WHO WE ARE
Since 1950, The University of Texas at Austin has been producing outstanding professional social workers to serve Texas and the nation. *U.S. News and World Report* ranks the Steve Hicks School of Social Work among the top ten social work programs in the country.

OUR MISSION
We are committed to providing national leadership to promote social and economic justice, alleviate critical social problems, and enhance human wellbeing.

OUR RESEARCH INSTITUTES
Addiction Research Institute
Health Behavior Research and Training Institute
Institute for Collaborative Health Research and Practice
Institute for Organizational Excellence
Institute for Restorative Justice and Restorative Dialogue
Institute on Domestic Violence & Sexual Assault
Texas Institute for Child & Family Wellbeing
Texas Institute for Excellence in Mental Health
We are pleased to present this compilation of currently funded research projects housed at the Steve Hicks School of Social Work at The University of Texas at Austin.

In fulfilling the school’s mission, our researchers provide national leadership to promote social and economic justice, alleviate critical social problems, and enhance human wellbeing. Faculty members are known for their expertise in substance abuse, child welfare, interpersonal violence, mental and behavioral health, health disparities, restorative justice, and palliative care.

Our researchers address some of the most challenging human issues by working collaboratively with practitioners and researchers in other disciplines such as business, criminal justice, law, government/public affairs, nursing, medicine, liberal arts and public health.

We are proud to say that the scope of research at our school is deep and wide. We examine phenomena both at the individual and system levels, and study a range of factors that influence the human experience. We do this through various approaches – intervention studies, secondary data analyses, epidemiological investigations, qualitative examinations, program evaluation, community-based participatory research, policy analysis, and even market research.

Most projects are part of one of our eight research institutes. Directed by social work faculty, these multidisciplinary institutes conduct research and provide expertise as well as a range of services including program evaluation and training to research and practice communities.

During fiscal year 2016-2017 we had over 60 externally funded projects with more than $27 million in available funding from various federal, state and city sponsors, as well as foundations and non-profits. Among colleges and schools at The University of Texas at Austin, we rank No. 3 in per capita total research funding.

Our research effort is also an important source of educational experience for students in social work and related disciplines. Projects provide employment for about 70 graduate and undergraduate students each year and, perhaps more importantly, allow them to see the real-world application of classroom principles and instruction.

In the following pages we highlight a handful of projects and we invite you to learn more by visiting our website, socialwork.utexas.edu.

We have no doubt that the efforts of our faculty, researchers, and students make a significant, positive difference in the wellbeing of individuals, families, and our society as a whole.
Faculty at the Steve Hicks School of Social Work conduct premier applied social science research that seeks to resolve interrelated mental health, physical health, socio-economic, substance abuse, and human rights problems that affect individuals, groups, and communities.
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The Cost of Human Trafficking

There are more than 300,000 victims of human trafficking in Texas, including almost 79,000 minors and youth victims of sex trafficking and nearly 234,000 adult victims of labor trafficking. These are the findings of a groundbreaking study by the Institute on Domestic Violence & Sexual Assault.

Human trafficking happens when one person is controlled through violence, deception or coercion in situations of commercial sex, forced labor, or domestic servitude. Although human trafficking is known to be prevalent in large states with big urban centers such as Texas, the scope of the crime has been difficult to measure.

To address this gap, in 2014 researchers launched the Statewide Human Trafficking Mapping Project of Texas with the goal of quantifying the prevalence and economic impact of human trafficking across the state.

The project was a collaboration among IDVSA, the UT Austin Bureau of Business Research at the IC² Institute, and Allies Against Slavery, with funding from the Criminal Justice Division at the Texas Office of the Governor.

“This is our first glimpse into the scope and impact of human trafficking in Texas. Few states have this kind of insight into the number of people being exploited,” said Noël Busch-Armendariz, IDVSA director. “More importantly, each count reflects a human being living among us in slavery-like conditions.”

Researchers mined existing databases and looked at risk indicators found in documented trafficking cases. With that information they defined groups of people considered to be at higher-than-average risk, such as homeless individuals, children and youths in the foster care system, and migrant workers.

To establish benchmarks on human trafficking prevalence across Texas, researchers conducted interviews, focus groups and web-based surveys with professionals at social service agencies that provide services to trafficking victims and survivors.

Main findings include:
- There are an estimated 313,000 victims of human trafficking in Texas.
- Approximately 79,000 minors and youths are victims of sex trafficking.
- Approximately 234,000 workers are victims of labor trafficking.
- Traffickers exploit approximately $600 million per year from victims of labor trafficking in Texas, in sectors such as migrant farm work, construction, kitchen work in restaurants, and landscaping services.
An estimated $6.5 billion is spent on the lifetime costs of providing care to victims and survivors of minor and youth sex trafficking in the state, including costs related to law enforcement, prosecution and social services.

Melissa Torres and Bruce Kellison are now continuing this research with a focus on the prevalence, economic impact and understanding of sex trafficking across the state. Results of this project will help lawmakers, law enforcement agencies and service providers increase their ability to address sex trafficking and enhance interventions for victims and survivors.

Learn more: sites.utexas.edu/idvs

APPROXIMATELY
79,000
MINORS AND YOUTH ARE VICTIMS OF SEX TRAFFICKING IN TEXAS

APPROXIMATELY
234,000
WORKERS ARE VICTIMS OF LABOR TRAFFICKING

THERE ARE CURRENTLY AN ESTIMATED
313,000
VICTIMS OF HUMAN TRAFFICKING IN TEXAS

TRAFFICKERS EXPLOIT APPROXIMATELY $600 MILLION FROM VICTIMS OF LABOR TRAFFICKING IN TEXAS

MINOR AND YOUTH SEX TRAFFICKING COSTS THE STATE OF TEXAS APPROXIMATELY $6.6 BILLION
In 2011, a scathing report from the Council of State Governments’ Justice Center summarized the results of years of zero-tolerance discipline in Texas schools: 60 percent of middle and high school students had been expelled or suspended at least once, African-American and Latino students were disciplined at higher rates than their white classmates, and students suspended or expelled were more likely to repeat a grade, drop out, or end up in the criminal justice system, feeding what some call the school-to-prison pipeline.

The report also found that 97 percent of disciplinary actions were made at the discretion of school officials for violations of conduct rules — anything from playing with a toy gun to wearing pants too low at the hips.

What if teachers were given tools other than office referrals to deal with these behaviors?

Oddly enough, teachers learn little about classroom and behavior management while getting their certification, and therefore they are missing tools to build relationships with students so that office referrals are not the default option when a rule is broken.

“Educators are hungry for alternatives to zero tolerance. Restorative Discipline is a whole school approach, a set of principles and practices to create a different school climate, which pays dividends when times get tough,” said Marilyn Armour, director of the Institute for Restorative Justice and Restorative Dialogue.

Picture this: Students and their teacher come together in a circle with a talking piece — it could be any object, and only the person who holds it can talk — to discuss how things are going for 15 minutes at the beginning, the middle, and the end of the week. These check-in, check-up, and check-out circles give teachers a framework to build relationships with students, and teach students how to deal with emotions, conflict, and disagreement in non-violent ways.

Picture this too: A student is a victim of cyberbullying, two students get into a fight, or a student talks back to a teacher. In each situation, everyone involved is called into a circle with a facilitator — an already familiar framework — to have a conversation structured around three questions: What happened? Who has been affected? What are we going to do to make things right? The solution agreed upon is written in a binding document that all circle participants sign and promise to uphold.

Institute for Restorative Justice and Restorative Dialogue

Marilyn Armour, PhD

Restorative Discipline goes Texas-wide
In 2012, Armour and her team piloted Restorative Discipline in San Antonio’s Ed White Middle School, which had one of the highest suspension rates in its district. Educators spent so much time dealing with disciplinary issues that they sacrificed teaching actual content.

By 2014, after two years of gradually replacing zero-tolerance with restorative discipline, suspensions were down 75 percent and the school received four stars of distinction for its standardized test scores.

Armour and her team are now working with the Texas Education Agency to bring restorative discipline trainings to all 20 TEA regional service centers, which funnel continuing education for teachers and administrators across the state. There is a two-day training for school administrators, where they understand the nitty-gritty and flexibility of restorative discipline and evaluate whether or not the approach is a good fit for their respective schools. For those who think it is, there is a five-day training for coordinators, that is, the educators or community-based staff who will guide schools through the implementation process and help tailor restorative practices to their respective schools.

Armour thinks that the failure of zero tolerance policies has opened opportunities for new approaches, and is excited about showing what restorative discipline can do in Texas, which has 10 percent of the nation’s student population.

“We have a phenomenal opportunity to influence a major social institution that is key for the public health of our country,” she said.

Learn more: irjrd.org
Texans with substance use disorders who work with a peer recovery coach for a minimum of 12 months remain abstinent or reduce their substance use, improve their housing and employment status and reduce their overall use of health care services, according to a new report from the Addiction Research Institute.

Addiction to alcohol or drugs affects millions of people in the United States, and drug overdoses are now the leading cause of death among Americans under age 50.

When it comes to treatment, much of the public discussion is still focused on admission to a detox facility, followed by a short-term stay in “rehab.” But addiction treatment experts emphasize the need to shift away from this acute care model and toward long-term recovery models.

“As with other chronic illnesses such as diabetes, substance use disorders require ongoing care and support services encompassing the whole health of the individual,” said lead researcher Lori Mangrum.

In accordance with this approach, in 2014 the Texas Health and Human Services Commission (HHSC) funded a network of 22 community-based addiction treatment providers across the state to offer long-term recovery services through access to peer recovery coaches — individuals in recovery who complete 46 hours of HHSC-approved training and provide one-to-one coaching in support of each person’s unique recovery path. Other services include peer-run groups, social and wellness activities, training in life skills such as financial management and parenting, and connections to ongoing recovery supports in their home communities.

Researchers at the Addiction Research Institute analyzed 2014-16 data from this network. Results for the 1,123 individuals who worked with a peer recovery coach for a minimum of 12 months showed that:

- 83 percent remained abstinent or reduced their substance use
- 54 percent owned or rented their living quarters, compared with 32 percent at the time of enrollment
- 57 percent were employed, compared with 23 percent at enrollment.
- They decreased their overall use of health care services — including inpatient, outpatient and emergency care — representing a 74 percent reduction in health care costs between enrollment ($4,384,325) and 12 months after enrollment ($1,123,863).
“Peer coaches not only provide recovery advice and support but also help individuals address a range of life problems — from unemployment to housing — that often hinder recovery,” said Richard Spence, who directs the Addiction Research Institute.

In addition to access to peer recovery coaches, the HHSC-funded network provided recovery support such as:

- health and wellness activities
- sober social activities
- housing and financial assistance to 6,879 individuals
- education on topics such as employment, life skills and GED preparation to 13,027 individuals
- volunteer activities for 2,370 individuals that contributed nearly 27,000 volunteer hours at an estimated financial value of $400,435.

“Peer coaches not only provide recovery advice and support but also help individuals with substance use disorders address a range of life problems that often hinder recovery. It is very encouraging that people show improvement in many domains of life when they work long-term with a peer recovery coach,” Mangrum said.

Learn more: socialwork.texas.edu/site/ari
Prenatal exposure to alcohol is the leading preventable cause of birth defects and intellectual and neurodevelopmental disabilities. Up to 1 in 20 children in the United States are affected by Fetal Alcohol Spectrum Disorders (FASD), the general term for the range of life-long adverse cognitive, behavioral, and physical effects caused by prenatal alcohol exposure.

Learning disabilities, difficulty with attention and memory, problems with social interactions, poor reasoning and judgment skills — the effects of in-utero damage to the brain and central nervous system — are among the challenges that individuals living with FASD may face. The good news: FASD is completely preventable.

“Encouraging women to choose healthy behaviors before they get pregnant is essential to reducing the significant personal and social costs of FASD,” said Mary Velasquez, director of the Health Behavior Research and Training Institute.

With a $1 million grant from the Centers for Disease Control and Prevention (CDC), Velasquez and the institute team are leading a partnership with National Association of Social Work (NASW) to represent social work in CDC’s national cross-discipline FASD initiative.

Social work researchers are working alongside colleagues from family medicine, pediatrics, obstetrics and gynecology, medical assistants, and nursing to reduce risky drinking and the incidence of FASD by improving healthcare practice, education, and awareness among healthcare professionals.

The initiative’s goal is to improve healthcare practices at the systems level by facilitating implementation of evidence-based practices and through the dissemination of science-based prevention messaging.

As part of this effort, the team at the Health Behavior Research and Training Institute has created clinical practice updates and related resources for NASW, and developed policy recommendations on FASD prevention among sexually active youth that are incorporated into Social Work Speaks: NASW Policy Statements, 10th ed. (2017).

Additionally, the team worked with practitioners from other disciplines to create CDC’s online professional development training modules on prevention, diagnoses, and building FASD-informed interprofessional teams. The modules, with CEU credits, are available free of charge at CDC’s website, www.cdc.gov/FASDtraining.

Learn more: sites.utexas.edu/hbrt/
Nearly all families who received child maltreatment prevention services did not have a subsequent child protective services case, according to a 2017 report from the Texas Institute for Child & Family Wellbeing.

Institute researchers analyzed data from two statewide child maltreatment prevention programs — Prevention and Early Intervention (PEI) and Services to At-Risk Youth (STAR) — that provide services such as family counseling, parenting classes and home visitation. Findings show that only three percent of the families who received these services had a subsequent substantiated case of child maltreatment.

This is the first report to show that receiving services from Texas child maltreatment prevention programs prevents child abuse cases, and that these programs are effective in the long run.

Institute researchers are also evaluating HOPES, an ongoing statewide child maltreatment prevention initiative from the Texas Department of Family and Protective Services.

During HOPES’s first phase, completed in 2015, a total of 24 Texas communities received funding to implement a variety of evidence-based interventions to prevent child abuse and neglect in families with children between the ages of 0-5 years.

Take Laura, for instance, a 19-year old Texas mother who gave birth to her daughter one month after leaving the foster care system. Laura has multiple responsibilities as a wife, mother of an infant and full-time college student, but she made time to enroll in HOPES because she wants to break the cycle of child maltreatment by making sure her daughter never enters the foster care system. Through HOPES, she completed a program called SafeCare, where she learned how to bond with her daughter, child-proof her home, and care for a sick infant. With her home visitor, Laura was able to address her concerns about raising a child, as she had never had a strong parental role model. She developed a plan for managing stressors associated with being a young working mother with a full class schedule. Laura is now thriving with the tools and support needed to parent her daughter.

Through their evaluation of HOPES, institute researchers have found that Laura’s case is not unique. So far, during this first phase, HOPES has provided 2,803 individuals from 1,370 families...
with direct services such as evidence-based parent education programs, counseling, childcare, and case management.

Quantitative evidence indicates that protective factors scores increased for these families in all areas, including family functioning, social support, concrete support, and nurture and attachment. Qualitative interviews, meanwhile, show that HOPES has reduced family stress, increased parental empowerment, and led to positive changes in parent and child interactions.

“From Laredo to Longview, I sat with parents who had a deep love for their children and a desire to be the best parent they could be,” said Monica Faulkner, who in addition to leading this project conducted many of the qualitative interviews. “When I asked parents what they liked about the programs, they would tell me how they now understand how to talk to their child and how to address their child’s behaviors effectively. Parents and grandparents who already raised multiple children reported that they learned things about child development and parenting strategies that they wish they had known many years ago.”

Because HOPES is a new program, evaluation results from the first phase and researchers’ recommendations will inform implementation of phase two and three. Additionally, the state will incorporate recommendations for data collection to develop a more robust database system.

Learn more: txicfw.socialwork.utexas.edu
Persistent disparities in health between African Americans and whites begin at birth. Compared to white women, black women in the United States experience substantially higher rates of adverse birth outcomes, such as delivering low-weight babies and preterm births.

“We know that adverse birth outcomes are associated with infant mortality, morbidity and with social outcomes like low socioeconomic attainment,” said Catherine Cubbin, the associate dean for research at the Steve Hicks School of Social Work. “Disparities in early life may have particularly devastating repercussions for the wellbeing of the black population over the life course.”

Health risk factors at the individual level, such as smoking or suffering from chronic diseases, do not fully explain the racial disparities in adverse birth outcomes. Researchers have thus started to examine broader social factors, including the neighborhoods where people live.

“There are high levels of residential segregation between blacks and whites in our country, which is partially the result of institutional discrimination in the housing market. It’s not just that black and whites live separately from one another: compared to whites, blacks tend to live in neighborhood environments that on average are more damaging to health,” Cubbin said. “So it is possible that the racial disparities in health may be partially explained by the black population’s cumulative exposure to neighborhood disadvantage.”

When it comes to operationalizing neighborhood environments, most studies use static measures, such as the poverty rate at a certain point in time. But neighborhoods are not static: they evolve over time in response to economic, social, and political forces.

Thus, a neighborhood’s history — rather than its features measured at one point in time — may have differential impacts on health.

With funding from St. David’s CHPR, Cubbin and Shetal Vohra-Gupta along with social work doctoral student Yeonwoo Kim are bringing the histories of neighborhoods into the analysis of racial disparities in birth outcomes.

They used 40-years worth of census tract-level data—from 1970 to 2010—to reconstruct the socioeconomic histories of Texas neighborhoods, looking at characteristics such as long-term economic growth and deterioration. They will then compare those socioeconomic histories to point-in-time measures for 2010 in analyses of racial disparities in birth outcomes. Finally, they will use a critical-race-theory lens to examine the impact of public policies on black vs. white birth outcomes during the same 40-year period.

“We hope to shift the way researchers think about neighborhood context and health so that future efforts to eliminate disparities take into account long-term historical changes as well as who and what are accountable for those changes,” Cubbin said. “And moreover, by identifying Texas neighborhoods that are particularly detrimental or beneficial for birth outcomes and understanding why is that the case, our project has potential to inform interventions that will decrease black/white health inequities in our state.”

Catherine Cubbin, PhD
Shetal Vohra Gupta, PhD
Yeonwoo Kim, MSSW
Austin’s Koch and Fowler City Plan (1928), which proposed the creation of a “Negro district” east of present-day I-35, with weak zoning restrictions that would allow for the development of industrial uses.
Communities in Texas are seeking to improve the outcomes of the almost four million children under 9 years of age in the state. Research shows that only 29 percent of Texans under the age of 6 have had a developmental screening and the majority (58 percent) of 3- and 4-year-olds in the state are not involved in early education, which has been shown to improve school readiness and reduce the negative impacts of poverty.

Texas LAUNCH — a partnership among the Maternal and Child Health division of the Department of State Health Services, Aliviane, Inc., and the Texas Institute for Excellence in Mental Health (TIEMH) with funding from SAMHSA — seeks to address this need by implementing best practices to improve the developmental, social, and emotional health of young children. The initiative is focused in three Texas communities: Fort Worth, San Antonio, and Ysleta del Sur Pueblo, a small tribal community close to El Paso.

“We are part of a national initiative, Project LAUNCH, and have three of the 55 sites across the country. The goal is to identify children who need additional support as early as possible, and provide resources and access to services for their families,” said TIEMH researcher Erica Shapiro. “We also want to make sure that those resources and services are evidence-based, which means that they have been researched and shown to improve the developmental and social-emotional outcomes for children.”

In the three sites, the Texas LAUNCH team is working with local community organizations to implement several strategies: screening children for developmental, social and emotional delays; training parents through Incredible Years, a standardized but flexible curriculum that has shown to reduce challenging behaviors in children and increase positive parenting behaviors; and using mental health consultants to address challenging behaviors in childcare and elementary classrooms.

“Each community has its own dynamics and looks a bit different,” said Judy Willgren, the project local lead. “In San Antonio, we are working with an organization that was already focused on mental health consultations, and now they are working with childcare centers. Fort Worth already had an early childhood alliance, and they are successfully building a continuum of mental health and behavioral health services. They are implementing a no-wrong door initiative, so no matter where a child and family come in—WIC, schools, Head Start—they are connected to the resources they need. Ysleta del Sur Pueblo is a small tribal community, where we are integrating our strategies with tribal needs, such as preserving the Tigua language.”

“Each community is getting to see what the others are doing and be part of the conversation,” added Holly Gursslin, a TIEMH project coordinator. “The tribal community is hearing from San Antonio and learning what the next steps may be for them, and Fort Worth...
is learning from Ysleta del Sur Pueblo how to adapt strategies to meet the needs of a specific cultural group.”

The team is also building infrastructure by expanding the early childhood competency of the workforce that serves infants, toddlers, and young children.

“For instance, Fort Worth is working on something called the LAUNCH Academy,” Gursslin said. “The academy trains childcare directors in early childhood topics and LAUNCH strategies, and once they ‘graduate’ the academy offers continuous support through staff trainings at their childcare centers. The centers enhance their workforce which in turn enhances their services, and they receive a certificate saying that they are graduates of the LAUNCH academy, which shows that they went through specialized training and could then implement evidence-based practices. It’s a great way of building infrastructure within the community.”

Texas LAUNCH is entering its third year, and team members are excited about the changes already in motion. For example, after observing the positive effects of the LAUNCH strategies, the Tuy Pathu Early Learning Center in Ysleta del Sur Pueblo is having all parents of enrolled children participate in the Incredible Years program, and all children are screened for possible social and emotional delay.

“Communities are accomplishing so much!” Gursslin said. “They are getting trainings, developing coalitions, changing policies... they are really making early childhood a priority. The strategies we are implementing are about wrapping children in the best possible systems that will support them from the moment they walk into a classroom or a physician’s office, and beyond. I’m really impressed by how the Texas LAUNCH communities have been able to take these ideas, adapt them, make them look so different, and yet create such a large impact.”

Learn more: sites.utexas.edu/mental-health-institute
Social work researchers at The University of Texas at Austin hope to speed up adoption of new therapies and tools to fight addiction with a major grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Alcohol and drug addiction disorders are complex and difficult to treat, requiring development and testing of treatments through rigorous scientific research. Once treatments have proved to be effective and acceptable to consumers, moving them into clinical practice is a slow process that can take more than a decade.

Social work researchers are helping to speed up this process through a $3.9 million grant from SAMHSA.

With these funds, researchers will bring the latest therapies and technological enhancements — including web-based support and interactive voice response — to addiction treatment programs in Texas, Oklahoma, New Mexico, Louisiana and Arkansas.

“This grant will allow us to provide technical assistance, education and training to more than 10,000 people over the next five years,” said Richard Spence, a social work professor and director of the South Southwest Addiction Technology Transfer Center, housed at the Steve Hicks School of Social Work’s Addiction Research Institute.

Under the leadership of Spence and co-director Maureen Nichols, the center will also work with colleges and universities throughout the five-state region to recruit and assist a diverse pool of students seeking to become qualified substance abuse counselors, with a special focus on African American, and Mexican American students.

The South Southwest Addiction Technology Transfer Center was created in 1993, when SAMHSA funded centers of this kind in universities throughout the country.

The UT Austin Steve Hicks School of Social Work hosts the only university center that has been awarded the competitive SAMHSA renewal grant for the sixth consecutive time.

Learn more: socialwork.utexas.edu/sites/ari
Domestic violence cases can be hard to prosecute. After an initial call to 911, many victims are unable or choose not to testify in court and if they do, they may recant their statements and testify on behalf of their alleged abusers.

One way in which the justice system has responded to this challenge is victimless or evidence-based prosecution, whereby prosecutors go forward with the case regardless of the victim’s wishes or cooperation if the available evidence—such as 911 calls, police reports, victim’s initial statement, medical records, and photographs—is sufficient.

Starting in 2011, El Paso police department pioneered another source of evidence for victimless prosecutions: video-recordings that officers make at the scene with handheld cameras. In addition to the victims’ statement, these videos vividly capture their emotional and physical condition moments after the assault as well as any signs it may have left in its wake — furniture tipped over, broken items, blood.

“In one of these videos I could hear a child crying in the background and seen things thrown around throughout the house. A woman was describing the assault and the camera closed up on her face, where you could see a black eye, and then she moved her hair
apart and you could see an injury. And then, as she said, ‘and he threw me against the wall,’ the camera panned to show a body print on the wall, made from the impact. And that’s hard to forget,” said Leila Wood, a research assistant professor with the Institute on Domestic Violence and Sexual Assault.

Wood is leading an evaluation of this program at the request of the Texas Office of the Governor Criminal Justice Division, which funded the initial purchase of cameras in El Paso and has since then supported the gathering of video evidence for domestic violence cases in other counties in Texas.

Wood points out that so far the experience in El Paso has shown evidence of success from the perspective of the criminal justice system: video statements help prosecutors understand cases better, increase law enforcement credibility, and are available for case information if and when victims recant their initial statements.

The evaluation will dig deeper by collecting qualitative evidence from all stakeholders—law enforcement, prosecutors, victim counselors, advocates, victims themselves—as well as analyzing data from closed misdemeanor and felony domestic violence cases to find out if the use of cameras affected the outcomes and increased offender accountability.

Equally important, the evaluation seeks to understand the implications of the use of video statements from the perspective of victims’ agency and safety.

Victimless prosecution was meant to reduce burden and be protective: by removing the decision of prosecution from the victim to the state, abusers could not coerce or threaten their partners to drop charges.

“But at the same time, it can reduce victims’ agency,” Wood said. “If they don’t want the case to move forward for whatever reason—perhaps their abusive partner is the only breadwinner in the family or perhaps they are reunited—they don’t get to make that decision. And moreover, the defense attorney gets to see the video, which can be used in court to impeach the victim if they recant. An important part of the research is to understand the victim’s experience with the process.”

Wood says that this project has underscored how pervasive technology is in our daily lives and how it has helped bring to light matters that used to be private.

“Domestic and family violence is a private violence, and with the video statements all of a sudden you are right there, witnessing what happened, seeing what that violence looks like,” she reflected. “Technology, in the form of video cameras, has helped bring this private violence to light but at the same time we have to be aware that video statements are enmeshed in a web of complex human relationships and can be used in many different ways.”

Learn more: sites.utexas.edu/idvs
Research-based descriptions of a “good death” exist for older adults with a serious illness, and this definition has been the basis for much of what is known about providing good quality end-of-life care for adults. In contrast, little is known about the perspectives and values of adolescents and young adults at the end of life, their caregivers, and their medical teams.

“This is particularly true for Spanish-speaking families facing cancer,” said Barbara Jones, the associate dean for health affairs at the Steve Hicks School of Social Work. “In recent years, researchers have started to study adolescents and young adults with advanced cancer but many of the large cancer centers where these studies are located have not included Latino, Spanish-speaking families.”

Jones, who directs the Institute for Collaborative Health Research and Practice and serves as associate director of social sciences and community based research at the Dell Medical School LIVESTRONG Cancer Institutes, has recently received funding from the Palliative Care Research Cooperative Group to conduct interviews with Spanish-speaking adolescents and young adults facing advanced cancer, their parents and caregivers, and recently bereft caregivers.

“Our goal is to understand what their experiences and needs are. We may think that Spanish-speaking families are getting all their care needs met here in Central Texas, but we want to talk to them directly and ask them what their experiences are like. Only then, can we create patient-centered culturally relevant care” Jones said.

The project is expanding upon an earlier study conducted at Seattle Children’s Hospital. Farya Phillips, who co-leads the project, says that one striking finding from the Seattle study was that direct, open communication about the fact that a son or a daughter are near the end of their life does not work for every family.

“Some parents just can’t have that conversation, and the health care team needs to understand this and find other ways to help families go through this difficult situation,” she said.

The Seattle study focused mostly on white, English-speaking, middle-class families. Jones, Phillips and their team are starting with the same questions but translating them into Spanish, and making sure they are relevant and appropriate by getting feedback about them from community partners.
Phillips says that the Institute for Collaborative Health Research and Practice has deep roots in the Austin community and that many affiliates are willing to collaborate to help bridge the research-community gap.

“They know that the research we are doing is really meant to inform clinical practice and improve the experience of patients and their families,” Phillips said.

Research results will take the form of broad recommendations for interprofessional health care teams on how to provide the best care possible to Spanish-speaking families.

“We want to make sure that clinicians are open to the possibility that all of your best intent may not work for every single family,” Phillips said. “That's what we really want to bring to the surface, that there is more than one positive way for a family to cope.”

Learn more: sites.utexas.edu/ichrp
The 2016 presidential election had just happened when associate professor Ruben Parra-Cardona stood in front of his first Austin-based group of Hispanic parents. He expressed his gratitude that they still attended the group during “difficult times.”

“We don’t ask about immigration status, but I can imagine that, as members of the Latino community, it is something on our minds,” Parra-Cardona told them.

One mother stood up in response and proudly declared that nothing would prevent her from becoming a better mother. “We’re here because we want to be better for our children,” she said. The other parents in the room cheered in agreement.

“That kind of response tells you about the amazing strength of the community,” Parra-Cardona said.

Parra-Cardona’s research project tests if a culturally-adapted parenting intervention can effectively strengthen Hispanic parent-child relationships while reducing substance use likelihood among Hispanic youth.

Funded by the National Institute on Drug Abuse (NIDA), the project culturally adapts an effective intervention, the Parent Management Training-Oregon Model, to work for Hispanic parents of adolescent children.

“I want to focus on providing alternatives for these families to raise their kids in a different way within the context of oppression that they have experienced,” Parra-Cardona said. “There are so many challenges for low-income Hispanic families, like disparities in education and healthcare systems.”

The project aims to create cost-effective, culturally adapted parenting classes that incorporate parenting skills, biculturalism, and facing discrimination -- an element that is missing from most parenting interventions.

“Parents really appreciated that we provided a space to talk about discrimination in their lives,” Parra-Cardona said. “We address how to handle discrimination and how parents can talk to their kids about it.”

The intervention intensively discusses biculturalism, focusing on an acculturation gap that exists between immigrant parents who adhere to Latino cultural values and their children when they have assimilated to U.S. values and traditions.

“There’s risk for that acculturation gap to lead to conflict, which increases the risk of these children engaging in internalizing or externalizing behaviors,” Parra-Cardona said, citing examples like sadness and depression or rule-breaking and aggression.

“I was not expecting that the biculturalism component was going to have such an impact on parents, but it worked really well,” he said. “Parents moved away from labeling the child as rebellious to instead understanding they were living in two different worlds.”

Parents learn one key skill per session, and they must attend at least six of the nine sessions to graduate from the program. Most parents come into the course wanting to improve their limit-setting abilities, but the intervention teaches that skill at the very end.

“In Latino communities, respeto is a very important value so we validate that,” he said. “But we tell them that if we start with limit-setting, they will start by overlooking the strengths of their kids. We want parents to start by seeing how they are giving parenting instructions so we can give them feedback on that.”
Parents learn weekly skills through role-playing. Instructors demonstrate scenarios where they enact the unproductive way to perform a skill followed by a productive method. One of the most impactful skills the program offers is how to properly give instructions to adolescents. Parents learn to give directions calmly and firmly without yelling or begging.

“The natural reaction we get from many parents is, ‘Oh my gosh, it was me who was wrong by yelling at my kid and being intimidating. I don’t want to be that parent,’” Parra-Cardona said. “But that comes as a result of engaging parents in role plays instead of just telling them how to do things.”

However, parents might not buy into the methods at first, Parra-Cardona said.

“We tell them they all have the right to be skeptical,” he said. “We don’t ask them to believe in it, but we just ask them to try it. And when at least one parent tries it, you have a snowball effect.”

Parents bring back moving anecdotal evidence to their group sessions. It’s not unusual for parents to cry in the third session after trying the new skill of giving directions.

“We might have a parent who cries and says that their kid told them ‘I love you’ for the first time because the parent finally stopped yelling at the child,” he said. “By asking for something in a polite, clear way followed by praise, the parent found that the child actually did what was asked. They start having conversations with their child about getting along better.”

To determine the success of the project, Parra-Cardona’s team measures the likelihood of drug use and perception of harm among the adolescents children of the participating parents. They also interview these adolescents about their own behaviors and their parents’ parenting practices. Lastly, researchers consider the program’s retention rate, which Parra-Cardona said is currently at about 90 percent.

“Even in this anti-immigration climate, our families have responded really well,” he said. “The majority of them make less than $30,000 a year as a family, many are struggling with immigration issues, yet you have this extraordinary retention rate that tells you so much about the resilience of this population.”

Colleagues of Parra-Cardona are working with him to duplicate the study in Mexico City. He has also started to communicate with local leaders in Austin to discuss the possibility of moving the project into large-scale implementation in the future.

“It’s really about the energy of doing things while respecting the timing of the communities and what they consider to be most important for moving on to the next phases of research,” he said.
Are you one of the 2.5 million people who watched the TEDTalk where Dr. Nadine Burke Harris describes how childhood stress can lead to lifetime disease? If you are, you already know about Adverse Childhood Experiences or ACEs.

This concept came out of a retrospective, large-scale study that started in the 1990s with more than 17,000 individuals who were completing a comprehensive physical examination at Kaiser Permanente clinics. They provided detailed information about their childhood experiences of abuse, neglect and family dysfunction through a screening tool. The ACEs study is tracking participants’ medical status still today.

Over the course of more than two decades, research results have demonstrated a strong association between childhood traumatic experiences and negative health behaviors such as smoking, alcohol and drug abuse, lack of physical activity, and even missed work. Obesity, suicide, heart disease, and cancer are also possible risk outcomes. It has also been shown that the more adverse childhood experiences a child has, the more likely they are at risk for negative health outcomes later on in life. In the United States, nearly one-quarter of all adults have experienced three or more of these adverse childhood experiences.

The ACEs study has sparked a movement to address conditions that allow for adverse childhood experiences to happen, in an effort to prevent them. It has also sparked a movement to make services for children and families “trauma-informed,” which means that providers realize and recognize the impact of potential trauma in their clients, and address it by integrating the existing knowledge on trauma and avoiding re-traumatization through the treatment or intervention they are delivering.

With support from the St. David’s Foundation, a research team at the Texas Institute for Child and Family Wellbeing is mapping Travis County assets to prevent ACEs and build individual and community resilience.

“The asset map will identify what Travis County is already doing well and where are the gaps that need to be addressed at the levels of infrastructure, policy, and program and services,” said Beth Gerlach, who is leading the institute’s project.
Specifically, the team will be identifying the presence or absence, and capacity of programs, services, and approaches in Travis County that promote the optimal brain development and overall health and wellbeing of children ages 0-5 and their families, and that use trauma-informed approaches to serve families who are at risk for or have experienced trauma.

“This is not so much about identifying each available service but more about providing a ‘bird’s eye’ view across multiple sectors,” Gerlach added. “Our aim is to release a report in 2018 that can be used by funders, program developers, policy makers and community stakeholders to explore strategic next steps that will ensure opportunities in Travis County for all young children and their families to thrive.”

Learn more: txicfw.socialwork.utexas.edu
In his award-winning book, *Dreamland*, journalist Sam Quinones traces the current opioid epidemic back to 1999, when the Joint Commission standards encouraged pain assessment as the fifth vital sign. This change in pain treatment combined with aggressive marketing of prescription opioids by pharmaceuticals like Purdue, the maker of OxyContin. Over the following decade, opioid prescribing skyrocketed, pain pills found ways into the community, and people started to crush and snort or dissolve and inject them.

Preventive measures such as the development of tamper-resistant painkillers and programs to monitor drug prescription dried the supply somewhat, but the demand was quickly met by a massive influx of black tar heroin.

In 2015, opioid overdoses killed 33,091 Americans — nearly as many as those killed by guns and car crashes, and almost three times the number who died of an opioid overdose in 2002.

“Death from opioid overdose is a public health problem that can be addressed by making naloxone more available,” said social work professor Lori Holleran Steiker.

Often known by the brand name Narcan, naloxone hydrochloride is a fast-acting prescription drug that is highly effective to reverse an opioid overdose. Naloxone blocks the effects of opioids on the brain and restores breathing within two to three minutes of administration. It is not psychoactive, has no potential for abuse, and side effects are rare.

Naloxone is classified as a prescription drug and as such it must be prescribed by a licensed health care provider after an individualized evaluation of the patient. By 2016, however, in response to the rising
opioid overdose deaths, a majority of states had passed legislation allowing qualified pharmacists to dispense naloxone to patients and/or third parties, and making it easier for community organizations to acquire, store, and distribute naloxone.

“Unfortunately, many pharmacists are not well prepared due to lack of knowledge and training about opioids. And there is still a persistent bias against persons with addiction disorders, even among health professionals,” said pharmacy professor Lucas Hill.

Holleran and Hill are addressing this knowledge and training gap through Operation Naloxone, a collaboration among the Texas Overdose Naloxone Initiative and the UT Austin’s College of Pharmacy and Steve Hicks School of Social Work. Since 2016, Operation Naloxone has provided free opioid overdose prevention and naloxone trainings on the UT Austin campus and through the community.

“We have trained the UT Austin Police Department and given them naloxone, we have trained resident advisors and now dorms are stocking naloxone. We are one of the few pioneering universities around the country that are being really proactive in this matter,” Hill said.

“Every second counts in the medical emergency of an overdose,” Holleran Steiker added. “With appropriate training, administering naloxone is safe and simple. With Operation Naloxone, we hope to help combat the opioid epidemic by providing harm reduction education, naloxone training and distribution, and connection to health care and recovery services.”

Operation Naloxone has now received funding from the Texas Department of State Health Services to make opioid overdose and naloxone trainings available to state agencies and community partners.

Learn more: OperationNaloxone.org
For almost four decades, suicide has been the third leading cause of death among youth aged 10-24 in the United States, causing incredible agony and loss to children, families, and communities. Suicidal thoughts and behaviors of adolescents, meanwhile, have remained relatively unchanged since 1991.

Research focusing on suicidal trajectories from early adolescence into young adulthood is predominantly based on clinical samples, which is limiting, says social work assistant professor Susan De Luca. She explains that the problem with these kind of samples is they do not reflect the general population, and they instead mostly consist of people who are predominately Caucasian and have access to health care.

De Luca seeks to address this gap in suicide prevention research by examining suicidal trajectories based on a longitudinal, population-based sample, which will allow her to observe potential health disparities related to race, ethnicity, and gender.

With funding from the National Institute of Mental Health, De Luca is conducting the first known study using a national sample that tracks the trajectory of suicidal ideations and attempts in individuals from early adolescence into young adulthood. By following these participants for 14 years, she plans to outline exactly when interventions are needed for specific groups of adolescents at higher risk for suicidal behaviors.

“We have a number of suicide prevention programs yet we don’t know how suicidal behaviors present in community samples,” De Luca said. “We are looking at the intersections among racial, ethnic, and gender disparities related to suicidal behaviors. If they present differently, then the intervention has to be different as well.”

Many researchers and practitioners currently implement “gatekeeper prevention,” which encourages individuals experiencing suicidal behaviors — including ideations and attempts — to seek help from a trusted adult.

But this “one-size-fits-all” approach, De Luca argues, does not effectively address racial and ethnic minority adolescents since her previous work has shown that, compared to non-Hispanic white adolescents, these individuals are less likely to seek help from mental health professionals or trusted adults.

De Luca explains that this study will also examine the developmentally appropriate social connections adolescents share with each other, family members, and trusted adults to observe how each of these impact their trajectory.

“When kids are younger, parents still often hold some level of influence with them,” De Luca said. “But around age 15, adolescents begin to individuate, and their relationships with trusted adults may shift.”
Age 15 is also the crucial age for suicide attempt. With this research, De Luca hopes to find out what occurs before that age to prevent suicidal behaviors from beginning.

“There’s a saying that goes ‘show me your friends, and I’ll show you your future,’” De Luca said. “And that’s kind of what’s motivating us into looking at what types of social relationships are increasing the risk for suicidal thoughts and behaviors.”

De Luca’s research received funding in the summer of 2017, and she hopes that the findings from this study will inform the creation of new “upstream” intervention approaches that take into account the timing of when certain groups are most at risk.

“We’re literally in life-and-death when we talk about suicide prevention,” De Luca said. “This is something that is often preventable. The goal here is to see how these adolescents and young adults present and then create the best intervention related to that.

Learn more: http://links.utexas.edu/Zendpx
Leading the way to end homelessness

Mental illness. Physical injury. Substance abuse. A person experiencing homelessness likely faces an accumulation of adversities and associated health risks such as these. This is why social workers addressing homelessness must implement a holistic approach, says Heather Larkin, an associate professor at the Steve Hicks School of Social Work.

That’s what the National Homelessness Social Work Initiative aims to do through fostering university-community partnerships, empowering student leadership, and expanding regional networks among social work schools across the country. Led by Larkin and funded by the New York Community Trust, the initiative relocated in 2017 to UT Austin from the University at Albany-SUNY as it continues to prioritize addressing homelessness in the social work profession.

Larkin answered questions regarding the impact the initiative seeks to have through relocation and the development of its future goals.

Tell us about a little bit about how this initiative and how it began.

A few years ago, while I was still at University at Albany-SUNY, we received funding to start the National Center for Excellence in Homeless Services. The idea was for it to be a national consortium of social work schools. Once we built a website and held regional symposia, the New York Community Trust invited us to submit an application to fund a national homeless social work initiative. We looked at how we could strengthen partnerships between social work
schools and local homelessness agencies regardless of whether they employed professional social workers or not.

The funding also supports our engagement of policymakers who can help systematize the translation of research into practices that strengthen homeless services, for example, the use of housing first, trauma-informed programs and critical-time intervention. At the same time, we learned about innovations on the ground in each community that we were able to bring into the classroom, such as the service coordination achieved through the Coalition for Homelessness Prevention & Intervention (CHIP) in Indiana.

**What motivated the creation of the initiative?**
There is a continuing gap in knowledge about homelessness within social work. We say in our code of ethics that we prioritize the most vulnerable and disadvantaged population groups, yet when we break up our research into categories and subpopulations, it creates a gap in understanding and resources for people who are experiencing complex, co-occurring issues. We want to put all the pieces of research together. To do this, we’re engaging faculty members across the nation to look at the work they’re already doing to understand how it might be addressing some aspect of homelessness. We want to help people infuse more of that integrative way of thinking into their work and into their teaching.

**Why did the project relocate to The University of Texas? What made Austin stand out?**
Professor Cal Streeter and others here at the Steve Hicks School of Social Work have a really strong history of connections into the community around addressing homelessness. And UT Austin was already one of our regional leaders.

I think Austin is ahead of the game in that ability to bring social work knowledge and translate the research into practice in this field. There are some really strong field placements already set up here. For example, professor Streeter had already started a stipend program for social work students in their internships who learn how to use SOAR, a national program to help people get connected to their benefits. There is a workforce retention problem with people trained in SOAR, which inhibits clients from getting connected to their benefits to effectively prevent or address homelessness in their lives. By ensuring that social work students interning in homeless services agencies are trained in SOAR, we are immediately responding to a community need. In addition, the stipend program is an example of how the Steve Hicks School of Social Work is creating a pathway for students into leadership roles in this field.

In many ways, Austin is further ahead. Different initiatives are bubbling up and coming together in a way that can potentially make us an exemplar.

**What is in store for the future of this initiative?**
We want to move forward with a national agenda tied to the Grand Challenge to end homelessness – this is one of 12 goals from an ambitious social agenda set by the American Academy of Social Work and Social Welfare. Moving into next year, our focus is on sustainability. We are looking at combinations of national funding for the whole initiative and regional funding for particular areas of the United States. We are hoping for a national investment, either through a foundation or through investment in our workforce development by key national leaders and policy makers who recognize that social workers can help achieve their goals to end homelessness. One of the things we’ve talked about since the beginning is that even just working together as a consortium gives each of the participating schools a leverage point with local funders to explain that they’re part of this big national initiative.

The end of next year marks the end of the New York Community Trust funding, but we’re definitely not planning on ending. Our hope is that we don’t have an ending until we end homelessness. 

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Seventy-five percent of adults with a serious mental illness report that their symptoms began before their 25th birthday. During those crucial years, individuals served by the public mental health system are transitioning out of the children system and into the adult one. Research shows that there are many barriers during this transition and that many individuals drop out or cease to be eligible to receive services.

We spoke with Deborah Cohen, who leads a research team from the Texas Institute for Excellence in Mental Health that is developing solutions to address this transition gap in Texas.

Why do we have this gap between children and adult mental health systems?
Community mental health was created in the 1960s, with a focus on adults with serious mental illnesses who had been hospitalized and were greatly disabled. Then in the 1970s and 1980s there was a push for creating services for children. So the two systems developed separately, with different rules and goals.

What is the situation in Texas?
There are different rules for receiving public mental health services on the child and the adult ends. As a child, you are enrolled in services based on your functioning; the adult system meanwhile primarily serves those with a serious mental illness. Further, each system has different cultures and goals. As a whole, the mental health system works well if you are an eleven year-old or an adult with a chronic serious mental illness, but there is this gap for adolescents and young adults. Imagine the experience of a young adult, who may be having mental health symptoms but is not greatly disabled and looks like every other teenager, going into a service facility that looks like a nursing home. It’s going to turn them off. Our research shows that about 80 percent of Texas youth are discharged or drop out from services once they turn 18 years of age.

What are possible solutions?
There is a growing literature on best practices to engage youth and young adults in mental health services that highlights the importance of focusing on their goals regarding what is important at this age: employment, education, and independent living.

In Texas, and across the nation, there have been successful efforts to develop team-based, recovery-oriented models of care based on these best practices, for individuals experiencing first-episode psychosis. Research has shown that access to the appropriate treatment can greatly reduce long-term disability. So it’s both treatment and prevention. We want to model that success with all transition-age youth who have any serious mental health condition.
What are you and the research team doing here in Texas?
We are working with Heart of Texas, the community mental health authority that serves Waco and the five surrounding counties. We are implementing a transition-age team that works with youth aged 16 to 21, and supports them with their employment or education goals even if they are experiencing symptoms. The team has a case manager, who helps keep consistency as the youth transition to the adult mental health system; an employment-education specialist, who is a sort of counselor, college advisor, and employment advisor rolled into one; and if possible a peer, who is someone under 30 years of age who has experience with the mental health system.
It's a pilot project that will enroll 120 transition-age youth (16-21) over the next 4 years. The hope is that they will be in the program for about 18 months, and then they will transition completely out of services or, when appropriate, to long-term traditional adult services. We are also collecting comparison data from youth who transition out of the child mental health services at Austin Travis County Integral Care.

What do you hope to accomplish with this pilot project?
The hope is that we can develop and fine-tune this model for youth and young adults and then apply it statewide. The goal is to reform the arcane mental health system. Our current system does not promote hope and the individual pursuit of dreams. If we really want to help people be less disabled by mental illnesses and be a meaningful participants of society, then instead of promoting lifetime disability and disconnection from society we need to build a more proactive and preventative system that supports these young adults to independently launch into adulthood.

Learn more: sites.utexas.edu/mental-health-institute
Helping child welfare systems connect children with families

About 112,000 children and youth in the U.S. foster care system are currently waiting for adoptive families. AdoptUSKids is a national project of the Children’s Bureau that supports child welfare systems and helps to connect children in foster care with families. Professor Ruth McRoy and her research and evaluation team at the Steve Hicks School of Social Work have been working with AdoptUSKids since 2002, and have been evaluating this project since 2007. They, along with two other AdoptUSKids collaborators, have recently been awarded a US $27.85 million dollar grant from the Children’s Bureau for 2017-2022.

What is AdoptUSKids?
AdoptUSKids is a multi-faceted project operated through a cooperative agreement between the Children’s Bureau and the Adoption Exchange Association, with the following collaborating partners: The Adoption Exchange, Northwest Resource Associates, North American Council on Adoptable Children, Spaulding for Children and the University of Texas at Austin. The AdoptUSKids mission is to raise public awareness about the need for foster and adoptive families for children in the public child welfare system; and assist U.S. states, territories, and tribes (STTs) to recruit, engage, develop and support foster and adoptive families.

How does AdoptUSKids work?
AdoptUSKids maintains a National Adoption and Foster Care Information Exchange System that raises public awareness and assists in recruiting foster and adoptive parents for children in foster care. Online and by phone, AdoptUSKids provides information and resources to families exploring foster care and adoption.

AdoptUSKids maintains and manages the National Adoption Internet Photolisting Website (www.AdoptUSKids.org) to list their eligible children and youth, while incorporating quality improvement standards in photolisting. Families registered on the AdoptUSKids site can search the national photolisting of more than 5,000 children and youth in foster care and can inquire directly with the children’s caseworkers. Registered professionals use the AdoptUSKids site to search for prospective families for children on their caseloads and to access tools and resources about current best practices. Families and professionals can connect with a vibrant community through AdoptUSKids’ Facebook page and Twitter channels.

AdoptUSKids also provides limited constituency services to STTs, including information, strategies and product development and dissemination. These services span the nation to assist in building agency capacity for the recruitment and retention of foster and adoptive families, primarily focused on models of best practices related to photolisting, recruitment media, customer service and adoptive and foster family support activities.

Additionally, to promote professional leadership development of minorities in the adoption field,
AdoptUSKids will be conducting the Minority Professional Leadership Development program. Strong mentorship by seasoned adoption professionals will be provided for approximately 100 fellows.

**In what other ways does AdoptUSKids raise awareness about the need for foster and adoptive families in the public child welfare system?** AdoptUSKids has developed a national adoption recruitment campaign to raise awareness of the need for families for children in foster care and to encourage their adoption. The latest series of Public Service Announcements (PSAs) in this award-winning campaign encourages prospective parents to consider adopting older teens from foster care, as older youth have lower adoption rates than younger children, often waiting longer to be adopted. Using a humorous angle, the PSAs reassure prospective parents that even if they are not “perfect,” they can provide stability and security needed and deserved by older youth in foster care. While retaining the same tagline used for the campaign since 2004, “You don’t have to be perfect to be a perfect parent,” for this year’s campaign AdoptUSKids worked with the author of the famous guide, What to Expect When You’re Expecting, with the twist “... a Teenager.”

**How has the research team at the Steve Hicks School of Social Work been involved with AdoptUSKids?** Our team — which consists of Ruth McRoy, Susan Ayers-Lopez, Lauren Alper, Patricia Cody, Noelle Suntheimer, and Michelle Steinley-Bumgarner — is conducting process and outcome evaluations using qualitative and quantitative methods to determine the effectiveness of program activities and implementation fidelity.

Our team works collaboratively across all AdoptUSKids project components, providing data and analyses to assist with programming decisions and refinements. Findings from evaluation activities assist in creating links between evaluation data and the quality improvement of all services offered by AdoptUSKids.
Understanding how Spanish-speaking Latinos experience smoking dependence

If a person isn’t physically dependent on nicotine, then what motivates them to keep smoking? Assistant professor Yessenia Castro seeks to address this conundrum regarding Latino smokers.

Castro said current research initiatives regarding smoking dependence of Spanish-speaking Latinos might not implement culturally appropriate or reliably translated measures to assess smoking dependence.

Castro’s four-part research project, funded by the National Institute on Minority Health and Health Disparities, aims to fill this gap by developing a grounded, multidimensional measure of smoking dependence that is valid to use with Spanish-speaking smokers.

Castro explains how researchers first took note of problems with the Spanish translations of smoking dependence research measures -- such as the Wisconsin Inventory of Smoking Dependence Motives (WISDM) and Nicotine Dependence Syndrome Scale (NDSS) -- and what she is trying to accomplish with her project.

How can the cultural appropriateness and language translation of measures affect outcomes in smoking dependence research?

Any self-report measure goes through scientific analyses to make sure that it actually measures what researchers intend for it to measure. When we develop a measure for smoking dependence in English, we make sure that people understand the items as they were intended to, that the items that we expect to go together do just that, and so on. There are a couple of strong, popular measures of dependence in English that help us predict behaviors and outcomes.
What we found, and what another research group found separately on a different measure, was that when translated into Spanish from English, these measures' properties don't hold up. This could be because the measure was incorrectly translated and the language doesn't communicate what we want it to, or it could be that the way we understand dependence among English speakers doesn't work the same for Spanish-speaking Latinos. So these measures were not useful. This tells us that just translating them into Spanish isn't sufficient to really measure and capture tobacco dependence the way that we want.

What do smoking-related health disparities look like in the Latino community?
We know that there are racial or ethnic differences in the patterns of how folks smoke, in particular Latinos compared to white smokers. Latinos are less likely to be smokers to begin with. But among populations who do smoke, Latinos tend to smoke less, be light smokers, and be less physically dependent on tobacco because of all of these factors.

Traditionally, researchers have focused on how to help individuals cope with physical dependence when they try to quit smoking. The pattern of smoking among Latinos suggests that this is less important. As researchers, we want to understand what motivates a person to continue smoking if they are not physically dependent, so we can target that and help them quit.

What is the timeline for this project?
Phase one looks at possible translation problems within the NDSS and the WISDM. Phase two will examine the way that Mexican, Spanish-speaking smokers experience smoking dependency. The third phase will refine and develop items in the measures based on data from phases one and two. Lastly, phase four will validate the new scales and examine everything gathered to potentially develop a different or more appropriate measure.

Are there any organizations or groups collaborating with you on this project?
We have a community partner who is helping us with recruitment. The Latino Healthcare Forum is a non-profit organization in town whose goal is to help Latino populations and other underserved populations get access to health services. We recruit for study participants at their events and within their outreach efforts.

What do you hope this project accomplishes?
One concrete goal is to develop a measure of dependence that works for Spanish-speaking smokers. A more long-term goal is to get a better understanding of what dependence is to a person who speaks Spanish and is a very light smoker. If we can understand how smoking is important to them, then we can develop or tailor interventions to target what important to them.

What inspired you to look at nicotine and tobacco use in the Latino community?
I think it's part of my broader initiative as a health disparities researcher. I really want to help identify, understand, and eliminate any gap in health services among groups, and that focus has always been on Latinos partly because of my background. I can definitely communicate and relate to the population myself. But the bottom line is that this is a gap existing in an already disadvantaged group, and it was something that I wanted to help eliminate.

My core interests have always been to research Latino populations more generally. Historically, they're an understudied group. One of my broad goals is to develop a program of research that advances knowledge among this group so that we know how to help them. The idea to research smoking, specifically, I just fell upon. A mentor had data and studies where he was targeting Latinos and it just happened to be about smoking. I was willing to do that because it’s a community I’m interested in. Ten years later, I’m still doing it.
Tina Adkins • Research Associate
Tina Adkins has worked her entire career in the field of child welfare. She began as a Child Protective Services worker and went on to become a counselor and then specialize in attachment and child development. She has worked with Central Texas foster parents to create a practical intervention for foster and adoptive parents called “Family Minds.” She is with the Texas Institute for Child & Family Wellbeing.

Marilyn Armour • Professor
Marilyn Armour’s work focuses on the healing of victims, offenders, and the community in relation to crime and wrongdoing. She has conducted multiple studies on the effectiveness of restorative justice interventions in the prison system, in schools, for violent crime, and for domestic violence. Armour is director of the Institute for Restorative Justice and Restorative Dialogue, and director of Defense-Initiated Victim Outreach (DIVO), a Texas statewide program that provides a bridge between victim-survivors and defense teams, especially in capital cases.

Margaret Bassett • Adjunct Assistant Professor
Margaret Bassett is the director of the Expert Witness Programs at the Institute on Domestic Violence & Sexual Assault (IDVSA). She provides consultation and training on the use of expert witnesses in cases involving interpersonal crimes. She has worked in the field of domestic violence and sexual assault for more than 30 years in a variety of settings, most recently in the criminal justice system.

Tom Bohman • Research Scientist
Tom Bohman has extensive statistical knowledge in hierarchical linear models, structural equations modeling, power analysis, and longitudinal and categorical data analysis. Bohman works on the project Money Follows the Person.

Elisa Vinson Borah • Research Associate Professor
Elisa Borah is a mental health services researcher at the Texas Institute for Excellence in Mental Health. She focuses on improving the application of implementation science to support effective practices within community-based mental health service organizations. Her research seeks to increase access to evidence-based behavioral health treatments for PTSD within military treatment settings.

Noël Busch-Armendariz • Professor
Noël Busch-Armendariz is an expert in interpersonal violence; victims of human trafficking, asylees, and refugees; and international social work. She has more than 20 years of experience working to end violence against women and their children, and has worked as a battered woman’s advocate, support group leader, and registered lobbyist. She regularly trains professionals on issues of violence against women and their children at local, state, and national meetings and conferences. She is director of the Institute on Domestic Violence & Sexual Assault.

Esther Calzada • Associate Professor
Esther Calzada's research areas include the role of culture (e.g., immigration and acculturation) in family processes, the prevention of mental health problems in children from ethnic minority populations, and the cultural adaptation of evidence-based mental health treatments, particularly parent training programs. Her main goal is to disseminate effective programs that empower and honor parents of all cultures in raising healthy and successful children.

Yessenia Castro • Assistant Professor
Yessenia Castro studies the influence of cultural adaptation variables on cancer risk behavior among Latinos. She is particularly interested in understanding how cultural variables combine with known key determinants of smoking to affect cessation outcomes. Her work also incorporates understanding determinants of multiple cancer risk behaviors among Latinos.

Namkee Choi • Louis and Ann Wolens Centennial Chair in Gerontology
Namkee Choi’s research focuses on depression in late life and the development and evaluation of effective psychosocial interventions for depressive symptoms among both community-dwelling and institutionalized older adults. Her most recent projects test feasibility and efficacy of delivering problem-solving therapy for homebound older adults via home-based, low-cost videoconferencing methods.

Deborah Ann Cohen • Research Assistant Professor
Deborah Cohen brings more than ten years of experience working in community mental health, with a specific concentration on young adults. She is a researcher with
the Texas Institute for Excellence in Mental Health, where she works on projects related to community mental health service and policy.

**Catherine Cubbin ● Professor**

Catherine Cubbin is an expert in using epidemiological methods to better understand socioeconomic and racial/ethnic inequalities in health for the purpose of informing policy. Specific areas of her research include using contextual analysis to investigate how neighborhood environments may explain social inequalities in health, and the measurement of socioeconomic status/position in studies of racial/ethnic disparities in health.

**Susan De Luca ● Assistant Professor**

Susan De Luca’s studies adolescent suicide prevention spanning middle school-aged children to emerging adults with a focus on racial/ethnic disparities. Her projects have focused on the individuals that college students disclose to while ideating, high school Latinos and Latinas’ attitudes about help-seeking and social coping norms/resources, and the protective factors of family, peer and teacher support in relation to suicidal behaviors.

**Diana Di Nitto ● Cullen Trust Centennial Professor in Alcohol Studies and Education**

Diana DiNitto’s research and teaching interests are in social welfare policy, alcohol and drug problems, and violence against women.

**Monica Faulkner ● Research Associate Professor**

As director of the Texas Institute for Child & Family Wellbeing, Monica Faulkner oversees multiple projects related to foster care, child care, and teen pregnancy prevention. Her primary research interest is teen pregnancy prevention for foster youth, and the welfare of teen parents in foster care.

**Rowena Fong ● Ruby Lee Piester Centennial Professor in Services to Children and Families**

Rowena Fong’s research focuses on post permanency preservation and supports in public child welfare systems and on transracial and intercountry adoptions. She is co-principal investigator of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation grant, which aims to increasing permanency stability, improve behavioral health for children, and improve child and family well-being.

**Cynthia Franklin ● Stiernberg/Spencer Family**

Cynthia Franklin is an expert in the practice and effectiveness of Solution-Focused Brief Therapy (SFBT) with children and adolescents. Her research projects include a meta-analysis of RCT studies on school mental health services, efficacy and effectiveness studies on solution-focused brief therapy, and studies and systematic reviews of SFBT for the purposes of developing SFBT into an empirically supported treatment.

**Beth Gerlach ● Research Associate**

Beth Gerlach is associate director of the Texas Institute for Child & Family Wellbeing. Her areas of expertise includes foster care reform and increasing the educational stability of foster youth.

**Lauren Gulbas ● Assistant Professor**

Lauren Gulbas’ research contributes to theoretical paradigms that explore the linkages between macro-level processes, such as culture change, and individual experiences of distress, including depression and attempted suicide. Her current projects explore the interface among immigration, culture change, and psychosocial distress among Hispanic youth and their families.

**Mercedes Hernandez ● Assistant Professor**

Mercedes Hernandez’s research interests are informed by her extensive clinical practice experience in community mental health settings. She focuses on mental health disparities among racial and ethnic minorities with an emphasis on Latinos with serious mental illnesses and their families, and on early intervention services for individuals experiencing first-episode psychosis.

**Lori Holleran Steiker ● Professor**

Lori Holleran Steiker has published extensively on substance abuse prevention interventions and cultural adaptation. She is presently expanding her research into the areas of dissonance-based substance abuse interventions, the bridge between prevention and treatment, decisional balance dialogues with youth, and addiction recovery. This work has also led to work supporting and researching high school and collegiate recovery communities.

**Yuri Jang ● Professor**

Yuri Jang’s areas of interest include positive adaptation in aging, health disparities, and minority health and service utilization. She has recently completed a project on telecounseling for linguistically isolated older adults, and has received funding from the National Institute of Aging for her project, “Limited English Proficiency, Health, and Healthcare among Older Immigrants.”
Barbara Jones ● Professor
Barbara Jones is co-director of the Institute for Collaborative Health Research and Practice. Her current research focuses on coordinated care for children facing illness, family resilience, pediatric palliative care, pediatric oncology social work interventions, and adolescent and young adult cancer survivors.

Jane Kretzschmar ● Clinical Professor
Jane Aronson Kretzschmar served as the Assistant Dean for Master’s Programs for 13 years and as Director of Field Education for both graduate and undergraduate field for over 10 years. She co-directs the Child Welfare Education Collaboration, a partnership with the Texas Department of Family and Protective Services.

Noel Landuyt ● Research Associate
As director of the Institute for Organizational Excellence, Noel Landuyt oversees various projects in the area of organizational development, customer service, leadership and supervisory effectiveness, and employee attitudinal assessment. The primary project he coordinates is the Survey of Organizational Excellence, an employee assessment instrument widely used throughout Texas governmental agencies, not-for-profit organizations, and other types of organizations across the country.

Heather Larkin Holloway ● Associate Professor
Heather Larkin is director of the National Center for Excellence in Homeless Services and the National Homelessness Social Work Initiative. She has researched the ACE prevalence among homeless people in New York, and translates ACE knowledge into policy, programs and practice.

Michael Lauderdale ● Clara Pope Willoughby Centennial Professor in Criminal Justice
As founder and principal investigator at the Institute for Organizational Excellence, Michael Lauderdale has worked with the State of Texas since 1975 to develop tools and procedures to improve services of state agencies. Since 2000, Lauderdale has increased his research and service on the topic of leadership, working in particular with law enforcement entities in Austin.

Carol Lewis ● Director, Office of the Associate Dean for Research
Carol Lewis’s research focuses on interventions that facilitate planned families. She believes that helping young adults be intentional about when to have children has the potential to reduce child abuse, family violence, poverty, and more.

Molly Lopez ● Research Associate Professor
Molly Lopez is director of the Texas Institute for Excellence in Mental Health. She is currently conducting a NIMH-funded study of an evidence-based trauma intervention adapted for implementation within correctional facilities. She is also partnering with the Texas Health and Human Services Commission and other state and community organizations to develop a strategic plan to expand the system of care framework within Texas and improve outcomes for children and youth with mental health needs.

Lori Mangrum ● Research Scientist
Lori Mangrum is an expert in substance abuse and mental health issues. She is currently working on the project “Integrated Services for Homeless Persons: Evaluation Services for the Center for Health Care Services.”

Jane Maxwell ● Research Professor
Jane Maxwell is an expert in trends and patterns of substance abuse in Texas, nationally, and internationally, with special interest on the US-Mexico border.

Ruth McRoy ● Ruby Lee Piester Centennial Professor Emerita
Ruth McRoy’s research focuses on racial disproportionality in child welfare, family preservation, kinship care, openness in adoptions, adoptive family recruitment and retention, minority recruitment, transracial adoptions, older child adoptions, and post-adoption services.

Angela Nonaka ● Assistant Professor
Angela Nonaka specializes in language socialization, sign languages, and Deaf studies.

Yolanda Padilla ● Clara Pope Willoughby Centennial Professor in Child Welfare
Yolanda Padilla is director of the CSWE Center for Diversity and Social and Economic Justice. She researches poverty, social welfare policy, and racial and ethnic disparities in health and well-being in the United States with a focus on Latino children and families.

Ruben Parra-Cardona ● Associate Professor
Ruben Parra-Cardona was funded by NIMH to investigate the treatment efficacy and relevance of two versions of an evidence-based parenting intervention culturally adapted for Latino families with young
children. He is currently funded by NIDA to extend this line of research to Latino families with adolescent children.

**Farya Phillips ● Post-Doctoral Fellow**
Farya Phillips's research interests include young adult cancer survivors and children/adolescents affected by their parent's cancer diagnosis. She is a researcher at the Institute for Collaborative Health Research and Practice.

**Beth Pomeroy ● Bert Kruger Smith Centennial Professor in Social Work**
Beth Pomeroy is an expert in the application of the DSM 5 and other emotional issues confronting children, adults and families. She is co-director of the Institute for Collaborative Health Research and Practice. Her research focuses on psychosocial interventions for chronically/terminally ill adults and families, issues of grief, loss and stigma.

**Michelle Rountree ● Associate Professor**
With a solid mix of clinical, administrative and research experience, Michelle Rountree studies the complex interplay of social, cultural, political and economic factors as determinants for women's heightened risk for experiencing IPV and sexually transmitted diseases such as HIV/AIDS. Her research targets the impact of program characteristics and client attributes in shaping the efficacy and utilization of services.

**Robin Smith ● Clinical Assistant Professor**
Robin Smith's professional experience includes work in public healthcare, psychiatric acute care, medical social work, and social work education. She co-directs the Behavioral Health Workforce Education and Training program.

**Richard Spence ● Research Professor**
Richard Spence is director of the Addiction Research Institute. His research interests include the epidemiology of alcohol and other drug (AOD) problems, needs assessment for AOD services, outcomes assessment and performance management for AOD treatment, and planning and statewide resource allocation for AOD services.

**Stacey Stevens Manser ● Research Scientist**
Stacey Stevens Manser is associate director of the Texas Institute for Excellence in Mental Health. Her research interests include understanding the effect of organizational context on best practice implementation, interventions to facilitate system change toward recovery, and examining the effects of programs and policies on client outcomes.

**Calvin Streeter ● Meadows Foundation Centennial Professor in the Quality of Life in the Rural Environment**
Calvin Streeter's social work practice experience includes rural community development, program planning and implementation, and program evaluation.

**Melissa Torres ● Research Associate**
Melissa Torres is director of the human trafficking portfolio at the Institute on Domestic Violence & Sexual Assault. Over the past ten years, her research has focused on the trafficking of women from Latin America for sexual exploitation, policies on the protection of domestic minor sex trafficking survivors, the exploitation of undocumented immigrant's labor, and the demand for sex trafficking.

**Mary Velasquez ● Centennial Professor in Leadership for Community, Professional and Corporate Excellence**
Mary Velasquez is director of the Health Behavior Research and Training Institute. Her program of research focuses on the development and implementation of interventions using the Transtheoretical Model and Motivational Interviewing. With over 20 years of support from the National Institutes of Health and the Centers for Disease Control and Prevention, Velasquez has developed and studied behavioral interventions in the areas of integrated primary care, screening and brief interventions, fetal alcohol spectrum disorder, alcohol and other drug abuse, prenatal health, HIV prevention, and smoking cessation.

**Shetal Vohra-Gupta ● Adjunct Assistant Professor**

**Kirk von Sternberg ● Associate Professor**
Kirk von Sternberg is associate director of the Health Behavior Research and Training Institute. He has 20 years of experience in designing and implementing large clinical trials to test interventions based on the Transtheoretical Model and Motivational Interviewing to address issues such as risk of alcohol-exposed pregnancies, alcohol and safer sexual practices, STI screening, cocaine abuse, and screening and brief interventions for alcohol and drugs in medical settings.
Ahmed Whitt ● Assistant Professor
Ahmed Whitt’s research focuses on the influence of neighborhood contextual factors on adolescent mental health and behavioral outcomes.

Leila Wood ● Research Assistant Professor
Leila Wood is senior project director at the Institute on Domestic Violence & Sexual Assault. She is responsible for CLASE, a multiyear study on sexual assaults, dating violence, stalking and sexual harassment at 12 of The University of Texas System college and medical campuses.

Luis H. Zayas ● Robert Lee Sutherland Chair in Mental Health and Social Policy
Luis Zayas has devoted his career as a clinician, teacher, and researcher to child and adolescent development and family functioning. Under the overarching framework of Hispanic mental health, he focuses on two areas of research. One area is on the suicide attempts of young Latinas, a group that has the highest rates of suicidal behavior of any youth group in the United States. The other area of focus is the development and mental health of U.S. citizen-children of undocumented Latin American parents.
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          Building Youth Leadership and Voice                                                   | HHS/SAMHSA; Texas DSHS |
| McRoy, Ruth                 | AdoptUSKids evaluation                                                                       | Children's Bureau; Adoption Exchange Association |
| Parra-Cardona, Ruben        | Strengthening Hispanic Families via NIDA Prevention Science                                  | NIDA |
| Phillips, Farya             | Exploring the Experiences of Latino Adolescents and Young Adults with Advanced Cancer and Those Who Care for Them  
          Wonders and Worries: Testing a Psychosocial Intervention for Children Who Have a Parent with Cancer | Palliative Care Research Cooperative Group; Rice Foundation |
| Pomeroy, Beth               | National Social Work Collaboration for Fetal Alcohol Spectrum Disorder (FASD)               | CDC |
| Smith, Robin                | Behavioral Health Workforce Education and Training                                           | HRSA |
| Spence, Richard             | Recovery Support Services via Recovery Oriented Services of Care: Technical assistance       | Texas DSHS; HHS/SAMHSA |
| Stevens Manser, Stacey      | Healthy Community Collaboratives Evaluation  
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| Torres, Melissa             | Statewide Sex Trafficking Study of Texas  
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**ACRONYMS**

- **CDC** - Centers for Disease Control and Prevention
- **CHASP** - Center for Health and Social Policy
- **CMS** - Center for Medicare and Medicaid Services
- **CPRIT** - Cancer Prevention Research Institute of Texas
- **DHHS** - U.S. Department of Health and Human Services
- **HRSA** - Health Resources and Services Administration
- **NCI** - National Cancer Institute
- **NIA** - National Institute on Aging
- **NIAAA** - National Institute on Alcohol Abuse and Alcoholism
- **NICHD** - Eunice Kennedy Shriver National Institute on Child Health and Human Development
- **NIDA** - National Institute on Drug Abuse
- **NIH** - National Institutes of Health
- **NIMH** - National Institute of Mental Health
- **NIMHD** - National Institute on Minority Health and Health Disparities
- **PCORI** - Patient-Centered Outcomes Research Institute
- **SAMHSA** - Substance Abuse and Mental Health Services Administration
- **SSA** - Social Security Administration
- **St. David's CHPR** - Center for Health Promotion & Disease Prevention Research in Underserved Populations
- **TAASA** - Texas Association Against Sexual Assault
- **Texas DARS** - Texas Department of Assistive and Rehabilitative Services
- **Texas DSHS** - Texas Department of State Health Services
- **Texas DFPS** - Texas Department of Family & Protective Services
- **Texas HHSC** - Texas Health and Human Services Commission
- **Texas OG CJD** - Texas Office of the Governor, Criminal Justice Division
- **USDE** - United States Department of Education
- **USDJ** - United States Department of Justice
- **UT Austin VPR** - The University of Texas at Austin's Office of the Vice President for Research
- **UT System** - The University of Texas System