



# Innovations Research Coalition for Youth & Family Behavioral Health

*Initial Workplan & Summit Follow-Up  
Survey Results*

October 2025

On July 10, 2025, the Innovations Institute at the University of Connecticut School of Social Work, with funding support from the Annie E. Casey Foundation, hosted a *Youth and Family Behavioral Health Research Summit* 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.

Through a series of rigorous nominal group processes, Summit participants identified and prioritized 123 information needs, 68 research priorities, and 81 collaborative action steps. The highest research priorities were **cross-system collaboration and financing strategies, strengthening the workforce, and peer support models**. In addition, **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, including **crisis response** and **psychotropic medication**, as were two specific populations: **youth with neurodiversity** and **transition aged youth**. Full results are available at: <https://innovations.socialwork.uconn.edu/researchsummit/>.

## The Current Report

This report summarizes work undertaken in the first three months since the Research Summit by the newly established **Innovations Research Coalition**, followed by a workplan and summary of next steps. Below are major tasks completed:

1. **A literature review** summarizing peer-reviewed papers on youth behavioral health research priorities was formatted and uploaded to the **Innovations Research Coalition website** (Olson, Peterson & Bruns, 2025).
2. **A follow-up survey** was sent to all Summit participants, who voted on action steps, added additional ideas, and indicated interest in specific working groups.
3. **An Initial Research Coalition Workplan** was developed based on input from the follow-up survey and small group meetings. This Workplan is summarized below and is available for review and comment on the **Research Coalition website**.

4. **Workgroups focused on Coalition priorities** on (1) state financing strategies, (2) peer support, and (3) crisis response have initially convened, building on existing entities such as the [Family Research Partnership](#), hosted by FREDLA.
5. **A summary of notices of funding opportunity** and other potential funding sources, cross-walked to research priorities, has been developed. Specific opportunities relevant to each research priority area are summarized below and on the [Research Coalition website](#).
6. **A communications strategy** has been developed, led by the Innovations Institute, including elements such as social media posts, announcements via the [TA Telegram](#) and other outlets, and establishment of the Research Coalition webpage.
7. **Research Coalition priorities have been introduced into existing entities**, such as the *Children's Behavioral Health Collective* and [Family Research Partnership](#).
8. **Grant applications to support the Coalition** were submitted, including a Letter of Intent to the [Patient Centered Outcomes Research Institute \(PCORI\)](#) for a [Capacity Building Engagement Grant](#).

## Moving The Research Coalition Forward

During the Research Summit, Research Coalition participants identified an array of priority action steps, which were then prioritized via a follow-up survey (see full results below). The highest priority action steps included (1) *Articulate and establish guiding principles for the Coalition*, (2) *Map research and information priorities to policy levers and funding opportunities*, (3) *Convene and engage state partners around priority action steps and available data*, (4) *Convene working groups for each priority area*, and (5) *Connect with other groups doing similar work*.

Based on these priorities, **Immediate Next Steps** for the newly established *Innovations Research Coalition* include:

1. **Convene workgroups** with diverse representation of Summit participants and other key participants to develop agendas based on a cross walk of priority information needs to policy levels and funding sources. Workgroups will focus on eight priority research areas:
  - Medicaid and other funding strategies to prevent deeper JJ/CW involvement

- Parent and youth peer support
  - Youth with neurodiversity and mental health diagnoses
  - Youth/family crisis systems
  - State-level system strategies including Data, Evaluation, and CQI and Cross-sector collaboration
  - Psychiatric medications: Effective utilization and opportunities for de-prescribing
  - Young people transitioning from child to adult systems
2. **Complete a manuscript** (now in preparation) with feedback from (and recognition to) the full Coalition summarizing Summit results and action steps.
  3. **Expand the Research Coalition** to "convene thinkers from other disciplines," such as AI experts, engineers, philanthropic leaders, and others to enhance our research capacity and impacts.
  4. **Continue to engage all Coalition members** to establish principles, develop consensus statements, and invite additional participation from relevant researchers and research users.

In the remaining sections of this report, we summarize the following:

1. **Current Innovations Research Coalition workgroups and participants.** If you are a Summit/Coalition participant who did not complete a follow-up survey and would like to be added to the roster below, please email Eric Bruns at [ebruns@uw.edu](mailto:ebruns@uw.edu).
2. **Overview of initial workplan elements for each workgroup/priority research area.** These elements include current and proposed collaborators, relevant work by participants already underway, example research questions, and possible funding opportunities. This [workplan](#) is also available online and available for commenting and editing by Coalition participants.
3. **Post-summit survey results**, including results of voting on priority action steps and open-ended comments from respondents.

## Innovations Research Coalition workgroups and participants

Research Priority Subgroup	Participants (Potential co-leads in <b>bold</b> )
<b>Medicaid and other funding strategies</b> to bolster systems of care, service array, and effective interventions	<b>Tony Bonadio, Genevieve Graaf,</b> Suzanne Fields, Chelsea Holcomb, Alex Dopp, Joe Ribsam, Sheamekah Williams, Nancy Thaler, Misty Woody, Deborah Harburger, Jill Farrell, Kim Estep
<b>Parent and Youth Peer support:</b> Systems, funding, workforce, ROI, and service model research	<b>Johanna Bergen, Millie Sweeney, Bruno Anthony,</b> Elliott Hinkle, Kimberly Hoagwood, Misty Woody, Chandria Jones, Eric Bruns
<b>Children and Youth with neurodiversity and mental health diagnoses:</b> Effective treatments and system strategies	<b>Michelle Zabel,</b> Chelsea Holcomb, Sarah Kuriakose, Genevieve Graaf, Jonathan Olson, Nancy Thaler
<b>Children’s crisis systems:</b> State profiles to inform definitions, service model, administrative data sources, policies, and future research	<b>Eric Bruns, Sarah Quinn,</b> Tony Bonadio, Chelsea Holcomb, Sheamekah Williams, Jeff Vanderploeg, Christopher Bellonci, Chandria Jones, Michelle Zabel
<b><u>State systems: Three priority areas:</u></b> <ul style="list-style-type: none"> <li>• <b>System strategies:</b> e.g., comparative state studies;</li> <li>• <b>State data systems:</b> strategies &amp; gaps;</li> <li>• <b>Cross-sector collaboration:</b> Measurement and effective strategies</li> </ul>	<b>Deborah Harburger, Tony Bonadio,</b> Christopher Bellonci, Sarah Kuriakose, Alex Dopp, Joe Ribsam, Genevieve Graaf, Kimberly Hoagwood, Sheamekah Williams, Nancy Thaler, Jeff Vanderploeg, Misty Woody, Bruno Anthony, Bryce D. McLeod, Michael Southam-Gerow, Suzanne Fields, Eric Bruns, Johanna Bergen, Jill Farrell, Kim Estep, Michelle Zabel
<b>Psychiatric medications:</b> Effectively prescribing, use, and opportunities for de-prescribing	<b>Christopher Bellonci,</b> Chelsea Holcomb, Sheamekah Williams
<b>Young people transitioning from youth to adult systems,</b> including role/impact of parent/family involvement	<b>Jennifer Manuel,</b> Bruno Anthony, Chelsea Holcomb, Elliott Hinkle, Genevieve Graaf, Millie Sweeney, Jonathan Olson, Chandria Jones

**Innovations Research Coalition:**

**Priority Workgroups and Initial Workplan Elements**

Research Priority Area	Current/potential Collaborators	Work underway	Potential/ Example RQs	Relevant Grant opps/ NOFOs
<p><b>Medicaid and other funding strategies to prevent deeper JJ/CW involvement</b></p> <p>Leads: Bonadio, Graaf</p>	<ul style="list-style-type: none"> <li>• Children’s Behavioral Health Collective (CBHC)</li> <li>• NASMHPD</li> <li>• NAMD</li> <li>• Casey Family Programs</li> <li>• CWLA</li> </ul>	<ul style="list-style-type: none"> <li>• R01 submitted Oct 2025: <i>Estimating the effects of HCBS Medicaid waivers on mental health outcomes for youth with complex MH needs</i> (Graaf PI)</li> <li>• Innovations Inst. tapped by AECF to facilitate Children’s Behavioral Health Collective</li> </ul>	<ul style="list-style-type: none"> <li>• What intensive community-based services (ICBS) can be sustained in public Medicaid funded service systems</li> <li>• What are most effective waiver and alt payment mechanisms for ICBS</li> <li>• What are most effective methods for using Medicaid managed care</li> </ul>	<p><a href="#">Innovative MH Services Research Not Involving Clinical Trials</a></p> <p>R01: Accelerating Solutions to Improve Access and Quality of Empirically-Supported Practices for Youth MH</p> <p>PAR-25-278: Advancing Learning Health Care Research in Outpatient MH Treatment Settings</p> <p><a href="#">PCORI: Improving Health Decision Making with Comparative Clinical Effectiveness Research: Retrospective Observational Studies Leveraging Existing Data Sources</a></p>
<p><b>Parent and Youth Peer support</b></p> <p>Leads: Bergan, Sweeney, B. Anthony</p>	<ul style="list-style-type: none"> <li>• FREDLA</li> <li>• Family Research Partnership</li> <li>• Youth MOVE</li> <li>• CU Anschutz Med Center</li> <li>• Kaiser Family Foundation</li> </ul>	<ul style="list-style-type: none"> <li>• NIMH R34 on PPS now complete (PIs Anthony, Bruns)</li> <li>• NIMH R01 on PPS in Emergency Depts submitted (PI Anthony)</li> <li>• PCORI Engagement grant submitted Sept</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support effectiveness (including cost effectiveness)</li> <li>• Mechanisms of change</li> <li>• Workforce considerations</li> </ul>	<p><a href="#">Risk and Protective Factors of Family Health and Family Level Interventions (R01 Trial Optional)</a></p> <p>PAR-25-310: Accelerating Solutions to Improve Access and Quality of Empirically-Supported Practices for Youth Mental Health (R01)</p>

Research Priority Area	Current/potential Collaborators	Work underway	Potential/ Example RQs	Relevant Grant opps/ NOFOs
	<ul style="list-style-type: none"> <li>C.A.S.E.</li> </ul>	2025 (PIs Matarese and Sweeney)		PCORI Broad Pragmatic Studies
<b>Youth with neurodiversity and mental health diagnoses</b>	<ul style="list-style-type: none"> <li>State Offices of Special Education</li> <li>NASMHPD</li> <li>NAMDDD</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<a href="#">R01: Accelerating Solutions to Improve Access and Quality of Empirically-Supported Practices for Youth MH (R01 Optional)</a> PCORI IDD Disabilities Topical PFA
<b>Youth/family crisis systems</b> Leads: Bruns, Quinn	<ul style="list-style-type: none"> <li>Casey Family Programs</li> <li>CWLA</li> <li>NORC – via CMS, has research DUA</li> <li>Specific states with innovative crisis systems (e.g., NJ, CT)</li> </ul>	<ul style="list-style-type: none"> <li>ID'd RQs with Innovations MRSS group</li> <li>Foundational lit review on youth crisis underway</li> <li>Connections to NORC and AECF re MRSS and CW</li> <li>Refinement of Innovations MRSS framework for sub-pops incl CW underway</li> </ul>	<ul style="list-style-type: none"> <li>State profiles re: regs/ finance/ population served/ data systems (CAT/Medicaid)</li> <li>What are MRSS outcomes, including prevention of deeper CW and other systems involvement</li> <li>How does MRSS funding (e.g. Medicaid codes v. contracts) impact costs and outcomes</li> </ul>	R01: Accelerating Solutions to Improve Access and Quality of Empirically-Supported Practices for Youth MH PAR-25-278: Advancing Learning Health Care Research in Outpatient MH Treatment Settings (R34) R01: Research in Crisis Response Services for Suicide Prevention Arnold Ventures Building Evidence RFP
<u><b>State systems:</b></u> <ul style="list-style-type: none"> <li><b>System strategies</b></li> <li><b>State data systems</b></li> </ul>	<ul style="list-style-type: none"> <li>Children's Behavioral Health Collective</li> <li>AECF/Casey FP</li> <li>NAMD</li> <li>NASMHPD</li> </ul>	<ul style="list-style-type: none"> <li>Meeting between Innovations, AECF, CFP Sept 2025</li> <li>"Care pathways": Medicaid data analyses and</li> </ul>	<ul style="list-style-type: none"> <li>What are most effective strategies for cross-sector collaboration on behalf of youth with complex needs</li> </ul>	<a href="#">Innovative MH (and Pilot MH) Services Research Not Involving Clinical Trials</a> R34: Advancing Learning Health Care Research in Outpatient MH Settings

Research Priority Area	Current/potential Collaborators	Work underway	Potential/ Example RQs	Relevant Grant opps/ NOFOs
<ul style="list-style-type: none"> <li>• <b>Cross-sector collaboration</b></li> </ul> <p>Leads: Harburger, Bonadio</p>	<ul style="list-style-type: none"> <li>• NRI</li> <li>• NYU Langone</li> </ul>	<p>manuscript for 3 states underway (PI Bonadio)</p>	<ul style="list-style-type: none"> <li>• What are examples of state data systems that can provide guidance on ICBS intensity/timing/type</li> <li>• Effective/cost-effective models for tiering care coordination</li> <li>• How can AI be used to improve cross system data linking</li> <li>• How can state systems develop care pathways that effectively and efficiently meet the needs of youth/families within their communities</li> </ul>	<p>PA-24-154: AHRQ Health Services Research Projects (R01)</p> <p>W.T. Grant Foundation: Res. Grants on Reducing Inequality</p> <p>WTG Institutional Challenge Grants</p>
<p><b>Psychiatric medications: effectively utilization and opportunities for de-prescribing</b></p> <p>Lead: Bellonci</p>	<ul style="list-style-type: none"> <li>• AACAP (specifically the Adoption and Foster Care committee)</li> <li>• Baker Center</li> </ul>	<ul style="list-style-type: none"> <li>• AACAP Deprescribing Clinical Update</li> <li>• MAP and CARE data showing EBP is associated with medication decreases</li> </ul>	<ul style="list-style-type: none"> <li>• Does access to evidence-based therapies and comprehensive community-based service arrays result in lower medication rates</li> <li>• What are effective methods for de-prescribing</li> </ul>	<p>PAR-25-310: Accelerating Solutions to Improve Access and Quality of Empirically-Supported Practices for Youth MH (R01)</p> <p>PCORI Broad Pragmatic Studies</p>

Research Priority Area	Current/potential Collaborators	Work underway	Potential/ Example RQs	Relevant Grant opps/ NOFOs
<p><b>Young people transitioning (from service settings and between systems)</b></p> <p>Lead: Manuel</p>	<ul style="list-style-type: none"> <li>• FREDLA</li> <li>• Youth MOVE</li> </ul>	<ul style="list-style-type: none"> <li>• Lit review on evidence-based transition strategies that bridge a gap between institutional and community provider systems</li> </ul>	<ul style="list-style-type: none"> <li>• Effective strategies for youth transitioning from youth to adult systems</li> <li>• Effective strategies for young people transitioning from inpatient to community settings</li> </ul>	<p>W.T. Grant Foundation Research Grants on Reducing Inequality</p> <p>PAR-25-283: Innovative Mental Health Services Research Not Involving Clinical Trials</p>

## Post-Research Summit Survey Results

### Priority Next Steps Rankings

**Table 1. Number of Respondents Indicating Category is a Top 5 Action Step (N=20)**

	#	%
1. Articulate and agree to guiding principles for the group: (a) Convene youth and family partners to co-create next steps; (b) Commit to partnership with youth, families, researchers, providers, and policymakers in all research initiatives and at all levels; (c) Disseminate widely; (d) Agree to serve as a sounding board for others doing comparable work; (e) Confirm System of Care principles and values as a foundation; (e) Commit to fiscal accountability and sustainability.	12	14%
2. Map research and information priorities to policy levers and funding opportunities.	9	10%
3. Engage state partners to share/connect relevant data on service quality and effectiveness and more rapidly scale effective practices.	9	10%
4. Convene working groups for each priority area, inclusive of cross-state stakeholders.	9	10%
5. Convene state decision makers and other stakeholders to further consolidate existing knowledge, plan future work across domains, and organize materials, data, and knowledge to support research and action.	9	10%
6. Connect with other groups doing similar work (e.g., Children's Behavioral Health Collaborative).	9	10%
7. Develop a framework for assessing the human impact and service losses due to federal budget cuts.	8	9%
8. Develop an "impact and effort" matrix estimating (1) important/potential impact as well as (2) time and effort needed to address information needs, to determine priorities.	7	8%
9. Develop white paper on identified Research Priorities (with individual and organizational sign-on), and a communication strategy to share results to identified audiences.	6	7%
10. Conduct literature scan and synthesis for all priority topics, summarizing what is known and what needs more research, to inform critical policy decisions.	5	6%
11. Further refine research areas, simplify language, develop a story behind the information or research need, and create measurable goals for each need.	4	5%
12. Identify end users of this research and do a social validity check.	4	5%
13. Create a network directory of Summit participants and other partners by interest area to share and influence change outside the group.	3	3%
14. Build relations with tribal leaders within your area of influence.	2	2%
15. Initiate data use agreements, especially with hospitals and public agencies, to support research and data collection (will require a network of DUAs).	0	0%

**Table 2. Action Step Voting and Calculation of Priorities by Rankings (N=20)**

<b>Next Step Priorities for Innovations Research Coalition</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>	<b>Total</b>
1. Articulate and agree to guiding principles for the group*	6	0	1	2	2	<b>39</b>
2. Map research and information priorities to policy levers and funding opportunities.	4	1	1	2	1	<b>32</b>
3. Engage state partners to share/connect relevant data on service quality and effectiveness and more rapidly scale effective practices.	0	3	1	3	2	<b>23</b>
4. Convene working groups for each priority area, inclusive of cross-state stakeholders.	0	2	4	1	1	<b>23</b>
5. Develop an “impact and effort” matrix estimating important/potential impact and time and effort needed to address information needs, to determine priorities.	0	4	1	2	0	<b>23</b>
6. Develop a framework for assessing the human impact and service losses due to federal budget cuts.	0	2	3	2	1	<b>22</b>
7. Convene state decision makers and other stakeholders to further consolidate existing knowledge, plan future work across domains, and organize materials, data, and knowledge to support research and action.	2	0	1	1	4	<b>19</b>
8. Conduct literature scan and synthesis for all priority topics, summarizing what is known and what needs more research, to inform critical policy decisions.	1	2	1	0	1	<b>17</b>
9. Further refine research areas, simplify language, develop a story behind the information or research need, and create measurable goals for each need.	1	2	0	1	0	<b>15</b>
10. Identify end users of this research and do a social validity check.	2	0	1	1	0	<b>15</b>
11. Connect with other groups doing similar work (e.g., Children’s Behavioral Health Collaborative).	0	1	0	3	3	<b>13</b>
12. Develop white paper on identified Research Priorities (with individual and organizational sign-on), and a communication strategy to share results to identified audiences.	1	0	2	0	2	<b>13</b>
13. Build relations with tribal leaders within your area of influence.	1	1	0	0	0	<b>9</b>
14. Create a network directory of Summit participants and other partners by interest area to share and influence change outside the group.	0	0	2	0	1	<b>7</b>
15. Initiate data use agreements, especially with hospitals and public agencies, to support research and data collection (will require a network of DUAs).	0	0	0	0	0	<b>0</b>

## Post-Research Summit Survey Results

Open ended feedback on research priority areas

<i>Identify programs and interventions that can be leveraged in Medicaid services to prevent child welfare and juvenile justice involvement. (19 votes)</i>
High area of interest.
Medicaid waivers are a key element in this - and this is my expertise. Also, there are many structural predictors at the state level, specifically for child welfare, that contribute to children with mental health needs ending up in CW.
High priority population need to be addressed. Looking at data, model and outcomes.
Medicaid can fund treatment and long-term support services. States are too inclined to turn only to behavioral health Medicaid as a solution. But children with complex behavioral health needs require both.... Medicaid to support brain healthy approaches in their daily living experiences and to facilitate learning; and to achieve recovery from trauma.  Medicaid eligibility can be expanded to children otherwise not eligible due to family income but two few states have adopted these options.
I am currently positioning my FRO to have a billable service for family peer support so using this as an intervention is something I am presently working on.

<i>Role and impact of youth and parent peer support – services and system level. (16 votes)</i>
Collaboration on grant funding both at state and national level.
FREDLA is open to participating in, collaborating on, and contributing to research and information around youth and parent peer support. The national Family Research Partnership can help as a mechanism for collaboration if needed, and our network of family run organizations are always interested in participating whenever they are able to do so.  Specific aims could include: illuminate outcomes of Y/P peer support, document best practices in Y/P peer support, and identify how and where Y/P peer support is effective in and across systems (including operational components, examples of roles/tasks, funding, etc.).
Training protocols, manuals, models for youth advocates in high schools (for example)
I completed a national multi-partner research study on Parent Peer Support last year and am familiar with the process, best practices, and methods in researching the role and impact of PPSP.

<i>Document cross-system collaboration and financing: Identify measurement strategies and conduct new and/or synthesize existing research on outcomes. (2 votes)</i>
This ties into system-level policy and financing...if child services aren't siloed do we get more "bang for our buck" by blending resources?
Financing plays an important role in the problems in cross-system transitions, but this has been under examined and documented - and optimal solutions need to be identified.

### Section 3. Final Comments

<b>Final Comments</b>
Nice work!
It would be helpful to identify who else I should be gathering in my state to support this effort. titles, areas etc.
Thank you so much for the invitation to participate!
The current Summit Report is a useful in-depth summary of our entire process; consider also creating an executive summary that primarily emphasizes the top action steps that come out of this survey, as that will probably be of much wider interest than the in-depth report.
Happy to participate more, in any way I can.
As previously noted at the Summit and in this survey, we need more youth and family representation. Thank you for the convening and the efforts to keep this moving forward!
We need to keep our eye on workforce enhancement.
Thanks for taking this on. Look forward to meeting with some of the team and funders in Seattle.
I love the Summit Report! It is very informative, inclusive and I believe it can be a guideline for group momentum and progress. I believe I included most statements throughout the survey that I would include here. I do recommend potentially including some stakeholders from the education field, I think they could include a lot of input and support local level policymaking and advocacy.