CALL FOR PROPOALS: JOINT MEETING ON YOUTH PREVENTION, TREATMENT, AND RECOVERY

Thank you for your interest in presenting at the 2027 Joint Meeting on Youth Prevention, Treatment, and Recovery! You can find information on the submission process, abstract requirements, presentation types, and notification timeline in the following document.

March 23-25, 2027

Four Seasons Hotel in Baltimore, MD

Learn more at our website here

With questions or concerns, contact

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NATIONAL CENTER ON YOUTH PREVENTION TREATMENT RECOVERY

This conference would not be possible without PETER & ELIZABETH **TOWER FOUNDATION**

Submission Guidelines and Key Information

The following information outlines the requirements and process for submitting a proposal to the 2027 Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR). **We have updated this document from past years, please review all details carefully before preparing your submission, even if you have submitted to us before.** Contact info@youthrecoveryanswers.org with any questions or concerns.

IMPORTANT DATES

Proposal submission portal opens	**August 11, 2026**
Proposal submission deadline	**October 20, 2026 (extended)**
Submitter notified of decision	**Late December, 2026**
Submitter decisions made	**January 6, 2026**
Joint Meeting on Youth Prevention, Treatment, and Recovery	**Tuesday, March 23 - Thursday, March 25, 2027**

NATIONAL CENTER ON YOUTH PREVENTION TREATMENT RECOVERY

Funding for this conference was made possible by Grant #1R13DA064375-01A1 from the National Institute on Drug Abuse (NIDA). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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Submission Guidelines and Key Information

- **Abstract Word Limit:** 400 words
- **Submission Platform:** All abstracts must be submitted through our online portal.
- **First Author Limit:** Individuals may be listed as first author on no more than two abstracts. If more than two are submitted, only the first two (based on submission date) will be reviewed.
- **Presentation Participation Note:** ·Please be mindful of the number of presentations you are involved in, as space constraints may make it challenging to schedule each one in a unique time slot.
- **Learning Objectives:** ·Those who are submitting a panel presentation, roundtable, technical workshop, or individual presentation must include three learning objectives that describe what attendees should gain from the session. If possible, one learning objective should specify something practical, i.e., what the audience could do differently in their own practice or work as a result of attending your session.
    - For more information or advice on how to generate these, please see the APA resource on learning objectives: https://www.apa.org/ed/sponsor/resources/objectives.pdf
- **Peer Review:** All abstracts will undergo blind peer review.
- **Presentation Requirement:** All accepted presenters must deliver their sessions in person, and will be expected to disclose any conflicts of interest at the beginning of their presentation.

Language Policy

- We are committed to maintaining a respectful, inclusive, and stigma-free environment.
- **Feedback on abstracts that contain stigmatizing language will be provided ahead of the review process. Please keep an eye out for communications from conference organizers after you submit and leading up to the deadline.**
- Submitters are encouraged to consult the International Society of Addiction Journal Editors' guidance on non-stigmatizing language: https://www.isaje.net/addiction-terminology.html. They are also encouraged to review the Addiction-ary for stigma alerts: https://www.recoveryanswers.org/addiction-ary/.

Youth Engagement Guidelines

We strongly encourage proposals that elevate the voices of young people with lived experience. All inclusion of youth must be done ethically, with informed assent and parental consent (where appropriate) as well as appropriate guidance and support prior to and during the conference event. Further, we trust that presenters will adequately ensure that youth participation is empowering, voluntary, and respectful of each young person's boundaries and well-being.

Please note that submitted presentations involving youth as co-presenters will be required to meet with the conference team in advance of the event to discuss your plan for youth engagement should the submission be accepted. This is done to provide additional guidance, support, and assistance for the presenter(s) when involving young people and/or their families.

PURPOSE & HISTORY

The annual Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR) aims to promote and improve substance use prevention, early intervention, overdose prevention, treatment, and recovery efforts among children, adolescents, and emerging adults. The conference provides a dynamic and interactive forum for researchers, practitioners, policymakers, youth, families, and community partners to exchange research, policy, and clinical information and strengthen connections across research, practice, lived experience, and policy.

Since its inaugural meeting in 2024, JMYPTR has become a national home for collaboration and meaningful action across the youth substance use continuum. The inaugural meeting was the first national youth-focused substance use conference of its kind to take place in more than a decade, and JMYPTR remains a unique national convening focused specifically on youth substance use prevention, early intervention, overdose prevention, treatment, and recovery. Across its first three years, the meeting has drawn attendees from 44 U.S. states and territories and 8 countries. In 2026, JMYPTR welcomed 350 registrants and 333 attendees, with participants reporting an average satisfaction rating of 9.08 out of 10.

JMYPTR's early success and credibility were strengthened by collaboration and engagement with federal partners during the inaugural meeting, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Bureau of Indian Affairs, Office of Justice Services (BIA/OJS), and Indian Health Service (IHS). The conference continues the tradition of the Joint Meeting on Adolescent Treatment Effectiveness (JMATE), which ran from 2005 to 2012, while expanding the focus to reflect the current public health needs, systems challenges, and opportunities facing young people today. Led by the National Center on Youth Prevention, Treatment and Recovery at the Massachusetts General Hospital Recovery Research Institute, in collaboration with federal, state, and national organization partners, JMYPTR continues to support the field's response to this urgent public health imperative.

2027 JOINT MEETING ON YOUTH PREVENTION TREATMENT, AND RECOVERY (JMYPTR)

The ongoing alcohol and drug crisis among young people in our nation is unprecedented – to address it, we need collaborative urgency, action, and innovation. There is an increased recognition of the need to prevent the onset of substance use disorders, intervene earlier in the clinical course, provide access to overdose prevention services, and engage young people much sooner with services that can help initiate, support, and maintain remission and stable recovery. The 2027 JMYPTR will serve as a platform for all stakeholders to gather, learn, and share information about evidence-based and innovative practices and research as well as foster new collaborations.

Across all tracks, it is essential to recognize the disproportionate burden of substance use and its consequences among Native American youth. Structural inequities, historical trauma, and under-resourced systems have contributed to significant disparities in access to prevention, treatment, and recovery services for this population. JMYPTR is committed to centering the voices, experiences, and leadership of Native American youth and their communities to ensure that the solutions we develop are not only inclusive, but equitable and culturally grounded.

<u>The current era of change spans many fields and cuts across multiple levels:</u>

- A growing youth recovery movement that centers the voices of young people and families and recognizes the value of youth active engagement and peer support
- Evolving models of care, including integrated substance use and mental health treatment, primary care, school-based services, virtual care, and health information technology
- Early intervention, overdose prevention, and comprehensive care for youth with co-occurring substance use and mental health conditions
- Re-entry services and evolving approaches within juvenile justice systems
- Expanding the evidence base for youth recovery support services and other innovative approaches to prevention, treatment, and recovery
- Policy, funding, workforce development, and implementation strategies that support effective, evidence-based youth substance use prevention, treatment, and recovery services

The 2027 JMYPTR features three distinct but overlapping tracks

1. Prevention
2. Treatment
3. Recovery

Presentations are organized according to these general tracks, although presentations can span across more than one where necessary. When more than one track applies to a submission, authors should choose whichever one is most applicable. Some tracks may include additional topic categories to help support proposal review and program planning. JMYPTR proposals should focus on children, adolescent, and emerging adult populations. See definitions on final page for more information.

TRACKS

1. Prevention

This track seeks presentations focused on prevention and early interventions that aim to prevent and reduce overall harm immediately during the young person's adolescent and emerging adult years as well as preventing lifelong problems. Authors submitting to the prevention track will be asked to select the **one topic category that best reflects the proposal's primary focus, research question, or intended contribution**. Some proposals may relate to more than one category; in those cases, authors should select the category that most closely represents the central purpose of the work:

- **Prevention Programs and Interventions:** Programs, practices, and research primarily focused on preventing or delaying substance use initiation or reducing the likelihood of escalation among youth. This category includes universal, selective, and indicated prevention approaches delivered to youth, families, schools, or other defined populations. Examples may include school-, family-, community-, or digitally delivered prevention interventions.
- **Early Identification and Intervention:** Research, programs, and practices primarily focused on identifying and responding to youth who have begun using substances, are demonstrating emerging substance-related concerns, or may benefit from timely support before more intensive treatment is needed. Examples may include screening and brief intervention, overdose risk reduction, diversion and deflection models, and healthcare- or community-based early response strategies.
- **Prevention Systems, Policy, and Infrastructure:** Research and initiatives primarily focused on the broader conditions needed to support effective youth substance use prevention, rather than on a specific intervention delivered directly to an individual population. Examples may include policy and environmental strategies, coalition and community capacity building, workforce development, implementation and dissemination, financing, cross-system coordination, and prevention infrastructure.

Suitable topics could include but are not limited to:

- Positive youth development activities to prevent and reduce substance use (including the arts, community development athletics, and others)
- Preventing trauma and violence among Native American youth and their families
- Community-based prevention services
- Education-based prevention services, especially those in middle and high school settings
- Development and testing of promising culturally responsive prevention practices
- Early intervention strategies for youth who have initiated substance use or are at elevated risk for substance-related harms
- Overdose prevention strategies and services for adolescents and emerging adults
- Implementation of prevention programs in community, school, healthcare, Tribal, juvenile justice, and other youth-serving settings

TRACKS

2. Treatment

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 youth and family input. This track 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 minority populations by adapting approaches to specific populations will be appropriate for this track. Proposals addressing the unique treatment needs of Native American youth and incorporating traditional or community-rooted healing practices are especially encouraged. 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 track could include such elements as:

- Treating trauma and violence among Native American youth
- Implementation of evidence-based treatments and practices
- Community-based treatment services
- School or legal system-based treatments and practices
- 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.)
- Navigating treatment systems for families and for transitional age youth
- Development and testing of promising culturally responsive intervention practices
- Interventions to help family members
- Treatment approaches for youth with co-occurring substance use and mental health conditions
- Strategies to engage, retain, and re-engage youth and families in treatment

TRACKS

3. Recovery

The field has moved to valuing 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- and family-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 track 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 and their families. Proposals that highlight culturally grounded recovery pathways and community-led recovery supports for populations at elevated risk, including Native American youth, are especially welcome. Topics to be addressed within this concentration could focus on areas such as:

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- Youth and family definitions of recovery
- Youth and family empowerment and leadership
- Youth and family advocacy/community service strategies that build upon collaboration among youth, families, and community partners
- Community-based recovery support services for youth
- School or legal system-based 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.)
- Navigating recovery systems for families and for transitional age youth
- Building recovery capital
- Family recovery supports and strategies to engage families in youth recovery
- Recovery supports for youth with co-occurring substance use and mental health conditions

SPECIAL TOPICS- OTHER

Recognizing that not all youth substance use submission topics fit neatly into one of these tracks, other presentation topics welcomed at the conference are included below. When deciding which track to submit, please classify your proposal as you see fit. Some of these topics include, but are not limited to, the following:

- Financing and systems-level infrastructure
- Youth and family engagement in program and policy development
- Interagency and cross-sector collaboration
- Workforce development and training
- Health equity, sociocultural factors, and cultural responsivity
- Trauma, violence, and adverse childhood experiences
- Co-occurring substance use, mental health, and developmental conditions
- Neuroscience and adolescent brain development
- Housing instability and social determinants of health
- Use of technology in engagement, treatment, and recovery
- Policy and healthcare coverage
- Innovation in measurement, evaluation, and data use
- Real-world implementation of evidence-based and innovative practices
- Other

Sessions and Presentation Types

Below is a description of the session types and presentation categories featured in JMYPTR. Each submission should fall under one session type, and we are looking for presentations that fall under at least one of the following categories. **All presentation types have a presenter count limit (i.e., only a maximum of X presenters are allowed to present at the conference itself), but are welcome to have as many co-authors as needed. All accepted presenters are expected to attend and present in person.**

Five types of sessions may be submitted:

- ***Panel Presentation (60 minutes):*** These are formal, thematic presentations. These proposals should include only up to three panel presenters and a discussant/chair. The discussion is intended to be interactive with audience participation strongly encouraged.
- ***Individual Presentation (15 minutes):*** Review committee members will group three related individual presentations to create a 60-minute thematic panel. Individual presentations are limited to one presenter.
- ***Technical Workshop (60 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. Technical workshops are limited to four facilitators.
- ***Poster Presentation (1-2 hours):*** These presentations provide an opportunity for groups or individuals to display their program descriptions and research findings in a poster format and discuss findings live with interested conference delegates. A 4′x6′ poster board area will be available for each poster. Poster presentations are limited to two presenters.
- ***Roundtable (60 minutes):*** 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. Roundtables are limited to four facilitators. While not required, you may include a designated moderator (separate from the facilitators) to guide the discussion during your roundtable.

There are seven categories of presentations:

- **Original Research/Research Methods:** Sessions can include prospective and retrospective or cross-sectional studies that involve hypothesis testing, as well as data collection and analysis. Well-conducted qualitative research can also fit.
- **Literature Summary:** Sessions will include scholarly discussions of a specific topic via a review of the current literature. High-quality methods (e.g., systematic review, narrative review) will be prioritized.
- **Theoretical Commentary:** Sessions will be related to any topic about substance use prevention, treatment, and recovery, including but not limited to policy, trends in the field, strategies and practices, mechanisms of action, and methodological issues.
- **Program Description:** Sessions will provide a description of a novel or innovative program.
- **Clinical Techniques and Practice Approaches:** Sessions will provide information about current evidence-based clinical techniques or practices 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.

REVIEW CRITERIA

All submissions will be reviewed by at least 2 peer reviewers before a final decision is made. Submissions will be reviewed based on the following criteria:

- **Significance:** Indication that the topic has an important impact in the fields of prevention, treatment, and/or recovery
- **Innovation:** Presentation of novel knowledge in the fields of prevention, treatment, and/or recovery
- **Quality, Clarity, and Rigor:** Use of theories, methods, or discussion points that are appropriate for the topic and type of presentation
- **Interest:** Overall interest of the topic to the field

DEFINITIONS 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.

- **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
- **Youth:** For the purposes of JMYPTR, youth refers broadly to children, adolescents, and emerging adults through age 27
- **Transitional-Aged Youth/Emerging Adults:** People transitioning from adolescence into young adulthood between the ages of 18–27 years
- **Adolescents:** People between the ages of 12–17 years
- **Young Adolescents:** People ages 10–11 years
- **Young Children:** People under the age of 10 years

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Massachusetts General Hospital
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL