



JOINT MEETING ON YOUTH PREVENTION, TREATMENT, AND RECOVERY



March 18-20, 2024
Baltimore, MD



Held in conjunction with the *Pathways to Wellness Forum*

Occurring March 20-21, 2024



SAMHSA
Substance Abuse and Mental Health
Services Administration



Call for Proposals

GENERAL INFORMATION

The deadline for proposal submission is December 5, 2023. Word limit for all submissions is 400 words. Please check the individual proposal submission web pages for specifics. All submissions will be peer-reviewed and participants will be notified by the first week of January, 2024 at the latest. Time and space considerations as well as program need will factor into acceptance decisions and assignment to oral or poster sessions. Authors must limit themselves to no more than two first author submissions. If individuals submit more than two proposals as first author, only two will be considered (based on date of submission).

If you would like to learn more about the Pathways to Wellness Recidivism Reduction Initiative (PWRI) Forum Submission, please see page 4.

IMPORTANT DATES

Proposal submission portal opens	October 5, 2023
Proposal submission deadline	December 5, 2023
Authors notified of decision	January 5, 2024
Earliest registration deadline	November 18, 2023
Final early registration deadline	January 18, 2024

PURPOSE & HISTORY

The inaugural 2024 Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR) conference aims to promote and improve adolescent substance use prevention, early intervention, harm reduction, treatment, and recovery support services and initiatives by providing a dynamic and interactive forum for the exchange of research, policy, and clinical information and ideas among researchers, practitioners, policymakers, youth and families, and community members.

The conference seeks to reinvigorate the field following the tradition of the Joint Meeting on Adolescent Treatment Effectiveness (JMATE) which ran from 2005–2012. JMATE was created through the leadership of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), National Institute on Drug Abuse (NIDA), and National Institute on Alcohol Abuse and Alcoholism (NIAAA) and further supported by the Robert Wood Johnson Foundation, Office of Juvenile Justice and Delinquency Prevention (OJJDP), Association of Recovery Schools, numerous university- and community-based organizations, and youth and families. With a renewed focus on this area, the newly formed National Center on Youth Prevention, Treatment and Recovery (youthrecoveryanswers.org) at the Massachusetts General Hospital Recovery Research Institute in collaboration with numerous federal, state, and national organization partners, is continuing to expand this effort to address the public health imperative of tackling youth alcohol and other drug use.

2024 JMYPTR

The 2024 JMYPTR theme is ***“Bringing Youth Back to the Top of our Nation’s Substance Use Agenda”***. The current alcohol and drug crisis in our nation is unprecedented – we need collaborative urgency, action, and innovation. There is an increased recognition of the need to prevent the start of substance use disorders, intervene earlier in the clinical course, provide access to harm reduction services, as well as more generally attract and engage young people much sooner into services that can help initiate, support, and maintain remission and stable recovery over time instead of waiting for these disorders to become entrenched and harder to treat. The 2024 JMYPTR will serve as a platform for all stakeholders to gather to learn and share information about evidence-based and innovative practices and research as well as to build new collaborations.

The current era of change spans many fields and cuts across multiple levels:

- A young people’s recovery movement that includes greater listening to youth and families in directing their care and their need to learn about recovery from their peers
- Preparing the field for health care services delivery changes including virtual models and use of health information technology.
- Integration of substance use disorder and mental health treatment into behavioral health services
- Expanding substance use disorder and mental health treatment into primary care
- School-based substance use and mental health care
- Re-entry and changes in juvenile justice
- Increasing demand for early intervention and harm reduction services
- Demand for more knowledge about helpful recovery support services specifically for youth

The 2024 JMYPTR includes 4 thematic areas:

1. Innovations in prevention, early intervention, harm reduction, and treatment practices
2. Youth focused recovery-oriented systems of care
3. Native American youth
4. Special topics

These thematic concentrations organize the program into general topics and foster greater information exchange by encouraging multiple presentations within each area. JMYPTR proposals should focus on youth populations ages up through age 26 years old or on practitioners/groups/settings that support and work with that age group.

Thematic Areas

1. Innovative Prevention, Early Intervention, Harm Reduction, Treatment and Recovery Support

Practices:

There is a pressing need to identify novel treatments and practices that have been developed specifically for youth, and for these to have been developed with their and their family's input. This concentration area seeks proposals of novel treatments and practices for which there may be theoretical support, pilot data or early trial evidence of a positive effect on young people. Studies of existing treatments which seek to limit disparities among minoritized populations by adapting approaches to specific populations will be appropriate for this track. Small sample studies or qualitative studies that have a strong theoretical rationale will also be appropriate for this concentration. Other topics to be addressed within this concentration include but are not limited to the following:

- Positive youth development activities to address recovery (including the arts, community development athletics, and others)
- Youth and family definitions of recovery
- Youth and family empowerment
- Youth and family leadership
- Youth and family advocacy/community service strategies that build upon collaboration among youth, families, and community partners

2. Youth Focused Recovery-Oriented Systems of Care:

The field has moved to valuing an orientation of recovery-oriented systems of care, that is, a transformational shift in how we approach youth substance use prevention, treatment and recovery. From this perspective, there should be "no wrong door to treatment" and no single pathway to recovery. A comprehensive infrastructure supporting both treatment and recovery must be developed. This concentration will focus on how the different and multiple youth-serving systems can support youth through (1) evidence-based interventions, treatments, and practices, (2) education-based prevention and recovery supports, and (3) community-based recovery supports.

This concentration will also focus on different aspects of the larger continuum of care as well as proposals that examine infrastructure elements such as collaboration, integration, and supportive organization and financing arrangements across multiple systems that serve youth. Topics to be addressed within this concentration include but are not limited to the following:

- Implementation of evidence-based treatments and practices
- Community-based prevention, treatment, and recovery support services
- Education-based prevention and recovery support services
- Emerging models of collaboration and integration of youth treatment and recovery delivery systems including primary care, mental health treatment, substance use disorder treatment, child welfare and foster care, education, juvenile justice, etc., as well as new organizational models (accountable care organizations, health homes, etc.)
- Issues in financing a comprehensive continuum of treatment and recovery services and supports for youth with substance use/co-occurring disorders, including public/private insurance issues. Encouraging family member and youth voices in program design and policy development
- Preparing the field for healthcare reform
- Workforce development issues such as competencies for adolescent addiction counselors and recruiting young people into the field
- Public sector interagency collaboration and models of public/private sector collaboration
- Lessons learned from SAMHSA grant programs (SAC, SIG, ROSC) addressing these issues
- Navigating treatment and recovery systems – for families and for transition age youth

Thematic Areas

3. Native American Youth:

This concentration will focus on the specific needs of Native American/Indian youth including the special situation and contextual circumstances of Indian youth and their families and what innovations and effective culturally-sensitive practices are impacting or show potential in impacting the areas of substance use prevention, early intervention, harm reduction, treatment, and recovery support services.

Topics to be addressed in this concentration include but are not limited to:

- Preventing and treating trauma and violence among Native American youth
- Development and testing of promising culturally sensitive prevention and intervention practices
- Interventions to help family members
- Health and Wellness
- Building recovery capital for native youth
- Reducing homelessness

4. Special Topics:

The Special Topics theme will accept proposals in multiple areas. These sessions will focus on topics related to youth substance use that are not specifically addressed in other tracks, although there may be some overlap. A list of sample topic area keywords is available and includes but is not limited to the following:

- Screening and assessment
- Early Intervention
- Harm Reduction
- Addiction physiology
- Co-occurring substance use and mental health disorders
- Developmental and other disabilities, including Individualized Education Programs (IEPs)
- Health information technology
- Reducing homelessness
- Intergenerational addiction (parents and grandparents)
- Media and technology use in the engagement and retention of youth and families
- Methods and measurement
- Supporting military families
- Neuroscience and neurodevelopment, the developing adolescent brain
- Sociocultural issues and cultural competency
- Trauma and violence
- Youth and families
- Other

The 2024 Pathways to Wellness Recidivism Reduction Initiative (PWRRRI) Forum

The Bureau of Indian Affairs, Office of Justice Support supports Native communities to develop plans and implement best practice strategies to reduce recidivism and related health consequences. The third annual PWRRRI Forum provides avenues for information sharing among participants interested in improving the wellbeing of Native communities. The PWRRRI Forum overlaps in part with JMYPTR focusing on the Native American Youth topic area #3 above and will continue through the afternoon of March 21 after JMYPTR's conclusion, where sessions focus on Native communities across the life span. To submit to PWRRRI either in addition to or instead of JMYPTR, please submit through the same platform and, when prompted, select 'JMYPTR/PWRRRI' or 'PWRRRI' respectively.

Sessions and Presentation Types

Five types of sessions may be submitted:

- **Panel Presentation (90 minutes):** These are formal, thematic presentations. These proposals should include up to three panel presenters and a discussant. The discussion is intended to be interactive with audience participation strongly encouraged.
- **Individual Presentation (20 minutes):** Review committee members will group three related individual presentations to create a 90-minute thematic panel.
- **Technical Workshop (90 minutes):** Participants have an opportunity to learn about new skills or a very specific technical aspect. Although attendees will not become proficient in any skills, the workshop should include concrete exercises that directly engage workshop attendees in learning about the topic. A maximum of two facilitators is requested.
- **Poster Presentation (2 hours):** These presentations provide an opportunity for groups or individuals to display their program descriptions and research findings in a poster format. A 4'x6' poster board area will be available for each poster.
- **Roundtable (1-hour session):** Participants have an opportunity to engage in an interactive discussion about a specific topic. Proposals should describe how they will address the components of roundtables: (1) brief informal overview of the topic, (2) interactive discussion. A maximum of two facilitators is requested.

There are seven categories of presentations:

- **Original Research/Research Methods:** Sessions will include prospective and retrospective studies that involve hypothesis testing and data collection and analysis.
- **Literature Summary:** Sessions will include scholarly discussions of a specific topic via a review of the current literature.
- **Theoretical Commentary:** Sessions will be related to any topic about substance use treatment and recovery including but not limited to policy, trends in the field, treatment strategies, mechanisms of action, and methodological issues.
- **Program Description:** Sessions will provide a description of a program or a theme that is being pursued.
- **Clinical Techniques:** Sessions will provide information about current evidence-based clinical techniques being used in practice.
- **Policy/Advocacy Methods:** Sessions will provide research and skills that help inform policy/advocacy efforts.
- **Implementation Issues:** Sessions will describe lessons learned regarding implementation issues such as fidelity to evidence-based treatment, recruitment/follow-up, and engagement.

Definition of Terms

- **Note:** The conference adheres to the International Society of Addiction Journal Editors consensus statement which recommends against the use of terminology that can stigmatize people who use alcohol, drugs, other addictive substances or who have an addictive behavior (isaje.net/addiction-terminology.html). Please also see the Addictionary at recoveryanswers.org for guidance when developing proposals and final presentations.
- **Adolescents:** People between the ages of 12–17 years
- **Co-existing disability:** A substance use disorder and a disability
- **Co-occurring disorder:** A substance use and mental health disorder
- **Evidence-based:** Knowledge that is supported by research results that are statistically significant
- **Families:** Parents, grandparents, siblings, and caregivers of youth
- **Health Disparities:** "Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." —NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, Vol. 1, Fiscal Years 2002–2006
- **Transitional Youth:** People transitioning from adolescence into young adulthood between the ages of 18–27 years
- **Youth:** A person under the age of 27 years
- **Young Adolescents:** People ages 10–11 years
- **Young Children:** People under the age of 10 years

