Boxing & Stretch for Health

12:00 PM – 1:15 PM  Training Institutes Networking Lunch  OSCEOLA BALLROOM

1:30 PM – 3:00 PM  CHOICE OF SESSIONS:

YO UTH TRACK #9 • EMERALD 4  
Taking the Lead: Using the Youth Guide to Treatment and Treatment Planning

YO UTH TRACK #10 • EMERALD 6  
How to Engage Youth Leaders as System Reformers

YO UTH TRACK #11 • EMERALD 8  
Unleash Your Potential…Get AMP’D

WELLNESS WORKSHOP #4 • EMERALD 2  
Circuit Training & Meditation/Mindfulness
YOUTH TRACK AGENDA

SATURDAY • JULY 28 CONTINUED

3:00 PM – 3:30 PM  Break

3:30 PM – 5:00 PM  CHOICE OF SESSIONS:

- **YOUTH TRACK #6 • EMERALD 4**
  Leadership 101: Youth Voice, Leadership, Empowerment, and Advocacy

- **YOUTH TRACK #7 • EMERALD 6**
  Trauma: A Youth Perspective

- **YOUTH TRACK #12 • EMERALD 8**
  The Spoken Word

- **WELLNESS WORKSHOP #4 • EMERALD 2**
  Circuit Training & Meditation/Mindfulness

6:30 PM – 9:00 PM  Sock Hop Dance and Dinner

SUNDAY • JULY 29

7:30 AM – 12:30 PM  Registration

8:30 AM – 9:30 AM  Breakfast

9:30 AM – 12:30 PM  TARGETED INSTITUTES

- **TARGETED INSTITUTES #12 • OSCEOLA 5-6**
  Creating Effective Youth-Adult Partnerships

- **TARGETED INSTITUTES #16 • DESTIN 1-2**
  Employment Solutions for Youth and Young Adults with Mental Health Challenges: Making it Work

- **TARGETED INSTITUTE #22 • OSCEOLA 1-2**
  Youth MOVE: Strategies for Chapter Development
**Youth Track #1**

**The Trevor Project Lifeguard Workshop**

Life is full of hard things to talk about. And it is really important that these conversations take place. The Lifeguard Workshop will provide a space for a conversation about mental health, suicide and healthy ways youth can cope with stress and anxiety. You will learn about barriers to seeking help and talk about ways you can get help for yourselves and others when stressful issues such as coming out, relationship issues, school issues, and problems in other environments arise. The presenters will describe the various services offered by The Trevor Project and guide you all in a conversation about how to recognize the warning signs of suicide and how to get help if you or a friend may be displaying the warning signs of suicide. The workshop ends by helping you identify ways to deal with stress and anxiety in a healthy way and how to identify supportive adults in your own environment.

**Moderator/Presenter:** Nathan Belyeu, Senior Education Manager, The Trevor Project, New York, NY

Kelli Peterman, Senior Crisis Services Manager, The Trevor Project, New York, NY

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**Youth Track #2**

**Youth Leadership Academy: Be a Community Leader**

What’s your leadership style? What are the leadership styles of those you look up to? Knowledge and understanding of one’s own leadership style, and understanding how this style fits within an advocacy movement, is essential to effective leadership. This interactive workshop will teach you about different leadership styles, help you identify your leadership style as well as that of your peers. More importantly, you will learn how to use the strengths of your leadership style to advocate when partnering with other youth and adults with differing styles.

**Moderator/Presenter:** James Sawyer, Youth Involvement Content Specialist, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Rockville, MD

Tessa Cayce, Youth Advocate, National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families, Monmouth County, NJ

**Resource Person:** Nadia Cayce-Gibson, Technical Assistance Coordinator, Technical Assistance Partnership, National Federation of Families for Children’s Mental Health, Rockville, MD

Karen Francis, Senior Researcher, American Institutes for Research, Washington, DC

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**Youth Track #3**

**Online and Running: Utilizing Content Management to Strengthen Your Social Media Strategy**

An effective online presence can make the difference between fulfilling your youth group’s mission and going unnoticed. This interactive workshop is designed to support youth groups in establishing a well-designed website and social media presence to spread information, build membership, and attract donors. You will learn critical aspects of content management and work with your peers to develop an outline for your own website and social media presence. The information and strategies shared are based on the experience of the National Federation of Families for Children’s Mental Health, Youth MOVE National and the Children’s Mental Health Network.

**Moderator/Presenter:** Corey Brown, Research Assistant, Youth MOVE National, National Federation of Families for Children’s Health, Rockville, MD

Brittany Smith, Director of Community Management, Children’s Mental Health Network, Portland, OR

**Resource Person:** James Sawyer, Youth Involvement Content Specialist, National Federation of Families for Children’s Mental Health, Rockville, MD
**Youth Track Descriptions**

**Youth Track #4**

*3:30 PM Thursday • Emerald 4 • 8:30 AM Saturday • Emerald 8*

**Stick It to the Shrink**

Youth are asked all of the time to meet with psychiatrists, therapists and other adults who want to know about their lives. If these conversations go well, you can have a strong voice in your own treatment. But sometimes they don't. Come to this workshop to learn more about how to bring issues up with providers, how to tell providers what you need and how to listen to providers to build relationships and get what you need.

**Moderator/Presenter:** Ira Lourie, Partner, Human Service Collaborative, Hagerstown, MD  
Tamara Johnson, Youth Program Director, University of Washington Department of Medicine—Division of Public Behavioral Health and Justice Policy, Youth 'N Action, Seattle, WA

**Youth Track #5**

*3:30 PM Thursday • 10:30 AM Saturday • Emerald 8*

**Digital Story Telling**

Who hasn't seen a digital story? But have you created one? Do you even know where to start? If you are interested in knowing more about digital stories and how they can be used, come to this workshop. You will not only learn about digital stories and how they came to play such an important part of change, but you will learn how to create your own. You will learn about a model to draft your digital stories, the technology to create it and how to partner in your community to fund training, equipment and the use of media technology to produce digital stories in our community.

**Moderator/Presenter:** Ke'von Beaver, Program Assistant, University of Washington Department of Medicine—Division of Public Behavioral Health and Justice Policy, Youth 'N Action, Seattle, WA  
Evey Rund, Youth Advocate, Youth 'N Action, Auburn, WA

**Resource Person:** Tamara Johnson, Youth Program Director, University of Washington Department of Medicine—Division of Public Behavioral Health and Justice Policy, Youth 'N Action, Seattle, WA

**Youth Track #6**

*8:30 AM Friday • 3:30 PM Saturday • Emerald 4*

**Leadership 101: Youth Voice, Leadership, Empowerment, and Advocacy**

It's one thing to care about an issue; it's an entirely different thing to take the next step and initiate change. This interactive workshop will help you unlock your leadership abilities and get engaged in change within your community. You will learn how to recognize and address barriers to your leadership. Faculty from the Chautauqua Tapestry Youth Leadership Group will help you get off to a good start by using small group activities, large group discussion, storytelling, and a special video made by youth.

**Moderator/Presenter:** Victoria Patti, Youth Engagement Specialist, Chautauqua Tapestry, Mayville, NY  
Lily Ellis, Youth Leader/Representative, Chautauqua Tapestry, Mayville, NY

**Youth Track #7**

*8:30 AM Friday • 3:30 PM Saturday • Emerald 6*

**Trauma: A Youth Perspective**

Many young people experience trauma. They also experience the hope of resiliency. Trauma does not have to have a negative impact on the rest of a person's life. In this workshop, you will learn what trauma is. You will also hear a story of personal trauma and the path to resiliency. You will learn how to share stories of trauma in the right settings and about some practices and supports in the community that help people recover from experiences of trauma.

**Moderator/Presenter:** Jeremy Jobst, Youth Coordinator, Project Connect, Egyptian Health Department, Eldorado, IL  
Ariel Alvey, Youth, Eldorado, IL  
Cassie Young, Youth Intern, Egyptian Health Department, Eldorado, IL

**Resource Person:** Mike Handwork, Egyptian Health Department, Eldorado, IL
**MY LIFE: Youth Are Agents of Change**

Systems change can be very challenging to do, especially if you don’t have the right tools. This workshop will demonstrate how the innovative youth leadership program MY LIFE is creating system change while reducing stigma and creating awareness in the community and will share methods that will help other youth and communities do the same. MY LIFE is made up of youth between the ages of 13 and 23 who have experience with mental health, substance abuse, juvenile justice, and foster care-related issues. Through regular meetings, special events, and local and national presentations, the group is playing a vital role in helping to improve services and systems for youth across the country. You will learn strategies for creating powerful initiatives and fun events, based on MY LIFE’s experience in Arizona and Pennsylvania.

**MODERATOR/PRESENTER:** Greg Dicharry, Youth Empowerment Director, Magellan Health Service, Phoenix, AZ

**Hayley Winterberg,** Youth Advocate, MY LIFE, Phoenix, AZ

**RESOURCE PERSON:** Shaiheed Days, Youth Involvement Specialist, Pennsylvania System of Care Partnership, Harrisburg, PA

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**YOUTH TRACK #9**

**Taking the Lead: Using the Youth Guide to Treatment and Treatment Planning**

We all know that youth should take the lead in their treatment planning and in the decisions about what will happen for them, right? But we don’t all have effective tools to help us do that. If you are interested in a guide to help you or others take that lead, come to this workshop. You will receive and learn how to use a guide that outlines the choices youth have in treatment planning and how you can make those choices. You’ll also learn about strengths-based, individualized treatment plans and how to help design them.

**MODERATOR/PRESENTER:** Mary Grealish, President, Community Partners, Inc., Pittsburgh, PA

**Cindy Juarez,** Director, Youth MOVE National, National Federation of Families for Children’s Mental Health, Rockville, MD

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**YOUTH TRACK #10**

**How to Engage Youth Leaders as System Reformers**

It’s much easier to talk about systems change than it is to make it happen. If you are a youth leader who wants to have a bigger impact on youth-serving systems, then this workshop is designed especially for you. You will learn how to identify levels of youth involvement and how to begin involving youth in system reform at a county and state level. You will also learn how to use the five levels of youth organizing—awareness, action and recognition, networking, collaboration and trust, and participation in decision making—to take their system wide youth engagement to the next level. The tools offered in this workshop will help you have a much bigger impact on the systems that serve youth in your community.

**MODERATOR/PRESENTER:** Jasmine Boatwright, Children Solutions Liaison, Childrens Initiatives, Detroit-Wayne County Community Mental Health Agency, Detroit, MI

**La’Trice McCants,** Youth Outreach Liaison, Children Youth and Families, Southwest Counseling Solutions, Detroit, MI

**Mark Washington,** Lead Youth Advocate, Youth United, Black Family Development Inc., Detroit, MI
YOU TH TRACK #11  10:30 AM FRIDAY • 1:30 PM SATURDAY • EMERALD 8

Unleash Your Potential... Get AMP’D

Your journey is unique and personal. So is your advocacy. Something powerful happens when you bring your personal journey into your advocacy. This workshop is designed to support you in identifying and using key components of your journey to passionately advocate for change that will impact you and others. As a participant, you will learn about the experience of Achieving Maximum Potential (AMP) foster youth in Iowa, who have worked for 6 years to pass 13 laws and create multiple policy changes in the state of Iowa. You will also identify and discuss highlights of your journey and sharpen your skills as an advocate. You will acquire practical tools for setting a goal, enlisting supports, and achieving a dream.

MODERATOR/PRESENTER: Terri Bailey, Assistant Coordinator Youth Program, AMP/Youth & Shelter Services, Ames, IA
Krista McCalley, Trainer, Achieving Maximum Potential, Des Moines, IA

YOU TH TRACK #12  10:30 AM SATURDAY • EMERALD 6 • 3:30 PM SATURDAY • EMERALD 8

The Spoken Word

We all have stories and those stories can be used to create spoken word art. When we use spoken word to tell our stories and share our experiences, we can create change in our communities and system. You will learn about the art of spoken word poetry. You will hear examples that are based in personal stories and experiences and then use your own stories to create spoken word poetry. You will also have a chance to perform your poetry if you choose to.

MODERATOR/PRESENTER: Greg Frankson, Poet Laureate, International Initiative for Mental Health Leadership Toronto, ON

WELLNESS WORKSHOP #1  1:30 PM THURSDAY • 3:30 PM THURSDAY • EMERALD 2
Zumba & a Personal Story of Resilience through Fitness

WELLNESS WORKSHOP #2  8:30 AM FRIDAY • 10:30 AM FRIDAY • EMERALD 2
Yoga & You Are What You Eat

WELLNESS WORKSHOP #3  8:30 AM SATURDAY • 10:30 AM SATURDAY • EMERALD 2
Kick Boxing & Stretch for Health

WELLNESS WORKSHOP #4  1:30 PM SATURDAY • 3:30 PM SATURDAY • EMERALD 2
Circuit Training & Meditation/Mindfulness
Creating Effective Youth/Adult Partnerships

This Targeted Institute is designed to help youth and their adult supports learn what effective youth groups do in their communities. The session is designed for both youth and adults interested in improving their partnerships to create successful youth organizations.

Many youth groups or organizations struggle with being youth-driven and youth-guided while still being managed by supportive adult organizations. Strategies are needed to ensure healthy partnerships and smooth functioning. Faculty will discuss the different roles youth and adults take in running and maintaining successful youth groups and how to avoid issues that can create difficulties.

Participants will have the opportunity to break out into small work groups to use the information to analyze youth organizations in their states or communities, examine youth-adult partnership, and develop ideas for improving their partnerships to achieve the shared goal of creating successful youth organizations.

**MODERATOR/PRESENTER:** Eric Lulow, Youth Involvement Associate, Youth Involvement, National Federation of Families for Children’s Mental Health, Rockville, MD
Lacy Kendrick, M.S., Executive Director, Youth Engagement Solutions, LLC, Hattiesburg, MS

Employment Solutions for Youth and Young Adults with Mental Health Challenges: Making it Work

This Targeted Institute will focus on the transition of youth with mental health needs into employment and will provide practical strategies to assist young adults to prepare for and find employment. The strategies to be highlighted are based on Guideposts for Success, a research-based tool to identify what youth need to transition into employment. Faculty will focus on program elements that can lead to successful transitions for youth, the role of “soft skills” in employment success, strategies to build those skills in youth, and how to link with agencies providing employment support to improve career preparation and employment outcomes for youth.

The information and strategies to be highlighted are based on work related to the Healthy Transitions Initiative (HTI) funded by the Substance Abuse and Mental Health Services Administration; the National Collaborative on Workforce and Disability for Youth funded by the Department of Labor’s Office of Disability Employment Policy; and the experience of HTI grantees in Maryland and Missouri.

The session will be interactive incorporating large group activities and question/answer segments. Participants will receive Tunnels and Cliffs: A Guide for Workforce Development for Practitioners and Policymakers Serving Youth with Mental Health Needs.

**MODERATOR/PRESENTER:** Sean Roy, M.S., Projects Director, Transition and Workforce Partnerships, National Collaborative on Workforce and Disability for Youth, PACER Center, Minneapolis, MN
John Coppola, State Project Director, Maryland Healthy Transitions Initiative, Frederick, MD
Charmaine Kimble, Transitions Peer Outreach Worker, Truman Medical Center Healing Canvas- Futures Department, Kansas City, MO
Gwendolyn White, M.S.W., Technical Assistance Director—Healthy Transitions Initiative, National Technical Assistance Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, Washington, DC
**Youth MOVE: Strategies for Chapter Development**

This Targeted Institute will focus on strategies and methods for developing Youth MOVE Chapters, as well as other youth groups and organizations. Faculty will offer strategies related to increasing chapter membership, developing bylaws, group sustainability, and other methods of chapter development. The information to be highlighted is based on the Youth MOVE National Chapter Tool-Kit that was created for the direct use of chapters as a technical assistance resource to support their development. Strategies will also be derived from a document developed by Youth MOVE National to help family organizations support the development of youth organizations.

Specific topics to be covered include:

- Chapter membership including recruiting, retaining, and developing members
- Bylaws development and other organizational procedures that assist in group productivity
- Methods for family organizations to support the development and sustainability of youth groups and how to assist them properly
- Establishing a speaker’s bureau and a writing team as methods of fundraising
- Using social media outlets for marketing and how to market in the community

Participants will have an opportunity to dialogue with other youth groups to strategize on effective methods of adapting this information to maximize benefits in their communities.

**MODERATOR/PRESENTER:** Cindy Juarez, Director, Youth MOVE National, National Federation of Families for Children’s Mental Health, Rockville, MD

Tricialouise Gurlay, Youth MOVE National, Rockville, MD

Joy Spencer, Administrative Assistant, Youth MOVE National, Rockville, MD

Antonio Wilson, Youth MOVE National, Miami, FL