

CALL FOR PAPERS

The 11th annual TCOM/CANS Conference will be held at the Motif Seattle Hotel in Seattle, Washington on November 4th through November 6th, 2015. Individuals interested in presenting are requested to submit a proposal for a paper or poster by **June 30, 2015**.

The following topics are encouraged but not limited to:

- Collaboration at all levels of the system including collaborative assessment processes
- Matching assessments to intervention planning, including EBPs
- Impact of implementing structured assessments on the performance of programs, agencies or systems
- Using assessments to guide level of care or intensity of services
- Evaluating programs—outcomes and outcome trajectories
- Reliability and validity of the ANSA, CANS and FAST
- Policy issues with the use of evidence-based assessments
- Implementation issues with evidence-based assessments
- Cross-systems applications of evidence-based assessments
- Strategies for providing feedback to individuals, family and providers
- Transformational Collaborative Outcome Management (TCOM)
- Practice/Process/Integration
- US Federal IV-E Waivers

Please complete the attached form and submit a 200 word abstract of your proposed presentation or workshop. • A copy of your current resume or a brief biography with your submission. • Specify on the form what kind of audiovisual equipment you will need for your presentation. This equipment must be ordered in advance. Presenters are encouraged to supply their own laptops.

Presenter(s) will receive a discount rate to the conference. Selected presenters will be notified by email. If you are not going to be available for all three days of the conference, please advise us of your preferred day to present. Presenter(s) are responsible for making their own hotel reservation(s).

Please mail or email proposals to:

Adriel Jones, LLC

4639 Mason Road

College Park, Ga. 30349

Phone: 530-237-4350 | Email: events@adrieljonesllc.com

Presentation Proposal

Primary Presenter:
(Individual with whom all communication will occur.)

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Suggested Track: Practice Administration Data/ Infrastructure

Workshop Length: 1.5 hours 3 hours Other _____

Audio-Visual Equipment needed: podium microphone LCD projector & screen
 external speakers flip chart /markers
 other: _____

Co-Presenters:

(Only one co-presenter will receive a discount in the registration fee:)

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Proposal checklist: (Information submitted will be used for conference brochure and CEU application):

_____ Work Title/Description (200 word abstract)

_____ Presenter (s) brief bio (200 words or less/list no more than 4 credentials)

_____ Presenter (s) Resume or CV: