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INNOVATIONS INSTITUTE

Research Priorities for Youth & Family Behavioral Health

Results from the July 10, 2025
Youth/Family Behavioral Health Research Summit

July 25, 2025
Gaylord National Conference & Resort Center
National Harbor, Maryland

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Introduction & Background

On July 10, 2025, the Innovations Institute at the University of Connecticut School of Social Work, with funding support from Annie E. Casey Foundation, hosted a *Youth and Family Behavioral Health Research Summit* at the Gaylord National Convention Center in Washington, DC. The goals for the Summit were to identify and prioritize:

1. The most important **information needs** to inform decisions by leaders working in public youth and family-serving systems,
2. **Research priorities** for the field of youth and family behavioral health, and
3. **Collaborative action steps** for the newly established group.

The ultimate goal for this work is to **inform and undertake a research agenda for youth and family behavioral health** that can **meet the information needs of policy makers** and tangibly **improve policies, public systems, and services** for youth and families.

Along with pre-Summit activities (e.g., literature review and expert survey of state and national partners), we plan to use Summit results to **inform research proposals, partner with funders, conduct secondary data analysis, disseminate needed information to decision-makers,** and **develop tools needed to support research** that can best inform public youth and family serving systems of care. We also hope to use these priorities to establish a **research action agenda** on which Summit participants and other collaborators can work together.

Overview of the Current Report

The current report focuses on the results of the in-person July 10 Summit. After a brief review of Methods, the following results are summarized:

- Results from a series of **Nominal Group Process** brainstorming sessions, held in small group breakouts at the Research Summit. These breakout groups focused on **three questions**:
    1. What are decision-makers' **highest priority information needs**?
    2. Based on these needs, what are the **highest research priorities** for the field of youth/family behavioral health?
    3. What **collaborative action steps** can we take to advance the priorities?
- **Results of Large Group Voting on the Above Priorities.** Summit participants voted on the first two questions at the event. (Aided by the current report, Summit participants will vote on the third question on action steps via a follow-up survey.)
- **Appendices:**

A. Full results from Nominal Group Process breakout groups on Questions 1 and 2.
B. Full results from Nominal Group Process breakout groups on Question 3.
C. Full results of large group voting on priorities advanced by breakout groups
D. Summit Participants and positions/roles
E. Results from the pre-Summit Expert Survey (July 2, 2025) that informed the Summit activities

Summit Methods

The Research Summit was hosted from 10:30am – 5:00pm on July 10. Summit attendees included **41 participants** (state behavioral health and Medicaid decision-makers, University and private organization researchers, youth and family leaders, federal and foundation funders, representatives of provider associations and centers of excellence). **Ten facilitators and staff** (most from UConn Innovations Institute) supported the process. See *Appendix D* for a list of participants.

Small group work. After reviewing results of the pre-Summit Literature Review and Survey (see *Appendix E*), participants broke into **four small breakout groups** to generate recommendations around the three priority questions listed above. Morning breakout groups focused on Questions 1-2 (information needs and research priorities). These groups were organized to consist of participants who served similar roles: either *researchers and research funders* (2 groups) or *decision-makers and other research users* (2 groups).

Afternoon small groups focused on Question 3 (recommendations for collaborative action) and consisted of four newly organized groups with participants in *mixed roles*.

Nominal Group Process. Small breakout groups were managed by a facilitator and note-taker and used the **Nominal Group Process** (NGP; Delbecq & Van denVen, 1971). NGP is a research-based method that aims to distribute discussion and idea generation equally among participants and help build consensus on complex issues. Each NGP round consisted of the same series of five steps: Introduction and Instructions, Silent generation of ideas, Round robin (participants take turns voicing one idea at a time), Clarification and consolidation of ideas, and Voting and ranking of top ideas. At the voting stage, each participant was allotted 5 votes in the form of sticker dots. Recommendations/ideas were prioritized and advanced to the large group based on number of votes received.

Large Group Voting and Prioritization. For Questions 1 and 2 (information needs and research priorities), each small group's top five recommendations (as determined by number of votes received) were reviewed by the full group of 41 participants. Participants

were again allocated five votes per question, which they allocated to five of the approximately 20 recommendations (five per breakout group) for each question.

For Question 3 (recommended collaborative action steps), voting was deferred to allow participants time to reflect on the Summit process and discussion, re-review recommendations and ideas, consider funding opportunities, and contemplate individual priorities and bandwidth to participate further. A follow-up survey has been sent to participants to vote on action steps, add additional ideas, and volunteer to participate.

Results

Small Group Priorities

During the three NGP breakout sessions, Summit participants identified N=272 ideas and recommendations:

- 123 unique **information needs** (Question 1)
- 68 unique **research priorities** (Question 2)
- 81 potential **collaborative action steps** for the group (Question 3).

Detailed results for Questions 1 and 2 are summarized in *Appendix A* (Morning breakouts). Results for Question 3 are presented in *Appendix B* (Afternoon breakouts).

Below, we summarize the **top priorities identified** via NGP by each breakout group for each question. Priorities/recommendations are ranked by the number of votes received in each small group.

Table 1. **Small group NGP results for *Question 1:***
What are our highest priority research or information needs?

Researchers: Group 1	Researchers: Group 2
- Effective strategies for interagency collaboration - How to build local/state data systems that promote effective care - Peer support effectiveness (including cost effectiveness) and mechanisms of change - How to best innovate & scale services rapidly using data from learning health care - Identifying treatment needs & match to services - How do concrete resources impact caregiver & youth mental health	- How can we retain experienced clinicians in community mental health? - How to package research evidence to inform policy & vice versa - What are the core components of cross-system interventions for youth with complex needs? - Policy support & financing for cross-system interventions - Access criteria: diagnosis versus other indicators - Gaps in research in workforce development & peer support
Research Users: Group 3	**Research Users: Group 4**

• How do we bring effective services & supports to scale?   • What is the impact of collaboration between youth & family providers & systems in service, support delivery, governance & policies?   • How to ensure psychiatric medications are effectively utilized & what are the opportunities for de-prescribing?   • Effective behavioral health treatments for children with neurodiverse conditions & MH diagnoses, especially trauma

• Most effective managed care modeling   • Most effective Medicaid levers to prevent child welfare involvement   • Economic benefit/return on investment in workforce development & training in youth behavioral health & evidence-based practices   • Best practices to force cross-system collaboration, including opportunities & methods to leverage peer support   • Structured outcomes analysis of models of children's crisis systems   • More effective interventions, programs & system designs for transitions from youth to adult systems

Table 2. Small group NGP results for *Question 2:*

Given these priorities, what research should be conducted?

Researchers: Group 1	Researchers: Group 2
• Convene thinkers from other disciplines – Engineers, AI experts, philanthropy – to aid our research & data work • Develop measurement strategies for cross-system collaboration & financing • Comparative studies (with purposeful samples) of states on system strategies • Review and synthesis of existing research on income & family mental health • Community of practice of states on data system strategies & gaps	• Document lives touched by policy & funding cuts • Embed equity & community engagement in study design • Develop partnerships with policymakers, funders, clients & providers to engage throughout the research process • Make research more accessible in terms of language, no paywalls & marketing for policymakers & advocates • Stronger, longitudinal outcome studies
Research Users: Group 3	**Research Users: Group 4**
• Document the value-add of youth & parent peer support across systems, settings & services • Determine whether decisions are "better" when systems collaborate • Determine the most effective methods of non-therapeutic or holistic care to meet the needs of system-involved youth & trauma-impacted youth & families • Determine the most effective treatments for children with neurodiversity & mental health diagnoses, including trauma • Determine how to ensure psychiatric medications are used & methods for effectively de-prescribing	• Map state activities in children's crisis systems, to identify formalized definitions & inform a longitudinal study using administrative data to understand outcomes like recidivism, service utilization, follow up & return on investment • Effectiveness of specific interventions, including peer support, as Medicaid levers to prevent child welfare & juvenile justice involvement • Understand the data indicators that would support engagement, advocacy, education & decision-making to better support young people transitioning between systems, including the role and impact of parent/family involvement • Understand the role & impact of family peer support/engagement in systems design & policy work

Table 3. Small group NGP results for *Question 3:*

What collaborative action step for members of this group do you recommend?

Group 1 (Mixed role group)	Group 2 (Mixed role group)
• Create a network directory of summit members & others by interest area to share & influence change outside the group. • Develop a white paper on research priorities: Include individual & organizational sign-on opportunities. • Conduct a literature scan & synthesis: For all priority topics—identify what's known & what needs more research. • Map priorities to funding opportunities • Engage state partners in a learning community to share & connect service data (e.g., quality & effectiveness).	• Further refine research areas, simplify language, develop the story behind the research & create measurable goals & objectives. • Convene working groups for each priority area, inclusive of cross-state stakeholders. • Develop a communication strategy to synthesize, report & share results to an identified audience. • Connect with other groups doing similar work. • Build relationships with tribal leaders within your area of influence. • Align research with policy or funding opportunities & levels (including Medicaid)
Group 3 (Mixed role group)	**Group 4 (Mixed role group)**

• Identify end users of this research & do a social validity check.
• Identify an ongoing process (topic by topic) for discussing learnings from the field to:
   • inform critical policy decisions,
   • surface opportunities &
   • support dissemination of that knowledge.
• Disseminate information quickly so it is easily digestible, with communication strategies for states & communities.
• Articulate guiding principles.
• Collectively publish priority research questions to share with others.
• Conduct group impact & effort matrix to determine:
   • length of time needed to generalize & validate results &
   • identify low hanging / easy research fruit
	• Convene across states & stakeholders to further consolidate existing knowledge, plan future work across domains & organize and re-organize materials, data & knowledge to support research & action, including:
	   • As a vehicle for sharing ideas, opportunities & findings, including topically;
	   • Figure out & sharing what we know, what we want to know & what we do next; &,
	   • Expediting the science to support decision-making & implementation
	• Each community of practice needs to establish data use agreements, especially with hospitals & public agencies, to support research & data collection
	• Collaboratively agree to an approach/guiding values for our work together, including
	   • Convening youth & family partners to co-create next steps based on equity & lived experience
	   • Commit to partnership with youth, families, researchers, providers, policymakers in all research initiatives across all levels across & within topics
	   • Share decisions, opportunities, data & findings & agree to serve as a sounding board for others doing comparable work
	   • System of care values & principles as a foundation for the work
	   • Be intentional to share & explore opportunities
	• Develop a framework for assessing the human impact & service losses due to federal budget cuts
	• Bake fiscal & sustainability concerns into any research we do

Large Group Priorities

Priority Information Needs. Table 4 presents priority **information needs** advanced by the breakout groups, ranked by the number of votes received by the large group of all 41 Summit participants. Additional detail is provided in *Appendix C.*

As shown, there was some overlap among several of the highest priority information needs identified by participants. Most notably, the need for information on best practices to promote **interagency/system collaboration** is reflected in several priorities (e.g., how to best promote cross-system interventions, cross-system planning and data sharing, impact of effective collaboration, role of managed care).

Strategies to **support the youth behavioral health workforce** were also reflected in several information needs, as was **caregiver and youth peer support**. Finally, methods for **scaling effective interventions** (via data sharing, learning health systems, workforce support) were referenced in several recommendations.

Table 4. **Results of large group voting for *Question 1: What are our highest priority research or information needs?***

Recommendation	Votes
Policy & financing options to support cross-system interventions	16
Best practice to force cross system collaboration, including opportunities & methods to leverage peer support	16
How best to innovate & scale services rapidly using data from learning health care	15
Effective strategies for interagency collaboration	14
What is the impact of collaboration between youth & family providers & system in service, support delivery, governance & policies?	14
Most effective behavioral health treatments for children with neurodiverse conditions & mental health diagnoses, especially trauma	13
Best practices & economic benefit of investing in workforce recruitment, retention, training & professional development in children's behavioral health & evidence-based practices	13
How to package research evidence to inform policy & vice versa?	10
Most effective Medicaid levers to prevent child welfare involvement	8
Young adult data impact when moving from child to adult systems, leading to more effective interventions, programs & system designs	8
How does income & concrete resources impact parent mental health	7
How do we bring effective services & supports to scale?	7
How can we retain experienced clinicians in community mental health?	5
How to ensure psychiatric medications are effectively utilized & what are the opportunities for de-prescribing?	5
Effective managed care modeling	5

Peer support effectiveness (including cost effectiveness) & mechanisms of change	3
Strategies to identify treatment needs & match to services (e.g., for care coordinators)	2
Gaps in research in workforce development & peer support	2
How to build local/state data systems that promote effective care	1
What are the core components of cross-system interventions for youth with complex needs?	1
Access criteria: Diagnosis versus other indicators	1
Structured outcomes analysis of models of children's crisis systems	1

Recommendations for Research. Table 5, below, presents **recommendations for research** advanced by the breakout groups, ranked by the number of votes received by the large group of all Summit participants. As shown, many recommendations provide specific ideas on how to meet the needs for information summarized in Table 4. Examples included conducting research on **effective policy/finance strategies**, effectiveness and key elements of **parent/youth peer support,** and effectiveness of **specific interventions and service models,** including crisis services, services to prevent child welfare/justice involvement, and for neurodiverse children/youth).

Unique research priorities were also identified, including **impacts of income and concrete resources on family mental health,** effective **prescribing of psychiatric medications**, and **documenting how lives are touched by policy and funding cuts.**

Finally, expert participants voted to prioritize certain **research methods and strategies.** Strategies to mobilize data and wisdom at the state level were frequently cited, including **state profiles and comparison studies** on system strategies and service models (including crisis services, peer support, and care management). **State data sharing and gap analyses** and **using data to promote rapid scaling via learning systems** were also frequently proposed**.** Participants also sought to **convene thinkers from other disciplines** in our shared work.

Table 5. **Results of large group voting for *Question 2: Given these priorities, what research should be conducted?***

Recommendation	Votes
Effects & outcomes of specific interventions, including family peer support, as Medicaid levers to prevent child welfare & juvenile justice involvement	19
What is the value-add of youth and parent peer support across systems, settings & services?	16
Convene thinkers from other disciplines—engineers, AI experts, philanthropy—to aid our research & data work	15

What are the most effective treatments for children with neurodiversity & mental health diagnoses, especially trauma?	15
Document lives touched by policy & funding cuts	14
Map of state activities in children's crisis systems to inform definitions, service model elements, administrative data sources & research studies of outcomes, e.g., recidivism, service utilization, follow up, return on investment	13
Comparative studies (with purposeful samples) of states on system strategies	11
Understanding the role & impact of family peer support & engagement in systems design & policy work	11
Review & synthesis of existing research on income & family mental health	10
Community of practice of states on data system strategies & gaps	10
How to ensure psychiatric medications are effectively utilized & the opportunities for de-prescribing	9
Embed equity & community engagement in study design	4
Develop partnerships with policymakers, funders, clients & providers to engage throughout the research process	4
Understanding the data indicators that would support engagement, advocacy, education & decision-making to better support young people transitioning between systems, including role/impact of parent/family involvement	4
Make research more accessible in terms of language, no paywalls & marketing for policymakers & advocates	3
Develop measurement strategies for cross-section collaboration & financing	2
Stronger, longitudinal outcome studies	2
What are the most effective methods of non-therapeutic or holistic care to meet the needs of system-involved youth & trauma-impacted youth & families?	2
Are decisions "better" when systems collaborate?	1

Collaborative Action Steps. Regarding the newly-convened group's collective next steps, voting was deferred to allow participants time to reflect on the Summit process and discussion and consider their own ability to commit to action steps. However, across breakout groups, **participant recommendations reflected an urgent need to act.**

Among the recommendations for action steps, consistent themes focused on defining the group's principles, mobilizing around its recommendations, and synthesizing and disseminating existing knowledge. Themes among the recommendations included:

- Articulate guiding principles;
- Identify intended end users of this research and do a social validity check;
- Connect with other groups doing similar work;
- Develop a communication strategy to synthesize, report, and share results with targeted audiences;

- Create a network directory of the "Gaylord Coalition" with information on expertise and availability to collaborate;
- Conduct a literature scan and synthesis of existing knowledge and information for all priority topics;
- Map priorities to funding opportunities;
- Engage state partners in learning communities around categories of information needs, existing knowledge, and relevant data systems; and
- Conduct state scans of best practices, conduct case studies, and prepare for comparison studies with administrative data.

The follow-up survey, currently open for participants to complete, will allow them to vote on these priorities, but equally important, allow them to add more specific ideas, nominate additional participants, propose funding sources, and volunteer to participate.

Conclusion & Next Steps

Our July 10th Research Summit brought together a diverse and dynamic coalition of 41 state and national decision-makers, researchers, funders, and youth/family advocates to chart a path forward for youth and family behavioral health research. Through a series of rigorous nominal group processes, we identified and then prioritized 123 information needs, 68 research priorities, and 81 collaborative action steps—demonstrating both the complexity of our field's challenges and our collective commitment to addressing them.

Priorities somewhat aligned with results from our **pre-Summit survey** of researchers and decision-makers (see *Appendix E*). **Cross-system collaboration and financing strategies** and **strengthening our workforce** were reinforced as high priorities, including research on **peer support models**. **Scaling effective interventions** through innovative methods such as **state profiles and policy analysis, learning health systems,** and **state data systems** resonated across all stakeholder groups. Several service models were prioritized, such as **crisis response** and **psychotropic medication**, as were specific populations, including **youth with neurodiversity** and **transition aged youth**.

Immediate Next Steps:

1. A **Follow-up Survey** will be sent to all participants, asking them to vote on action steps, add additional ideas, nominate peers as additional group members, add resources, and indicate interest in specific working groups.

2. **Mapping Funding to Priorities.** Innovations staff and Summit participants have compiled federal and private notices of funding and are currently mapping priority

areas to these funding sources and requests for proposals. This report will be disseminated to the Coalition by August 2025.

3. **Research Partnership Development**: Building on participants' recommendation to "convene thinkers from other disciplines," we will establish partnerships with AI experts, engineers, philanthropic leaders, and others to enhance our research capacity and impacts.

4. **Communications and Policy Translation**: We will act on recommendations to develop communication strategies, including packaging the current information on research priorities (by September 2025). Over time, we also anticipate that developing evidence guides for policymakers will be a communication priority.

5. **Working Groups Formation**: Based on results of the follow-up survey, we will convene topic-specific working groups around top priorities by September 2025.

The current turmoil in our funding and policy context requires solutions that mobilize existing wisdom and knowledge and maximize returns on investments in public youth- and family-serving systems.

The UConn Innovations Institute is committed to this cause and is pleased to have served as convener of the "Gaylord Coalition" of 2025. We believe this group has the expertise, commitment, and momentum to transform youth and family behavioral health through evidence-based policy and practice innovations.

APPENDIX A **Morning Breakout Group Nominal Group Process – Notes & Votes**

Number of priority votes received for each idea are presented in red parentheses
Ideas that received the highest number of votes in each group are <mark>**highlighted**</mark>

Morning Breakout Groups

Questions:

1. **What are the field's biggest information needs?**
2. **What are the highest priority research activities?**

Group 1: Eric/Jill	Group 2: Jennifer/Tony	Group 3: Suzanne/Kim	Group 4: Chandria/Deb
Steve Plank	Joe Ribsam	Ajah-Rain Yellowhair	Tim Marshall
Sean Lynch	Rod Martinez	Natalie Clark	Misty Chybrzynski Woody
Allison Holmes	Peter Pecora	Sheamekah Williams	Elliott Hinkle
David Hansell	Alex Dopp	Millie Sweeney	Michelle Zabel
Josh Breslau	Bryce McLeod	Johanna Bergan	Bob Franks
Kimberly Hoagwood	Lauren McCarthy	Nancy Thaler	Lindsey Browning
Abram Rosenblatt	Laura Anthony	Jeff VanderPloeg	Louise Johnson
Bruno Anthony	Genevieve Graaf	Sarah Kuriakose	Chelsea Holcomb
Michael Southam Gerow	Kate Sweeney	Maureen Corcoran	David T. Jones
	Jonathan Olson	Christopher B	Liz Manley
		Mary Sowers	Rebecca Wolfkiel

Group 1 – Eric/Jill facilitators

Q1: MOST IMPORTANT INFORMATION NEEDS

1. Interventions for complexity – including defining the population

2. <mark>Peer support effectiveness (4 votes)
   – cost effectiveness (and implementation costs) + mechanisms (combined with #9)</mark>

3. Workforce recruitment & retention models (3 votes)
   – what's most effective

4. Sustainability for high-quality provider network (1 vote)

5. Educational histories/trajectories of justice-involved youth

6. Cost-benefit analysis of home- and community-based relative to congregate care (1 vote)

7. Transition models for EDs + other crisis settings (1 vote)

8. Effective strategies for interagency collaboration (5 votes)
   – (strategy setting, braided funding, data sharing, service delivery)

9. ~~Understanding mechanisms of change for peer support models~~

10. How best to innovate & scale services rapidly – using data from learning health care (4 votes)

11. What are collaborative, holistic models of care for IDD

12. Family/natural support in tx & recovery – best strategies (1 vote)

13. Educating service coordinators to best match family needs to services (combined with #14) (4 votes)

14. How to identify need for tx – who needs it, who doesn't (combined with #13)

15. How does access to concrete resources affect parents' mental health (4 votes)

16. Best methods of integrating families into different service models (1 vote)

17. ~~Factors that impact sustainability of effective practices~~

18. How to measure and monitor quality of care (1 vote)

19. Opportunities to think preventatively re: youth behavioral health

20. Youth recovery – best means of building recovery capital (SUD + BH) (2 votes)

21. How to build local/state data systems that people will use/promote effective care (5 votes)

22. Understanding pathways to and through services

23. How do we unlock funding re: Family First (maximize funds) (3 votes)

24. Brief interventions in primary care

25. ~~Better design of information systems~~

26. What kind of information do different audiences need to make change (policy, clinicians)

27. How to differentiate the research needs across different populations

28. How to best leverage AI + social media in youth treatment (1 vote)

29. How to keep children with complex BH needs out of foster care/CPS (1 vote)

30. How to best bridge school-clinic tx interventions

31. How to get integrated outcomes into EHRs (2 votes)

Q2: RECOMMENDATIONS FOR RESEARCH

1. Create interdisciplinary teams to conduct our activities – engineers, philanthropists (6 votes)

2. Comparative studies of purposeful samples of states on system questions (5 votes)

3. Develop measures for peer support – quality, outcomes, activities (4 votes)

4. Research collaboration w/ public agencies on effective collaboration + other system strategies (combined with #5) (4 votes)

5. Network analysis + other methods to analyze local systems data (combined with #3)

6. Developing measurement strategies for cross-sector collaboration (6 votes)

7. Workforce outcomes re: peer support

8. Using existing data / review existing studies re: concrete supports – <u>synthetic review</u> (5 votes)

9. More studies that integrate the different levels of human service systems

10. Rapid-cycle, iterative research and evaluation methods

11. Prioritizing research that will drive funding availability (1 vote)

12. National center for national Medicaid BH services studies (1 vote)

13. Testing tools for matching needs to services by unlicensed providers/helpers (1 vote)

14. How can AI be used to make data systems interoperable (1 vote)

15. Community of practice w/ states re: data system gaps (5 votes)

16. Adapt/use new technologies to create integrated data sources for use in research

17. Connect with Investing & Flourishing (NY/Federal Reserve Bank)

18. Patient-centered outcome measures development (4 votes)

19. What industries are effectively using data to make decisions

20. Develop appropriate models for peer support + then do rapid scale up

21. Cost effectiveness + cost benefit studies (1 vote)

<u>Group 2 – Jennifer/Tony facilitators</u>

Q1: MOST IMPORTANT INFORMATION NEEDS

1. How can we retain experienced clinicians in CMH? (6 votes)

2. What role for AI workforce retention

3. What 3 changes in fed $ improve youth acc BHS (1 vote)

4. Effective supervision for retention

5. Diff in policy + pract. outcomes for special populations of young people (1 vote)

6. Access crit.: Diag vs other criteria (4 votes)

7. Chact. for hospitable systems to support implementation

8. How to package evidence to inform policy + vice versa (5 votes)

9. How to promote alignment + collaboration among various actors to define problems + solutions (1 vote)

10. Identify gaps + get accurate data from Red states (2 votes)

11. Increase early access

12. Multi-level factors that influence coordinated care across system (2 votes)

13. Effective prevention strategies for youth BHD

14. Cost-benefit + impact two-generational models

15. Gaps in research in workforce dev & peer support (4 votes)

16. ODD + CD → utility & impact across systems (1 vote)

17. Core components of cross-system interventions for youth complex needs (5 votes)

18. Patient access: Help seeking + retention

19. Youth + family priorities for our current survey (3 votes)

20. Transition EBP to "lay" providers → teachers etc. (2 votes)

21. What do youth want from beh care (3 votes)

22. Policy support & financing cross-system interventions (*17) (4 votes)

23. Modifications to EBPs for BIPOC + specialty populations (i.e. SOGIE) (1 vote)

24. Closing the gap between policy + system oversight (1 vote)

25. How different payors impact youth-level outcomes (2 votes)

26. More digital, free, brief interventions

Q2: RECOMMENDATIONS FOR RESEARCH

1. Develop partnerships w/ policymakers, funders, clients, providers to engage throughout research process (5 votes)

2. Strategies to guide use of evidence in practice + policy (4 votes)

3. How to rapidly deploy what we already know as money disappears (1 vote)

4. Nationwide MM research w/ current + former CMH providers on retention (2 votes)

5. Develop measures of workforce dev & chact (1 vote)

6. ROI study comparing staff retention packages in both rural + urban settings

7. Measure how non-federally funded services impact delivery + user experience

8. Embed equity + community engage in study design (6 votes)

9. ROI across lifespan to robust BHC

10. Stronger longitudinal outcomes studies (5 votes)

11. Access to + use of big data → cross-state + service sector (2 votes)

12. Comparative case study of identified workforce supports that are already working

13. Document lives touched by policy + funding cuts (7 votes)

14. Increase people w/ lived experience into research process (4 votes)

15. Develop robust methods for identifying SED + other MH

16. ROI of early interventions for CD, dep + THC-induced psychosis (1 vote)

17. Study of prevent on youth under 5, in homes w/ complex youth/adults identified (1 vote)

18. Larger + more diverse samples to disaggregate by special populations (2 votes)

19. Research more accessible in terms of language, no paywalls, marketing → for policymakers, advocates (5 votes)

20. Focus on multi-level factor impacting implementation + outcomes

Group 3 – Suzanne/Kim facilitators

Q1: MOST IMPORTANT INFORMATION NEEDS

1. ~~What is the impact on outcomes by everyone for PPS as a stand-alone service?~~

2. What are the most efficient (?) + therapeutic supports for child with BH needs (2 votes)

3. What factors drive state/system imp. efforts (2 votes)

4. Effective strategies for state agency con. that are sustainable (3 votes)

5. Cheapest lightest touch strat/EBP that works well? (2 votes)

6. Effective solutions for youth homelessness, vouchers, cash pay, etc. (1 vote)

7. Demand for (non-therapeutic) holistic/alt for youth and families – system impact (2 votes)

8. ~~Changes when youth and family voice involved in gov.~~

9. Most effective ways to provide sup for EBP (2 votes)

10. Most effective BH treatments for children with neurodiversity cond/MH dx, especially trauma (4 votes)

11. BH services/structures are essential for all states (3 votes)

12. Impact of collaboration between youth and families, providers & systems in service & support delivery, + governance + policies (4 votes)

13. How do we bring effective S&S to scale (5 votes)

14. Int. impact on cost saving & ROI

15. Effective prevention and intervention strategies for children and families, children with DD/neuro dev. related to placement

16. Most available valid model to estimate per capita need for in-patient, res, IOP, OPC in specific geography (1 vote)

17. Best practice to authentically engage young people in systems & policy change (2 votes)

18. Understand complex env. factors impacting youth and families – contributing to challenges for youth and families

19. CCBHC effective at serving youth and families (2 votes)

20. Have effective national strategy to disseminate effective service res. (1 vote)

21. % of children with BH issues have neurodevelopmental cond. & who are in CW (sub) (2 votes)

22. ~~What in the world of prevention are we not scaling that is needed in public MH system~~

23. Impact and value add of youth and family peer support across systems, settings & services (2 votes)

24. Ensure psy meds are effectively utilized & not over-prescribed – opportunity for de-prescribing (4 votes)

25. ~~What factors drive upscaling effective int.~~

26. Effective strategies to pull together full array of services children need (5 votes)

27. Cheapest most valid available tool(s) to make accurate dx & risk level recs (2 votes)

28. ~~Most effective non-therapeutic strategies that impact trauma for system-impacted youth & young adults~~

29. Needed to progress the convo around universal HC coverage (1.5 votes)

30. AI augmentation ↑ youth satisfaction in care (1 vote)

31. Effective dose of ABA

32. ~~Why don't state agencies collaborate~~

33. What are we not willing to accept in new AI world (1.5 votes)

Q2: RECOMMENDATIONS FOR RESEARCH

1. (#10) What is most effective treatment for children with neuro div & MH dx, especially trauma (5 votes)

2. Effective service array for C including children w/ ND especially trauma

3. (#12) Changes in action are taken when agencies collaborate – what decisions are made when system collaborates (6 votes)

4. (#10) Is cultural preservation & self-identification part of BH treatments? (3 votes)

5. What are most effective methods of non-therapeutic or holistic care to meet needs of system-involved youth and trauma imp. youth and families (5 votes)

6. (#5) Cheapest & lightest touch EBPs work well (2 votes)

7. (#13) Bring effective services/strategies to scale especially ND youth (4 votes)

8. (#13)

9. ROI for IP services or invest in alt services

10. Impact & value add of youth and family voice in policy, service, & system (3 votes)

    a. Scale what we know (1 vote)

11. Develop capacity for youth and families to answer Qs & partner with ~~researchers &~~ each other (3 votes)

12. (#4) Tribal gov. taken into account in cross-system collaboration (2 votes)

13. (#23) Value add for youth and family peer support across systems, settings, & services (8 votes)

14. (#27) Including for the purpose of establishing prevalence rates for #16 IP, res, IOP, OP (1 vote)

15. Effective approaches State-level ROI for effectively supporting C & F (1 vote)

16. #24 (5 votes)

17. Effective strategies in establishing & increasing array of services identified by youth and families as needed/nec. (1 vote)

Group 4 – Chandria/Deborah facilitators

Q1: MOST IMPORTANT INFORMATION NEEDS

1. Most effective strategies to ↑ provider capacity to serve children with most complex needs

2. Outcomes of family peer support (1 vote)

3. Comprehensive review of BH needs at federal/state/local levels, incl. county – sub, urb, rural

4. # complex kids with dual BH/cognitive disability needs being served by child welfare system

5. Research on outcomes of children being placed in residential treatment facilities (2 votes)

6. Effective managed care modeling (4 votes)

7. System integration bridging srvs - hsg services vs increasing hospital beds (1 vote)

8. Impact of leadership shifts at the state + local levels (2 votes)

9. Use of family + peer support in improving interagency collaboration

10. Needs + solution ideas from people most impacted by systems + services

11. Impact + outcomes of cultural infusion methods to support clinical practice, incl. tribes (2 votes)

12. Most effective Medicaid levers to prevent child welfare involvement (5 votes)

13. Short + long-term outcomes of family peer support in psychiatric ED for youth (pediatrics) (1 vote)

14. Economic benefits/impact of investing (ROI) in workforce development + evidence-based practice training + delivery + children's BH best practices (4 votes)

15. Best practice to force cross-system collaboration incl. opportunities/methods to leverage peer support (6 votes)

16. Impact of lack of child psychiatrists of color on diagnoses + medication use (3 votes)

17. Structured outcomes analysis of models of children's crisis systems (5 votes)

18. Concurrent service delivery supported by allowable financing methodology (1 vote)

19. Effective strategies for skill acquisition for the workforce (2 votes)

20. ~~Return on investment on children's BH best practices~~

21. Best practices for protecting + improving health + well-being for LGBTQ+ pops (2 votes)

22. Impact of legalizing marijuana and other drug policies on children, youth, + young adults (1 vote)

23. Best practices to support transition from res → community (1 vote)

24. Outcomes of youth peer support curriculum offered in high school for workforce dev. (1 vote)

25. Identification of barriers to accessing BH services by age, race, sexual orientation, gender identity, econ status (1 vote)

26. Analysis of state systems serving complex kids w/ BH + cognitive disabilities

27. Impact of family + youth peer support on family engagement

28. ~~Systems research to inform multi-generational + systems transitions (e.g., 2-gen, TAY)~~

29. Implementation science across Medicaid, commercial insurance, and child-serving agencies (3 votes)

30. Funding strategies for continuum of peer support

31. School MH outcomes with + without linkages to parents, family, + community (3 votes)

32. Suicide prevention + intervention under fascism + late-stage capitalism (2 votes)

33. Young adult <u>data</u> impact when moving from child → adult system → effective system design (interventions + programs) (6 votes)

Q2: RECOMMENDATIONS FOR RESEARCH

1. Seeing data cliff with young adults: What are the data indicators that would support engagement, advocacy, education, + decisions to better support young adults transitioning systems? Incl. data on utilization, impact with parent/family involvement (4 votes)

2. Ensure data are sufficiently complex + detailed to support disaggregation by identity, demographics, + characteristics (1 vote)

3. Understanding impact of family peer support + family engagement in systems design + policy work (5 votes)

4. What is the role of the oversight org in the development + implementation of MCOs in family + youth engagement, provider engagement, + ongoing oversight + quality? (1 vote)

5. What are the benefits of sustained funding surviving political lunacy?

6. Map of state activities in children's crisis systems, leading to identification of formalized definitions to inform a longitudinal study using admin data to understand recidivism, service utilization + f/up + ROI (return on investment) (8 votes)

7. What are the current strategies + structures that lead to cross-systems collaboration, including specific factors that have led to improved outcomes/systems in cross-system collab? (3 votes)

8. Updated version of WSIPP analysis of evidence + economic benefit of children's BH services (1 vote)

9. Outcome + effects of specific interventions, including family peer support, as Medicaid levers to prevent CW + JJ involvement (8 votes)

10. Benefits of value-based payment on Medicaid, child/family outcomes, + workforce development (1 vote)

APPENDIX B Afternoon Breakout Group Nominal Group Process – Notes & Votes

Number of priority votes received for each idea are presented in red parentheses
Ideas that received the highest number of votes in each group are **highlighted**

Afternoon Breakout Groups

Group 1: Eric/Jill	Group 2: Jennifer/Tony	Group 3: Suzanne/Kim	Group 4: Chandria/Deb
Kimberly Hoagwood	Abram Rosenblatt	Bruno Anthony	Michael Southam Gerow
Bryce McLeod	Lauren McCarthy	Genevieve Graaf	Laura Anthony
Nancy Thaler	Bob Franks	Sarah Kuriakose	Maureen Corcoran
Lindsey Browning	Louise Johnson	Chelsea Holcomb	Jeff VanderPloeg
Sean Lynch	Steve Plank	Allison Holmes	David Hansell
Rod Martinez	Joe Ribsam	Peter Pecora	Alex Dopp
Natalie Clark	Ajah-Rain Yellowhair	Sheamekah Williams	Millie Sweeney
Misty Chybrzynski Woody	Tim Marshall	Elliott Hinkle	Michelle Zabel
Chris Bellonci	Josh Breslau	Johanna Bergan	David T Jones
Rebecca Wolfkiel	Mary Sowers	Liz Manley	

Group 1 – Eric/Jill facilitators

Q3: HIGHEST PRIORITY COLLABORATIVE ACTION STEPS

1. White paper on research priorities with individual or organization sign-on (+ dissemination to targeted audiences) (5 votes)

2. Mapping the ideas onto the funding opportunities (fed, etc.) (4 votes)

3. ~~Products translated for different audiences~~ (combined with #1)

4. From priorities, toolkit that translates research for audiences to use for advocacy, etc. (1 vote)

5. Touchpoints w/ state policy makers (1 vote)

6. Marry research + policy + funding → coalition – current needs and moving forward (2 votes)

7. Network directory → increase collaboration (+10 +12 +14) (6 votes)

8. Connect w/ philanthropists interested in children's MH/prevention/etc.

9. Engage state partners willing to connect around service-level effectiveness data (learning community) (3 votes)

10. ~~Creating pathways for learning/sharing among + outside the group~~

11. Providing TA to apply for research grants – the nontraditional potential applicants (add this to #7) (1 vote)

12. Influencers for priority issues (how to get help, etc.)

13. Expand the # of states that have partnerships → universities + state agencies (and other models) (1 vote)

14. Smaller regional convenings (office hours)

15. Commission a synthesis paper re: impact of economic resources on child + parent MH (1 vote)

16. Literature scan on priority areas – centralize materials → what do we know, what are gaps? Use to prioritize funding → policy + funder vetting (5 votes)

17. Study the impacts of the current disinvestments → show value (1 vote)

18. Reflect on what we missed in this process (1 vote)

19. Preserve/chronicle the history of everything that has been built (2 votes)

20. Communities – Indigenous, LGBT, immigrant, BIPOC → what works, gaps in research, & impact of disinvestment (1 vote)

21. Identify where we are erroneously investing in our service array (inpatient, meds, etc.) (1 vote)

Group 2 – Jennifer/Tony Facilitators

Q3: HIGHEST PRIORITY COLLABORATIVE ACTION STEPS

1. Explore existing strategies & determine how to market & take to scale (1 vote)

2. Create a cross-state working group on Medicaid BH systems

3. Further refine research areas, simplify language & create measurable goals & objectives → develop story behind res (8 votes)

4. Establish communication structure for summit participants to move work forward (2 votes)

5. Convene working groups for each priority area, inclusive of cross-state stakeholders (7 votes)

6. Create workgroup of cross-system stakeholders

7. Build relations with tribal leaders and governance within your area of influence (4 votes)

8. Align research with available policy or funding levers (4 votes)

9. Develop story behind research questions

10. Explore local interests & activities to advance change

11. Methods development for comparing BH systems (1 vote)

12. Synthesize, report, & share results from summit with ??

13. Find $ or support to continue to support the work of this summit (3 votes)

14. Conduct network analysis of members of this group at state, local, national levels to identify existing partnerships & gaps (1 vote)

15. Connect with other groups doing similar work (e.g., Children's BH) (5 votes)

16. Incorporate cultural revitalization & identity development for best practices (1 vote)

17. Pursue research on 2 timelines → 1–3 years & then beyond that

18. ~~Test research agenda against effective political strategy~~

19. Study impact of CCBHCs & other models

20. ~~Identify audience & develop strategies to communicate effectively~~

21. Commit to partnering in a way that eliminated duplication + silos (1 vote)

22. Reconvene

23. Identify gaps in BH quality measurement (1 vote)

24. Seek guidance from community members who have priorities in mind (3 votes)

25. Develop a communication strategy to synthesize, report, & share results to an identified audience (7 votes)

Group 3 – Suzanne/Kim facilitators

Q3: HIGHEST PRIORITY COLLABORATIVE ACTION STEPS

1. Develop a peer support providers around this group – center (line drawn to #3)

2. Identify end users of this research & do social validity check (8 votes)

3. Create collaborative connections organized around priorities (#1 here w/3) (1 vote)

4. ~~Stay grounded in reality as in don't comply in advance or create a broken system they want by playing in rules~~

5. Identify strategy and ability to collect info around changes in funding & policy and understand impact on young people

6. Cross-state pooling of resources for research, and reaching out to groups with $$ (2 votes)

7. Invest in shared infrastructure of group for lived experience and research partners (2 votes)

8. ~~Collect what's already happening and researched so we don't reinvent the wheel~~

9. Plan purposeful role for associations that represent state public agencies as vehicles to communicate to states and communicate back to group on what's needed (4 votes)

10. Build from what we know works, Version 1 to version 2: Guide no matter the shiny new thing (1 vote)

11. Need to include families in treatment that is engaging & adapt treatment to be more family involved.
    a. Ongoing process topic by topic to discuss findings & exp to inform critical issues (7 votes)

12. Conduct group impact and effort matrix exercise, particularly on length of time needed to get generalizable & valid results, and identify easy or low-hanging research fruit – lots out there already (5 votes)

13. (merged with #12)

14. ~~Challenge government issues as a collective such as don't disregard most vulnerable so you can do the work~~

15. How to quickly disseminate info so it's easily digestible & communicating strategy for states/communities (7 votes)

16. Pilot Y&F convening policy makers instead of other way around

17. Collectively put out priority research Q to others to find answers (5 votes)

18. Info needs for <u>now</u> & also pushing ourselves to identify what we want in the future and seeing this opportunity to move

19. Figure out our relationship w/ Feds
    a. Clarify language as guiding prin, no assumptions that a shared lang exists *(I think this goes with #20)*

20. Need guiding principles for 14, 4, 18; make <u>bold</u> statements about what guides us (6 votes)

Group 4 – Chandria/Deborah facilitators

Q3: HIGHEST PRIORITY COLLABORATIVE ACTION STEPS

1. Serve as a sounding board for others doing comparable work

2. Create an evidence-based structure for effective cross-systems collaboration (3 votes)

3. Convene youth + family partners to co-create next steps based in equity + lived experience (2 votes)

4. Commit to partnership with youth + families + researchers + policy makers in all research initiatives at all levels around topical issues (4 votes)

5. Submit proposal to PCORI $2mil opportunity "science of engagement" opportunity

6. Share the decisions of framework + reorganize folder of info + studies around domains + recommendations

7. Convene across states + stakeholders to further consolidate existing knowledge + plan future work around these domains (5 votes)

8. Organize and re-organize material, data, and knowledge to support research and action (6 votes)

    a. Vehicle for sharing ideas, opportunities + findings, incl. topically

    b. What do we know + what do we want to know? What do we do next?

    c. Expedite the science through these vehicles, particularly in a crisis situation, to support decision-making + implementation

9. Leverage collective action to impact federal policies + budget decisions — power of organization — who is still missing from this group? (2 votes)

10. Bake in fiscal + sustainability concerns into any research we do (6 votes)

11. ~~Create/utilize a vehicle for sharing research ideas and finding among this community; focus on disseminating what we know + what we learn~~

12. Develop a framework for assessing the human impact of and service losses due to federal budget cuts (3 votes)

13. Collectively agree to guiding values for our work together (5 votes)

14. Be very intentional to share + explore collaboration opportunities around our topics

15. Each community of practice needs to initiate work on establishing data use agreements, esp. with hospitals + public agencies, to support research + data activities (will require a network of DUAs) (4 votes)

APPENDIX C Large Group: Summary of Priority Recommendations & Voting

Number of large group priority votes received for each idea are presented in blue parentheses

Ideas that received the highest number of votes for each topic are ==**highlighted**==

MOST IMPORTANT INFORMATION NEEDS – SUMMARY FROM EACH GROUP AND LARGE GROUP VOTING

Group 1

1. ==Effective strategies for interagency collaboration== (14 overall votes)
2. How to build local/state data systems that promote effective care (1 overall vote)
3. Peer support effectiveness (including cost effectiveness) and mechanisms of change (3 overall votes)
4. ==How best to innovate and scale services rapidly using data from learning health care== (15 overall votes)
5. Identifying treatment needs and match to services (2 overall votes)
6. How do concrete resources impact parent mental health (7 overall votes)

Group 2

1. How can we retain experienced clinicians in community mental health? (5 overall votes)
2. How to package research evidence to inform policy and vice versa? (10 overall votes)
3. What are the core components of cross-system interventions for youth with complex needs? (1 overall vote)
4. ==Policy support and financing for cross-system interventions== (16 overall votes)
5. Access criteria: Diagnosis versus other indicators (1 overall vote)
6. Gaps in research in workforce development and peer support (2 overall votes)

Group 3

1. How do we bring effective services and supports to scale? (7 overall votes)
2. ==What is the impact of collaboration between youth and family providers and system in service, support delivery, governance, and policies?== (14 overall votes)
3. How to ensure psychiatric medications are effectively utilized, and what are the opportunities for de-prescribing? (5 overall votes)
4. Most effective behavioral health treatments for children with neurodiverse conditions and mental health diagnoses, especially trauma (13 overall votes)

Group 4

1. Effective managed care modeling (5 overall votes)
2. Most effective Medicaid levers to prevent child welfare involvement (8 overall votes)
3. Economic benefit/impact of investing in/return on investment in workforce development, training, and best practices in children's behavioral health and evidence-based practices (13 overall votes)

4. Best practice to force cross system collaboration, including opportunities and methods to leverage peer support (16 overall votes)

5. Structured outcomes analysis of models of children's crisis systems (1 overall vote)

6. Young adult data impact when moving from child to adult systems, leading to more effective interventions, programs, and system designs (8 overall votes)

RECOMMENDATIONS FOR RESEARCH – SUMMARY FROM EACH GROUP AND LARGE GROUP VOTING

Group 1

1. Convene thinkers from other disciplines—engineers, AI experts, philanthropy—to aid our research and data work (15 overall votes)

2. Develop measurement strategies for cross-section collaboration and financing (2 overall votes)

3. Comparative studies (with purposeful samples) of states on system strategies (11 overall votes)

4. Review and synthesis of existing research on income and family mental health (10 overall votes)

5. Community of practice of states on data system strategies and gaps (10 overall votes)

Group 2

1. Document lives touched by policy and funding cuts (14 overall votes)

2. Embed equity and community engagement in study design (4 overall votes)

3. Develop partnerships with policymakers, funders, clients, and providers to engage throughout the research process (4 overall votes)

4. Make research more accessible in terms of language, no paywalls, and marketing for policymakers and advocates (3 overall votes)

5. Stronger, longitudinal outcome studies (2 overall votes)

Group 3

1. What is the value-add of youth and parent peer support across systems, settings, and services? (16 overall votes)

2. Are decisions "better" when systems collaborate? (1 overall vote)

3. What are the most effective methods of non-therapeutic or holistic care to meet the needs of system-involved youth and trauma-impacted youth and families? (2 overall votes)

4. What are the most effective treatments for children with neurodiversity and mental health diagnoses, especially trauma? (15 overall votes)

5. How to ensure psychiatric medications are effectively utilized, and the opportunities for de-prescribing (9 overall votes)

Group 4

1. Map of state activities in children's crisis systems, leading to identification of formalized definitions to inform a longitudinal study using administrative data to understand outcomes like recidivism, service utilization, follow up, and return on investment (13 overall votes)

2. <mark>Effects and outcomes of specific interventions, including family peer support, as Medicaid levers to prevent child welfare and juvenile justice involvement</mark> (19 overall votes)

3. Understanding the data indicators that would support engagement, advocacy, education, and decision-making to better support young people transitioning systems, including the role and impact of parent/family involvement (4 overall votes)

4. Understanding the role and impact of family peer support and engagement in systems design and policy work (11 overall votes)

<u>COLLABORATIVE ACTION STEPS</u> – SUMMARY FROM EACH GROUP (no voting)

<u>Group 1</u>

1. Create network directory of Summit participants and others by interest area to share and influence change outside the group
2. White paper on Research Priorities with individual + organization sign-on
3. Literature scan and synthesis for all priority topics – what's known, what needs more research
4. Map priorities to funding opportunities
5. Engage state partners to share/connect service data (quality and effectiveness) – Learning Community

<u>Group 2</u>

1. Further refine research areas, simplify language, develop story behind research, and create measurable goals and objectives
2. Convene working groups for each priority area, inclusive of cross-state stakeholders
3. Develop a communication strategy to synthesize report, and share results to an identified audience
4. Connect with other groups doing similar work (e.g., Children's Behavioral Health Collaborative)
5. Build relations with tribal leaders within your area of influence
6. Align research with available policy or funding levers

<u>Group 3</u>

1. Identify end users of this research and do a social validity check
2. Identify an ongoing process topic by topic discussing findings & learnings from the field to inform critical policy decisions + opportunities, + to identify dissemination of that knowledge
3. How to quickly disseminate information so that it's easily digestible, and communicates strategies for states and communities
4. Need to articulate guiding principles
5. Collectively put out these priority research questions to others
6. Conduct group impact and effort matrix for length of time needed to generate and validate results, and identify low hanging / easy research fruit

<u>Group 4</u>

1. Collectively agree to an approach to the guiding values for our work together, including:

    a. Convening youth and family partners to co-create next steps based in equity and lived experience

    b. Commit to partnership with youth, families, researchers, providers, and policymakers in all research initiatives at all levels across and within topics

    c. Share decisions, opportunities, data, and findings, and agree to serve as a sounding board for others doing comparable work

    d. System of Care operational principles and values as a foundation, including fiscal accountability and sustainability

    e. Be intentional to share and explore opportunities

2. Convene across states and stakeholders to further consolidate existing knowledge, plan future work across domains, and organize and re-organize materials, data, and knowledge to support research and action, including:

    a. As a vehicle for sharing ideas, opportunities, and findings, (including topically);

    b. Figuring out and sharing what we know, what we want to know, and what we do next; and

    c. Expediting the science to support decision-making and implementation

3. Each community of practice needs to initiate work on establishing data use agreements, especially with hospitals and public agencies, to support research and data collection (will require a network of DUAs)

4. Develop a framework for assessing the human impact and service losses due to federal budget cuts

5. Bake fiscal and sustainability concerns into any research we do

APPENDIX D **Research Summit Participants**

Name	Organization
Natalie Clark	1999 Collective
Allison Holmes	AECF
Joe Ribsam	AECF
Rod Martinez	AECF
Stephen Plank	AECF
Misty Chybrzynski Woody	Allegheny Family Network
Bob Franks	Baker Center
Christopher Bellonci	Baker Center
David Hansell	Casey Family Services
Peter Pecora	Casey Family Services
Jeff Vanderploeg	CHDI
Bruno Anthony	Colorado Children's
Lauren McCarthy	Colorado Children's
Sheamekah Williams	Evolution Foundation
Millie Sweeney	FREDLA
Pat Hunt	FREDLA
Deborah Harburger	Innovations Institute
Eric Bruns	Innovations Institute
Jill Farrell	Innovations Institute
Johanna Bergan	Innovations Institute
Kimberly Estep	Innovations Institute
Kristen Parsons	Innovations Institute
Liz Manley	Innovations Institute
Michelle Zabel	Innovations Institute
Suzanne Fields	Innovations Institute
Tony Bonadio	Innovations Institute
Maureen Corcoran	NAMD Member: Ohio Medicaid Director
Lindsey Browning	NAMD Representative
Chelsea Holcomb	NASMHPD Member
Sarah Kuriakose	NASMHPD Member
David T Jones	NASMHPD Represenative
Louise Johnson	NASMHPD Represenative
Mary Sowers	National Association of State Directors of Developmental Disability Services
Nancy Thaler	National Association of State Directors of Developmental Disability Services
Rebeccah Wolfkiel	National Association of State Head Injury Administrators
Ajah-Rain Yellowhair	Navajo Leader & Youth Advocate
Sean Lynch	NIDA
Chandria Jones	NORC

Kimberly Hoagwood	NYU
Alex Dopp	RAND
Josh Breslau	RAND
Laura Anthony	UColorado
Jennifer Manuel	UConn SSW
Elliott Hinkle	Unicorn Solutions
Genevieve Graaf	UT Arlington
Bryce McLeod	VCU
Michael Southam Gerow	VCU
Abram Rosenblatt	Westat

APPENDIX E Survey Results for Research Summit Attendees

July 2, 2025

Introduction

In advance of a *Youth and Family Behavioral Health Research Summit* to be held July 10, 2025, in Washington, DC, the Innovations Institute at the University of Connecticut School of Social Work conducted a survey to identify the most important information needs for leaders working in public youth and family-serving systems. The goal for the survey was to **inform a research agenda for youth and family behavioral health** that can **meet the information needs of policy makers** and tangibly **improve public systems and services** for families.

Along with the outputs of the July 10 Research Summit, we hope to use these results to inform research proposals, partner with funders, conduct secondary data analysis, and develop tools needed to support research that can best inform the youth and family services field. We also hope to use these priorities to establish a research action agenda on which Summit participants and other collaborators can work together.

Methods

Survey

The survey consisted of three sections:

1. Respondents were asked to **rank the five most critical areas for needed research** from 20 broad categories of information needs (identified from a previous literature review and expert input).

2. For each of their five highest-ranked categories, respondents then provided **specific examples of needed data or information**.

3. Finally, respondents identified **additional research priorities** not reflected in the categories provided and any other feedback or recommendations.

We invited responses from the following groups:

1. Approximately 40 participants in the Policy Research Summit, which includes researchers, federal and non-profit funding organizations, and leaders of family and youth organizations, provider associations, and centers of excellence;
2. National Association of State Mental Health Program Directors (NASMHPD) state/territorial youth behavioral health leads; and
3. Two national youth and family advocacy organizations

Respondents

Fifty-one responses were received as of June 24, 2025. Respondents represented 22 states and territories, with multiple respondents from Connecticut, Maryland, Massachusetts, New York, Washington, California, Michigan, Ohio, Oklahoma, Oregon, and Pennsylvania, and one respondent from 11 other states (see **Appendix A** for more details).

       Organization Types. Participants were relatively equally distributed among researchers, funders of research, and users of research (e.g., state and federal). Respondents represented public systems (state, federal, and local), academic institutions, non-profit organizations, private research firms, family-run organizations, healthcare providers, professional associations, and advocacy organizations (see **Appendix A** for details).

       Disciplines. Public agency respondents spanned many fields, including Mental health/behavioral health, Substance use disorder, Education, Child welfare, Medicaid, Early childhood education/services, Health/public health, Juvenile Justice, Intellectual and developmental disabilities, and Housing/homelessness.

<div align="center">

Results

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Top Research Priorities

Tables 1 and 2 present the highest ranked priorities across the 20 categories of information need. *Table 1* presents the percent of respondents who identified each category as one of their top five information needs. *Table 2* presents weighted summary scores for each category that accounts for the specific rankings assigned by respondents.

Table 1. Number of Unique Respondents Indicating Category is a Top 5 Research Need		
	#	%
Workforce Recruitment, Retention, Training, Coaching, and/or Supervision	20	41%
Cross-Sector and Interagency Collaboration, Governance, and Systems Management to Support Shared Populations	16	33%
Return on Investment and other Financing & Economic Policy Analysis	16	33%
Peer Support (Parent/Caregiver and Youth)	15	31%
Best Practices in Managed Care for Children with Complex Behavioral Health Needs	13	27%
Approaches to Measurement, Data Use, and Quality Improvement	13	27%
Use of Technology and Innovation (e.g., Telehealth, App-Based Interventions, AI)	13	27%
School Mental Health	12	24%
Treatment and Interventions for Children/Youth with Intellectual and/or Developmental Disabilities (with or without Co-Occurring Mental Health Challenges)	12	24%
Treatment and Interventions to Support Older Youth (16-26) Transition to Adulthood	12	24%
Screening, Assessment, Referral Processes, and Care Pathways to Services	11	22%
Strategies to Achieve Equity in Service Access and Effectiveness	11	22%
Treatment and Interventions for Young Children (Prenatal - 5) and their Families	8	16%
Juvenile Justice and Court Interventions, Models, Approaches, and Best Practices	8	16%
Crisis Response Systems	7	14%
Intensive Care Coordination	6	12%
Treatment and Interventions for Children/Youth (such as Office-Based Cognitive-Behavioral, Therapy-Based, or Intensive In-Home Treatments)	6	12%
Child Welfare Interventions, Models, Approaches, and Best Practices	3	6%
Residential Interventions	2	4%
Certified Community-Behavioral Health Centers (CCBHCs)	1	2%

Table 2. Summary of Ranks Assigned to Each Research Priority Area						
	#1	**#2**	**#3**	**#4**	**#5**	**Total score**
Workforce Recruitment, Retention, Training, Coaching, and/or Supervision	4	9	1	4	2	**69**
Return on Investment and other Financing & Economic Policy Analysis	4	6	1	3	2	**55**
Cross-Sector and Interagency Collaboration, Governance, and Systems Management to Support Shared Populations	5	2	4	4	1	**54**
Peer Support (Parent/Caregiver and Youth)	4	3	3	2	3	**48**
Best Practices in Managed Care for Children with Complex Behavioral Health Needs	2	5	4	1	1	**45**
Screening, Assessment, Referral Processes, and Care Pathways to Services	4	0	3	3	1	**36**
Treatment and Interventions for Children/Youth with Intellectual and/or Developmental Disabilities (with or without Co-Occurring Mental Health Challenges)	2	2	4	2	2	**36**
Treatment and Interventions to Support Older Youth (16-26) Transition to Adulthood	1	1	4	4	2	**31**
Strategies to Achieve Equity in Service Access and Effectiveness	2	2	1	4	2	**31**
Treatment and Interventions for Young Children (Prenatal - 5) and their Families	2	3	1	1	1	**28**
Approaches to Measurement, Data Use, and Quality Improvement	0	0	5	4	4	**27**
Use of Technology and Innovation (e.g., Telehealth, App-Based Interventions, AI)	2	1	0	2	8	**26**
Juvenile Justice and Court Interventions, Models, Approaches, and Best Practices	3	2	0	0	3	**26**
School Mental Health	1	1	1	4	5	**25**
Crisis Response Systems	2	1	2	1	1	**23**
Treatment and Interventions for Children/Youth (such as Office-Based Cognitive-Behavioral, Therapy-Based, or Intensive In-Home Treatments)	2	1	2	0	1	**21**
Intensive Care Coordination	1	2	2	0	1	**20**
Child Welfare Interventions, Models, Approaches, and Best Practices	0	0	2	1	0	**8**
Certified Community-Behavioral Health Centers (CCBHCs)	0	0	1	0	0	**3**
Residential Interventions	0	0	0	1	1	**3**
Note: Total Score = Sum of number of the following: 5 points for each no.1 priority, 4 points for each no.2 priority, 3 points for each no.3 priority, 2 points for each no.4 priority, and 1 point for each no.5 priority						

As shown, both methods of reporting results found **Workforce issues as the top priority,** with *"Workforce recruitment, retention, training, and supervision"* identified as the most critical research need. This category was selected by 41% of respondents as a top 5 priority and received the highest weighted score (69 points).

Both methods of calculating priorities identified the same **next four highest priority areas** for research. Among these were three **policy and funding issues**:

- Cross-sector collaboration and governance,
- Financing and economic analyses, and
- Best practices in managed care

One service category was identified as a top 5 priority: **Family and youth peer support.**

These top priorities appear to reflect needs for information on broad systems-level strategies rather than specific interventions or populations.

Among the next tier of priorities, **Screening, assessment, and referral pathways** was a relatively highly rated priority, as were strategies for two specific populations:

- **Older youth transitioning to adulthood** and
- **Children with intellectual/developmental disabilities**.

Interestingly, more traditional (but nonetheless widely used) service types received relatively lower priority rankings, including Residential interventions, CCBHCs, Intensive Care Coordination, Office-based therapies, and Child welfare interventions.

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Specific Information and Research Needs

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The current report is preliminary, and thematic analysis of specific information needs within all the above 20 categories has not yet been conducted. Nonetheless, below we provide selected examples of respondents' input on specific research questions and information needs for the highest ranked categories. For a complete list of all respondent input on information needs and potential research questions, by category, see **Appendix B.**

Workforce
- "Outcomes and best practices and models from models such as the Behavioral Health Fellows in Pittsburgh, where MH workforce is recruited into a cohort"
- "What types of policies and programs most effectively address workforce shortages in youth behavioral health?"

- "Can graduate programs be reoriented to train and certify graduates in the actual best practices/evidence-based practice that systems provide/fund so that public systems are not having to create extensive training infrastructure?"

Financing & System Design
- "What delivery approaches are the best models at the state and county level associated with the best outcomes? Single state entities responsible for all populations? Separating subpopulations by need (e.g. child welfare?)"
- "What models should we invest in, and replicate based on outcomes for youth in those state and county systems showing positive results?"
- "What do MCO arrangements to served children and youth with complex MH needs look like and how does that vary across states? Which arrangement delivers the most efficient and effective care?"
- "Analysis of different managed care models (e.g., integrated vs. carved-out behavioral health plans, single vs. multiple MCO structures) on service access, care continuity, and outcomes.
- "What are standards to guide the use of VBP for children's BH services?"
- "What contract elements between state Medicaid authority and MCOs produce the best outcomes for children with complex behavioral health needs?"

Cross-Sector and Interagency Collaboration, Governance, and Management
- "What is the impact of providing behavioral health services for families involved in agencies such as child welfare/juvenile separately from other Medicaid system serving children?"
- "What is the return on investment of different types of interagency cost sharing arrangements and examples of how this is being done in different states?"
- "To what extent have systems of care grants helped to develop sustainable, successful cross-sectoral collaboration?"
- "What are legislative examples or funding models (e.g., braided or blended funding) that reduce siloed service delivery and promote sustainability across child welfare, juvenile justice, education, and health systems?"
- "Are children better served by a single state agency with the full responsibility for protection and treatment rather than a system of shared agency responsibilities?"
- "Mandated performance metrics for interagency teams managing high-need populations (e.g., youth with co-occurring disorders or dual-system involvement)."

Parent, Caregiver, and Youth Peer Support

- "What are the key competencies for effective family peer support?"
- "Are employers more likely to hire and retain Family Peer Specialists if they carry a certification, (nationally or state)?"
- "Which existing EBPs could be enhanced with the addition of a peer support element, or could be provided by a peer provider?"
- "What viable career trajectories for peer providers exist and how can they be compensated adequately for their expertise - while not "professionalizing" them?"

Pathways to Care, Screening & Assessment
- "How do we ensure that each child gets the right amount of service they need without also creating unattainable expectations for families regarding the number of hours they need to spend in scheduled appointments which leads to families declining care/discontinuing care?"
- "We lack clarity on the number of hours (dosage) across concurrent services or the types of sequencing of available services that best benefits children."
- "Comparative effectiveness studies on commonly used behavioral health screening and assessment tools (e.g., CASII-CALOCUS, CANS) and strategies for system-wide alignment."

Youth with Intellectual and Developmental Disabilities
- "What existing EBPs can be adapted to address the needs of children with MH and IDD?"
- "How can care and financing for care for these populations be better shared and coordinated with public IDD systems (which usually heavily medical and less behaviorally focused)?"
- "What is needed are interventions that do not rely on cognition: 1) how adaptations in a child's environment and routines achieves positive outcomes, 2) the identification of somatic-based treatment that calm the child's parasympathetic system – including those that can be incorporated child's routines, and 3) the effectiveness of person-centered assessment and service planning to fully understand and address the child full range of needs."

Other Open-Ended Feedback
Additional open-ended feedback centered on several themes, including the need for and proposed focus of the Research Summit, important topics that were not included in survey categories, and the need for the field to account for the current political context.

Confirming need for a shift in research priorities and the current research summit

- "I think it is important to not simply "identify the most important learning needs state, local, and national decision makers have regarding youth and family behavioral health policy and services," *but to also consider the most important learning needs child/youth MH services researchers have about what happens in "real" public behavioral health policy making and care settings.*

- "As a researcher with practical experience in the public MH field, many realities and facts of public MH policy and service delivery is NOT reflected in most academic research -- and this gap is holding back this field of research, in terms of relevance and transferability to "real world" settings and families."

- "I think this is a great initiative. Given limited resources we need to ensure we are spending our precious BH dollars on what works but I fear we don't have sufficient data to tell us what to invest in. I think this initiative could provide some answers."

- "The behavioral health system in this country, as meager as it was, has collapsed. That needs to be written about and examined."

- "This is a critically needed effort. But it cannot be about generating information for academic purposes- it must be practical."

Specific service types

- "I didn't see anything about inpatient levels of care. I am always surprised that inpatient "gets a free pass" in terms of showing its efficacy, especially since it eats up 50% of federal BH dollars. What works in inpatient care?"

- "Service array gaps between residential interventions and community-based models... we need a better understanding of the role and benefit, if any, of partial hospitalization, intensive outpatient programs, and other non-PRTF care settings."

- "The system design flaw of providing for healthcare, inclusive of CBH, through CW/JJ systems rather than through a healthcare system. (Hypothesize that that the former leads to care fragmentation, CW/JJ system net widening, increased LOS in CW/JJ, necessary disruption of therapeutic relationships)"

Centers of Excellence and Intermediaries

- "Dissemination of policies through the workforce: how do policies get interpreted and implemented by frontline staff and organization administrators?"

- "Strategies to scale and sustain EBPs (e.g., trauma treatments, care coordination models) in real-world public systems including fidelity supports, training infrastructure, and policy levers. Is a COE the best approach or not?"

- "A focus on funding for intermediary organizations that promote workforce development and quality monitoring."

Data Systems and Assessments

- "I believe we need national and state level surveillance of children's mental health … that captures more specific service use, system involvement, and the service challenges and experiences of children and youth and their families."
- "Can we develop assessments that have higher predictive validity on risk for fire setting, PSB, or assaultive behavior?"
- "At what point is it reasonably too late to make a significant change in [youth] trajectory and different strategies should be prioritized?"

Political and Policy Studies

- "Research on how political shifts (e.g., rollbacks of DEI policies, changes in Medicaid eligibility) are impacting access to and quality of behavioral health services for marginalized youth and families."
- "Market research' that promotes ROI regarding best practice interventions for children and families as aligned with fiscal conservative values."
- "In what way does providing basic income make a significant change in mental health trajectories?"
- "Economic impact for families when their child/youth has mental health treatment/resolution to mental health issues"

Discussion and Next Steps

This survey represents an important step in developing a coordinated research agenda for youth and family behavioral health. The diverse representation of respondents across states, organization types, and professional roles provides a strong foundation for identifying critical knowledge gaps and research priorities to improve public systems serving youth and families.

The emphasis on workforce and systems-level issues suggests that field leaders prioritize foundational fiscal, policy, and infrastructure improvements over specific treatments or populations. However, research to guide investment in and implementation of specific service models (e.g., youth and family support) and services for specific populations (e.g., youth with intellectual/ developmental disabilities) were also highly ranked priorities.

Once analyses and review by participants are complete, these results will be disseminated and used to help inform the development of research proposals, funder partnerships, and tools needed to support evidence-based improvements in youth and family services across the nation. In the shortest term, we look forward to using the results to set the stage for collaborative action planning at the Youth and Family Behavioral Health Policy Research Summit on July 10, 2025.

APPENDIX A: Survey Respondent Information

Research Summit Respondents
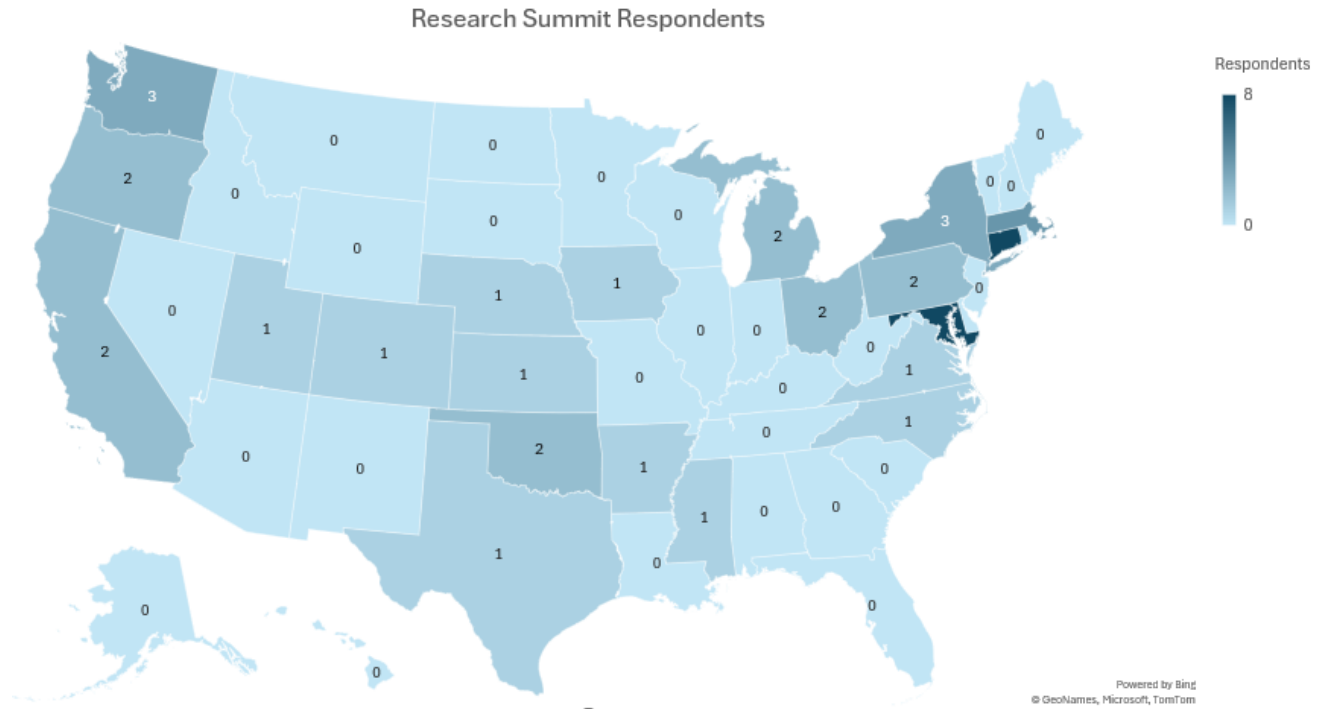
Table 3. Number of Research Summit Respondents, by Organization Type	#	%
Public system – state/territory/tribe	16	33%
Academic/university (public or private)	12	24%
Non-profit organization/foundation	7	14%
Private research or consulting firm	4	8%
Family-run organization	4	8%
Healthcare provider/system (hospitals, community health centers, independent provider)	2	4%
Professional association/membership organization	2	4%
Public system – federal	1	2%
Other advocacy or membership organization	1	2%

Table 4. Number of Research Summit Respondents, by State/Local/Federal Agency (if applicable; multi-select)	#	%
Mental health/behavioral health	22	37%
Substance use disorder	6	10%
Education	6	10%
Child welfare	5	8%
Medicaid	4	7%
Early childhood education/services	4	7%
Health/public health	3	5%
Justice/Juvenile Justice	1	2%
Intellectual and Developmental disabilities	1	2%
Other	7	12%
Note: Some open-ended responses in the "Other" category may not be applicable to state, local, or federal agencies. E.g., family, subject matter experts		

Table 5. Number of Research Summit Respondents, by Role/Title	#	%
Director/Deputy Director	16	29%
Faculty	7	13%
Research	5	9%
President/Vice President/CEO	4	7%
Consultant	4	7%
Program Manager/Supervisor	4	7%
Executive Director	3	5%
Policy Advisor	3	5%
Clinical	3	5%
Program Officer/Administrator	2	4%
Commissioner	1	2%
Youth/Peer Advocate	1	2%
Other	2	4%
Note: Open-ended responses were cleaned and aggregated into the broad categories listed in Table 6. Individual responses may be represented in more than one category (e.g., assistant research professor falls under both "faculty" and "research").		

Table 6. Number of Research Summit Respondents, by Professional Background or Area of Expertise	#	%
Clinical	36	27%
Public administration/policy	14	10%
Lived Experience (personal/family)	13	10%
Implementation Science	12	9%
Child Development	8	6%
Education	7	5%
Public health	6	4%
Substance Use Services	6	4%
Family Studies	5	4%
Community Development	5	4%
Law	4	3%
Economics/Finance	3	2%
Medicine (MD/DO)	2	1%
Business/Healthcare Administration	2	1%
Criminal Justice/Criminology	2	1%
Data Science/Statistics	2	1%
Nursing	1	1%
Other	7	5%
Note: Some open-ended "other" responses include leadership and governance. Most entries are redundant with the categories outlined above.		

APPENDIX B

Detailed List of Information Needs and Research Questions Proposed by Survey Respondents, by Category

This Appendix represents the verbatim research ideas and information needs from Research Summit participants, organized by category and thematically grouped.

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1. Workforce Recruitment, Retention, Training, Coaching, and/or Supervision

Ranked #1 priority (41% of respondents)

Workforce Shortages and Retention

"What types of policies and programs most effectively address workforce shortages in youth behavioral health? What are the most effective approaches to reducing burnout and turnover among existing youth behavioral health providers? How can employers implement these approaches and monitor their effectiveness in reducing burnout and turnover?"

"What organizational factors predict successful workforce development and retention?"

Training and Professional Development

"What type of policies and trainings do employers implement to ensure the new hire understands the importance of family engagement in treat? How do supervisors regularly support family engagement when supporting their staff during one on one of team meetings? What are the most effective approaches to reducing burnout and turnover among existing youth behavioral health providers? What organizational factors predict successful workforce development and retention?"

"Need research on what training topics should be prioritized for the BH workforce. What are effective training modalities (online/in-person, length of training, spaced repetition, etc.)? What is the most effective frequency and timing for providing ongoing training throughout the career span?"

"What are effective coaching and supervision models that support skill development and retention in the youth behavioral health workforce? How can organizations create supportive supervision cultures?"

Compensation and Career Development

"What compensation strategies are most effective for recruiting and retaining youth behavioral health workers? How do different benefit packages impact workforce stability?"

"What career pathway and advancement opportunities are most important for retaining youth behavioral health workers? How can organizations create clear professional development tracks?"

Peer Support Workforce

"What training models best support family peer specialists? Are employers more likely to hire Family Peer Specialists if they carry a certification, (nationally or state)?"

"What training and supervision models best support peer specialists working with youth and families?"

Specialized Training Needs

"How to expand the mental health workforce in schools."

"What specific training and support do providers need to effectively serve youth with co-occurring disorders?"

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2. Cross-Sector and Interagency Collaboration, Governance, and Systems Management to Support Shared Populations

Tied for #2 priority (33% of respondents)

Cross-System Outcomes and Effectiveness

"What are the most effective cross system examples of reducing adverse outcomes in child welfare (per capita rates group care, foster care, aging out) and/or youth justice systems (detention/commitment rates)? What are the key elements of those examples that could be replicated elsewhere?"

"What is the impact of providing behavioral health services for families involved in agencies such as child welfare/juvenile separately from other Medicaid system serving children?"

Governance Structures and Implementation

"What is the effectiveness of different governance structures for cross-system coordination and what strategies are used to implement this?"

"what is the return on investment of different types of interagency cost sharing arrangements and examples of how this is being done in different states?"

System Integration Models

"Does integration of behavioral health and developmental disability service systems for youth improve outcomes, particularly for youth with duel diagnosis (see NJ for example)? If so what adaptations of the service models were needed to support integration."

"How can different youth-serving systems (education, child welfare, juvenile justice, behavioral health) better coordinate care and share resources?"

Information Sharing and Data Integration

"What are the most effective approaches to information sharing across systems while maintaining privacy and confidentiality requirements?"

"How can data systems across sectors be better integrated to support coordinated care and track outcomes?"

Policy and Regulatory Alignment

"What policy and regulatory changes are needed to support effective cross-sector collaboration? How can different funding streams be better aligned to support integrated services?"

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3. Return on Investment and other Financing & Economic Policy Analysis

Tied for #2 priority (33% of respondents)

Long-term Economic Benefits

"What are the cross-sector economic benefits of early intervention for behavioral health?"

"What is the long term/lifespan ROI across systems and sectors (looking at savings in child welfare, juvenile justice, education, healthcare, adult justice, and increased revenue through increased tax base of working population) of System of Care CBH supports provided to youth."

"What are the cross-sector economic benefits of family engagement in treatment for behavioral health?"

Financing and Reimbursement Models

"What is the effectiveness and cost-effectiveness of different major state-level financing and reimbursement strategies that incorporate peer support?"

"How do different Medicaid policies impact service utilization and outcomes?"

"Need to understand how to design interventions with billing and economics in mind so training and services can be billed."

Payment Reform and Policy Analysis

"What payment and policy reforms show the greatest impact on reducing disparities?"

"What innovative financing models (such as social impact bonds, braided funding, etc.) show promise for supporting youth behavioral health services?"

Cost-Effectiveness Analysis

"What is the comparative cost-effectiveness of different service delivery models (intensive outpatient, residential, community-based, etc.) for youth with varying levels of need?"

"How do the costs and benefits of prevention and early intervention compare to crisis intervention and intensive services?"

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4. Peer Support (Parent/Caregiver and Youth)

Ranked #4 priority (31% of respondents)

Program Components and Effectiveness

"What are the key components of effective youth peer support programs? What training and supervision models best support peer specialists working with youth and families? What is the cost-effectiveness of incorporating peer support into traditional treatment models?"

"The most important and least researched is- What is the cost-effectiveness of incorporating Family peer support into traditional treatment models? What are the key competencies for effective family peer support. What training models best support family peer specialists? Are employers more likely to hire Family Peer Specialists if they carry a certification, (nationally or state)?"

Training and Certification

"What training models best support family peer specialists? Are employers more likely to hire Family Peer Specialists if they carry a certification, (nationally or state)?"

"What are the core competencies needed for effective youth and family peer support specialists? How should these be assessed and maintained?"

Integration with Traditional Services

"What are best practices for integrating peer support into youth crisis response?"

"How can peer support be effectively integrated into different service settings (schools, clinics, residential, etc.)?"

Supervision and Support

"What supervision and support models are most effective for peer support specialists? How can organizations create supportive environments for peer specialists?"

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5. Best Practices in Managed Care for Children with Complex Behavioral Health Needs

Tied for #5 priority (27% of respondents)

Managed Care Structure Comparison

"What is the effectiveness and cost-effectiveness of different public Managed Care structures (e.g., services included in the array, risk models, integrated versus specialty behavioral health MCO options)?"

"How does Managed Care children's behavioral healthcare systems compare with carved out state run fee for service models, such as New Jersey or entirely fee for service models such as Connecticut."

Care Coordination and Integration

"What are the most effective care coordination models within managed care systems for children with complex behavioral health needs?"

"How can managed care organizations better integrate behavioral health with physical health and social services?"

Quality and Outcomes

"What quality measures and outcome indicators are most important for evaluating managed care performance for children with complex behavioral health needs?"

"How do different managed care models impact access, quality, and outcomes for youth with varying levels of behavioral health complexity?"

Provider Networks and Access

"What provider network strategies are most effective for ensuring adequate access to specialized services for children with complex needs?"

"How can managed care organizations better support and retain providers who serve children with complex behavioral health needs?"

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6. Approaches to Measurement, Data Use, and Quality Improvement

Tied for #5 priority (27% of respondents)

Data Systems and Integration

"How to leverage big data to support learning schools/systems. How to move towards common measures/metrics for quality indicators."

"What are the most effective approaches to integrating data across different service systems while maintaining privacy and security?"

Quality Measurement and Improvement

"What quality indicators and outcome measures are most meaningful for youth behavioral health services? How can these be standardized across different service settings?"

"How can continuous quality improvement processes be implemented effectively in youth behavioral health organizations?"

Data Use for Decision Making

"How can data be used more effectively to support clinical decision-making and treatment planning for individual youth?"

"What data analytics approaches are most useful for identifying trends and improving population-level outcomes?"

Performance Measurement

"What are the most effective approaches to measuring and improving provider performance in youth behavioral health?"

"How can data be used to support accountability and transparency in youth behavioral health systems?"

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7. Use of Technology and Innovation (e.g., Telehealth, App-Based Interventions, AI)

Tied for #5 priority (27% of respondents)

Telehealth and Remote Services

"How does telehealth compare to in-person services for different youth populations and service types? What are the most effective models for integrating digital health tools into traditional care? How can app-based interventions be used to extend the reach of evidence-based treatments?"

"How to use technology to support clients and providers in the provision of services."

Digital Therapeutics and Apps

"How can app-based interventions be used to extend the reach of evidence-based treatments?"

"What are the most effective digital therapeutic interventions for different youth mental health conditions?"

Artificial Intelligence and Analytics

"How can artificial intelligence and machine learning be used to improve screening, assessment, and treatment matching for youth?"

"What are the ethical considerations and best practices for using AI in youth behavioral health services?"

Technology Implementation

"What are the barriers and facilitators to implementing technology-based interventions in youth mental health settings?"

"How can technology be used to improve care coordination and communication across providers and systems?"

8. School Mental Health

Ranked #8 priority (24% of respondents)

Implementation and Barriers

"How to address barriers to implementing effective interventions in schools. How to expand the mental health workforce in schools. Comparative effectiveness research in schools."

Service Delivery Models

"What are the most effective models for delivering mental health services in school settings? How can schools better coordinate with community mental health providers?"

"What is the optimal balance between universal, targeted, and intensive mental health interventions in schools?"

Workforce Development

"How to expand the mental health workforce in schools."

"What training and support do school personnel need to effectively identify and respond to student mental health needs?"

Effectiveness Research

"Comparative effectiveness research in schools."

"What school-based mental health interventions show the strongest evidence for improving both mental health and academic outcomes?"

9. Treatment and Interventions for Children/Youth with Intellectual and/or Developmental Disabilities (with or without Co-Occurring Mental Health Challenges)

Tied for #9 priority (24% of respondents)

Treatment Adaptations and Effectiveness

"What adaptations to evidence-based mental health treatments are most effective for youth with co-occurring IDD and mental health challenges? How can behavioral health and developmental disability service systems better coordinate care? What assessment tools best identify mental health needs in youth with limited verbal abilities?"

"What is the role of the educaitonal system and what are ways to incorporate them into partnerships with BH administrations and DDA"

Assessment and Diagnosis

"What assessment tools best identify mental health needs in youth with limited verbal abilities?"

"How can diagnostic processes be adapted to better identify mental health conditions in youth with intellectual and developmental disabilities?"

System Coordination

"How can behavioral health and developmental disability service systems better coordinate care?"

"What is the role of the educational system and what are ways to incorporate them into partnerships with BH administrations and DDA"

Service Delivery Models

"What service delivery models are most effective for youth with co-occurring intellectual/developmental disabilities and mental health challenges?"

"How can family-centered approaches be enhanced for families of youth with co-occurring IDD and mental health needs?"

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10. Treatment and Interventions to Support Older Youth (16-26) Transition to Adulthood

Tied for #9 priority (24% of respondents)

Transition Models and Services

"What service models best support youth transitioning from youth to adult mental health systems? What funding and payment models are being used to implement these models. How do determine ROI"

System Continuity and Coordination

"What are the most effective approaches to ensuring continuity of care during the transition from youth to adult services?"

"How can adult mental health systems be better prepared to serve transitioning youth with complex behavioral health needs?"

Funding and Payment Models

"What funding and payment models are being used to implement these models. How do determine ROI"

"What innovative financing approaches support seamless transitions between youth and adult behavioral health systems?"

Outcomes and Effectiveness

"What outcomes are most important to measure for transition-age youth, and how can these be tracked across systems?"

"What factors predict successful transitions to adult services and independent living for youth with behavioral health needs?"

11. Screening, Assessment, Referral Processes, and Care Pathways to Services

Ranked #11 priority (22% of respondents)

Service Entry and Pathways

"We lack a good understanding of how youth come into care and what the outcomes are of their engagement with services. In order to know where to invest it is critical that we understand what works for whom and when."

"What are the most effective pathways for connecting youth to appropriate behavioral health services? How can barriers to service entry be reduced?"

Screening and Assessment Tools

"What screening and assessment tools are most effective for identifying behavioral health needs in different youth populations and settings?"

"How can screening and assessment processes be standardized across different service systems and settings?"

Referral Processes

"What referral processes most effectively connect youth to appropriate services based on their specific needs and circumstances?"

"How can technology be used to improve referral processes and care coordination?"

Care Coordination

"What are the most effective models for coordinating care across multiple providers and systems for youth with complex needs?"

12. Strategies to Achieve Equity in Service Access and Effectiveness

Tied for #11 priority (22% of respondents)

Reducing Disparities

"What approaches most effectively reduce disparities in access to behavioral health services across racial/ethnic groups?"

"How to increase engagement and effectiveness for those who experience disparities in mental health care services and outcomes."

Payment and Policy Reform

"What payment and policy reforms show the greatest impact on reducing disparities?"

Cultural Adaptation and Responsiveness

"What cultural adaptations to evidence-based treatments are most effective for different racial, ethnic, and cultural groups?"

"How can behavioral health services be made more culturally responsive and accessible to diverse communities?"

Community Engagement

"What community engagement strategies are most effective for reaching underserved populations and improving service utilization?"

"How can community-based organizations be better integrated into formal behavioral health service systems?"

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13. Treatment and Interventions for Young Children (Prenatal - 5) and their Families

Ranked #13 priority (16% of respondents)

Early Intervention Models

"What are the most effective early intervention models for addressing behavioral health concerns in young children (prenatal-5) and their families?"

Family-Centered Approaches

"How can family-centered interventions be optimized for families with young children who have behavioral health needs?"

"What role do parent and caregiver interventions play in improving outcomes for young children with behavioral health concerns?"

Prevention and Screening

"What are the most effective approaches to preventing behavioral health problems in early childhood?"

"How can screening for behavioral health concerns be effectively implemented in early childhood settings?"

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14. Juvenile Justice and Court Interventions, Models, Approaches, and Best Practices

Tied for #13 priority (16% of respondents)

Diversion and Alternative Models

"What are the most effective diversion programs and alternatives to detention for youth with behavioral health needs?"

Court-Based Interventions

"What court-based intervention models are most effective for youth with behavioral health needs? How can mental health services be better integrated into juvenile court processes?"

System Integration

"How can juvenile justice and behavioral health systems better coordinate services and share information?"

"What training and support do juvenile justice personnel need to effectively work with youth who have behavioral health needs?"

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15. Crisis Response Systems

Ranked #15 priority (14% of respondents)

Crisis Planning and Preparation

"Some of the basic needs to support families in mid crisis. Do families actually have a crisis plan, or if this is the first entry into the BHC system? Do they know who to call? How often do families call the police for help? What has been the result of having police as first responders?"

Crisis Response Models

"What are the most effective crisis response models for youth and families? How can mobile crisis services be optimized for youth populations?"

Post-Crisis Support and Stabilization

"What are the best ways to provide follow-up support and stabilize a family after immediate crisis response? What are best practices for integrating peer support into youth crisis response?"

System Coordination in Crisis

"How can different systems (emergency services, law enforcement, behavioral health, schools) better coordinate during youth mental health crises?"

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16. Intensive Care Coordination

Ranked #16 priority (12% of respondents)

Care Coordination Models

"What are the most effective intensive care coordination models for youth with complex behavioral health needs?"

"How can care coordination be sustained over time and across different service systems and life transitions?"

Workforce and Training

"What training and competencies are needed for effective intensive care coordinators? What supervision and support models work best?"

Outcomes and Effectiveness

"What outcomes should be measured to evaluate the effectiveness of intensive care coordination? How do different models compare in terms of cost-effectiveness?"

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17. Treatment and Interventions for Children/Youth (such as Office-Based Cognitive-Behavioral, Therapy-Based, or Intensive In-Home Treatments)

Tied for #16 priority (12% of respondents)

Evidence-Based Treatment Implementation

"What are the most effective approaches to implementing evidence-based treatments in community settings while maintaining fidelity?"

"How can evidence-based treatments be adapted for different populations while preserving their effectiveness?"

Treatment Modalities and Effectiveness

"What is the comparative effectiveness of different therapeutic modalities (CBT, family therapy, intensive in-home, etc.) for different youth populations and presenting problems?"

Treatment Setting and Delivery

"How do different treatment settings (office-based, home-based, community-based) impact treatment engagement and outcomes?"

Integration with Other Services

"How can individual and family therapy be better integrated with other services and supports (medication, case management, peer support, etc.)?"

18. Child Welfare Interventions, Models, Approaches, and Best Practices

Ranked #18 priority (6% of respondents)

Child Welfare and Mental Health Integration

"How can behavioral health services be better integrated into child welfare practice and decision-making?"

"What are the most effective approaches to addressing trauma and behavioral health needs of youth in foster care?"

Family Preservation and Reunification

"What interventions are most effective for supporting family preservation and reunification for families involved in child welfare with behavioral health concerns?"

System Coordination

"How can child welfare and behavioral health systems better coordinate services and share information to improve outcomes for youth and families?"

19. Residential Interventions

Ranked #19 priority (4% of respondents)

Residential Treatment Models

"What residential treatment models are most effective for youth with complex behavioral health needs? How can length of stay be optimized?"

Transition and Aftercare

"What are the most effective approaches to transitioning youth from residential treatment back to community-based services?"

Alternatives to Residential Care

"What community-based alternatives to residential treatment are most effective for youth who might otherwise require residential placement?"

20. Certified Community-Behavioral Health Centers (CCBHCs)

Ranked #20 priority (2% of respondents)

CCBHC Implementation and Effectiveness

"What are the outcomes and effectiveness of the CCBHC model for serving youth and families with behavioral health needs?"

"How can CCBHCs be optimized to better serve youth populations with varying levels of complexity and need?"

Service Integration

"How effectively do CCBHCs integrate different services (mental health, substance use, primary care, social services) for youth and families?"