

Call for Abstracts
13th Annual Conference on Advancing School Mental Health
The Center for School Mental Health (CSMH)
University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry
In partnership with
The IDEA Partnership, housed at the National Association
of State Directors of Special Education (NASDSE)

Online Submission!

Deadline date: January 31, 2008

September 25-27, 2008

Hyatt Regency Phoenix, Phoenix, AZ

Using the guidelines provided, please submit your abstract form no later than **January 31, 2008**

CONFERENCE THEME:

School Mental Health for *All* Students:
 Building a Shared Agenda for Youth, Families, Schools,
 and Communities

CONFERENCE OBJECTIVES:

Participants will learn about:

- Implementing a full continuum of integrated approaches to reduce barriers to learning
- Building shared family-school-community system approaches
- Fully involving diverse stakeholders –youth, families, educators, community staff, policy makers and others in all aspects of this work
- Implementing and documenting progress of high quality and evidence-based services
- Enhancing policy, growing resources, and expanding programs and initiatives

GUIDELINES FOR ABSTRACTS:

- Presentation should be consistent with conference theme and objectives
- Topic of presentation should be consistent with priorities of one practice group (track)
- Must describe the content, method of teaching, and identify three learning objectives for the session that are clearly defined and measurable
- Include information on how outcomes, research, evidence-based practice, and/or practice-based evidence informs this presentation
- Be appropriate for and sensitive to a diverse group of stakeholders
- Sessions that include youth and caregivers as presenters are encouraged

To Submit an Abstract go to <http://csmh.umaryland.edu>. Online Submission is Required

Presentation Categories (See Page 2 for Definitions):

- Saturday Intensive Training Workshops (4 hours)
- Thursday/Friday Workshop Sessions (90 minutes)
- Thursday/Friday Paper Sessions (60 minutes)
- Posters (To Be Displayed for the Friday Reception)

Abstract and Program Booklet Descriptions

There is a 500-word limit for abstracts and a 50-word limit for the program booklet descriptions.

Who is the Intended Audience for the Presentation

Please select from the following categories (check all that apply): Families, Youth, Educators, Mental Health Providers, Paraprofessionals, Administrators, Policymakers/Legislators, Health Providers, Child and Family Advocates, Child Welfare Staff, Juvenile Service Staff, Community Leaders, Other _____

Mode of Presentation

Please select from the following (check all that apply): PowerPoint, Active Discussion, Panel, Interactive Activities, Video, Role Play/ Demonstration, Case Examples, Question and Answer, Skill Practice, Other _____

Balance in Presentation Format (Please indicate approximate percentages)

Lecture	%
Discussion	%
Activity	%

Strands for Presentation Submissions

There will be ten separate conference strands corresponding to the ten practice groups within the larger National Community of Practice on School Mental Health. These strands are listed below:

- 1) Connecting School Mental Health and Positive Behavior Supports
- 2) Connecting School Mental Health with Juvenile Justice and Dropout Prevention
- 3) Education: An Essential Component of Systems of Care
- 4) Family-School-Community Partnerships
- 5) Improving School Mental Health for Youth with Disabilities
- 6) Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration
- 7) Mental Health-Education Training and Workforce
- 8) Quality and Evidence-Based Practice
- 9) School Mental Health and Child Welfare
- 10) Youth Involvement and Leadership

***Strand (track) descriptions for presentation submissions are listed on page 3.**

Definitions of Presentation Categories:

Intensive Training Workshop (4 hrs.)—A session that offers hands-on interactive training for individuals interested in gaining more in-depth and advanced knowledge and/or skills related to a topic.

Workshop Session (90 min.)—A session that encourages active participation and discussion and allows individuals to gain new knowledge, skills, and enhanced understanding of a topic.

Paper Session (60 minutes)-A shorter session that allows presenters to review new research or to present innovative policy, practice, and programming.

Posters—A session that offers an opportunity to visually share and verbally discuss with participants innovative research, policy, or practice in school mental health. Equipment provided by CSMH: 4' by 8' cork/cloth poster board, and up to two chairs will be supplied.

Sample Layout:

Poster title and authors names (center at top of board)

Introduction - abstract

Methods

Results

Conclusions

Tables and Figures

References

IMPORTANT CLARIFICATION NOTES:

Costs: All presenters are responsible for their own transportation and accommodation costs. Presenters will receive a reduced presenter registration rate. If accepted, the primary presenter **MUST** contact **ALL** secondary presenters to sign the acceptance agreement form. CSMH will provide a LCD, screen, flip chart, markers, microphone (if needed), and because of the hotel cost for Internet connection, no individual Internet connection will be provided. Presenters will be responsible for all other equipment and copies of handout materials. **For PowerPoint presentations, presenters need to bring their own laptops.**

Notification: Presenters will be receiving a Notification of Acceptance by March 14, 2008.

For More Information: Sylvia Huntley, Training Manager
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737 W. Lombard Street, 4th Floor
Baltimore, MD 21201
410-706-0981, toll-free 1-888-706-0980
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Hotel Information: For more information and to make reservations
Hyatt Regency Phoenix
122 N. Second Street
Phoenix, AZ 85004
602-252-1234

Be sure to identify yourself as attending the 13th Annual Advancing School Mental Health Conference. Reservations must be made by August 25, 2008. Our block of rooms may fill up prior to that cut off date. Early reservations are recommended.

DESCRIPTION OF THE 10 PRACTICE GROUPS (TRACKS)

- 1) **Connecting School Mental Health and Positive Behavior Supports.** This Practice Group will become a conduit for researchers, administrators, practitioners and families to find common interests and practices. It is our belief that youth with mental health needs are better served by people and systems that collaborate around aligned purposes and support a more and connected look at issues in the context of local schools. To that end this Practice Group will: Work with key individuals and groups to clarify the relationship between Positive Behavioral Supports and Interventions and School-based MH. During 2008, our Practice Group will conduct two webinars that focus on; (1) the interface between PBS and RTI and (2) the use of PBS in youth correctional facilities. The Practice Group will also collect data on Tier 3 interventions currently being utilized in the field.
- 2) **Connecting School Mental Health with Juvenile Justice and Dropout Prevention.** This practice group is committed to working across stakeholder groups to advance knowledge and best practice related to effectively integrating school mental health with juvenile justice and dropout prevention. We believe that for youth to be successful, effective coordination and communication across systems is needed and resources and best practice guidelines related to this work need to be readily available. Key priority areas for this group include school reentry and successful transitions, preventing dropout and delinquency, effective strategies to reduce suspensions and expulsions, and professional development for school and juvenile
- 3) **Education: An Essential Component of Systems of Care.** The mission of the Education: An Essential Component of Systems of Care Practice Group is to advance an agenda that promotes the integration of education, families, and mental health as integral partners in systems of care. As a proactive, national level practice group, we will support resource sharing, cross agency training, and collaborative professional development across the different child serving systems but especially between the education and mental health fields. Our goal is to become the conduit by which researchers, administrators, practitioners and families share common interests and practices. It is our belief that youth with mental health needs are better served by people and systems that collaborate around aligned purposes and support a more connected look at issues in the context of the local schools.
- 4) **Family-School-Community Partnerships.** The Family Partnership Practice Group of the National Community of Practice on Collaborative School Behavioral Health will foster family participation in family-school-community collaboratives by supporting capacity building efforts for a shared agenda and effective infrastructure development and maintenance. In addition to advancing understanding of the value of family-school-community collaboratives, key capacity building efforts will include working with other practice groups to provide: targeted information, leadership training, mentoring, and coaching, initial and ongoing family-school-community stakeholder development. Our Priorities are: 1) Educating and informing families to help them effectively voice their needs to their school districts, in their communities and on state and national levels, 2) Advocating for and supporting the participation of families across community of practice groups, 3) Educating and informing schools, systems, policy groups and others about the importance of family integration in policy work, 4) Providing a place for family leaders to collaborate on discussion of needs, priorities and opportunities, 5) Supporting the work of families.
- 5) **Improving School Mental Health for Youth with Disabilities.** The purpose of this practice group is to promote collaboration between education agencies and mental health agencies and services providers to facilitate the delivery of quality mental health services to students with disabilities in the school setting. By promoting better collaborative efforts education and mental health agencies benefit from shared learning and shared service delivery and students with disabilities are more likely to receive appropriate and inclusive programs and services mutually designed to assist the student to successfully achieve targeted goals.
- 6) **Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration.** Learning the Language practice group promotes identifying a common language that gives meaning to the interactive systems across mental health and education. This practice group promotes learning this common language to more effectively deliver services in ways that are accessible and easily understandable to all systems of care stakeholders. Our key priorities are: 1) To demystify the vocabulary used; 2) To add increased value to state and local educational/family/youth services agencies currently implementing expanded, school-based mental health services/programs; 3) To promote a better understanding of how we communicate across systems/stakeholders; and 4) To build working relationships across systems of care for families, students, and professionals involved in expanded, school-based mental health.
- 7) **Mental Health - Education Training and Workforce.** This practice group has as its primary objective to help inform and promote the active exchange of ideas and interaction between mental health providers and educators to promote the social, emotional, and academic success of all children and adolescents. There is significant support that good mental health is linked to academic success of students. By partnering together, educators and mental health providers have a much greater likelihood of success than either group working alone. No one group has the capacity or resources to address this need alone, but working in a collaborative and creative manner both school and community resources can better serve the educational and mental health needs of all students. It is our belief that a genuine and invitational approach to working together will allow professionals to effect positive systemic change resulting in improved educational and behavioral outcomes for students. The MH/ED Practice Workgroup will endeavor to develop and expand upon these core beliefs and encourage others concerned about this topic to assist with these efforts.

- 8) **Quality and Evidence-Based Practice.** The mission of the Quality and Evidence-Based Practice Group is to provide resources and promote sharing of information across individuals and groups interested in improving the quality of school mental health (SMH) programs and services. Priority areas include: improving dissemination and sharing of evidence-based practices in SMH; bridging the research-practice and practice-research gaps in the field; and, understanding and promoting the use of the best student- and program-level evaluation strategies.
 - 9) **School Mental Health and Child Welfare.** Children and families in the child welfare system face myriad needs that compromise their mental health and well-being. In response to the complex needs of children in the child welfare system and their foster/biological families, a growing trend is for child welfare organizations to collaborate with other service providers, such as mental health, health, juvenile justice, schools, and substance abuse treatment providers. Our goal as a practice group is to provide resources and share information across individuals and groups who are interested in building collaborative relationships related specifically to addressing the mental health needs of this population, especially opportunities to address their needs through school-based mental health practice, research and policy.
 - 10) **Youth Involvement and Leadership.** This practice group is focused on advancing youth involvement and leadership in school mental health. Priorities areas include: 1) expanding youth voice, participation and leadership at local, state, and national levels, 2) supporting the advancement and implementation of approaches and strategies that promote the development and involvement of youth leadership at all levels of the institutions that shape their lives, 3) supporting the national COP and its practice groups around meaningful youth involvement, 4) Creating a dialogue on what it would take to include youth in meaningful ways in every level of school based mental health, 5) Creating and publicizing best practice/ cutting edge approaches, 6) Being a resource for educators and practitioners to further advance skills and strategies to develop youth involvement and youth leadership in schools and communities. *This practice group is seeking proposals that include youth presenters as part of all presentations within the track.*
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