

Annual Report: 2013-2014

Year 5



Arkansas Building Effective Services for Trauma (ARBEST)

In the spring of 2009, the Arkansas State Legislature approved funding to improve screening, monitoring, and continuity of care for children experiencing physical or sexual abuse in Arkansas to address the psychological impact of their trauma. During the fifth year of the ARBEST (Arkansas Building Effective Services for Trauma) project, 2013-2014, we have made tremendous strides toward improving services for traumatized children. Specifically, we have increased the rate of participation in trainings by mental health professionals (MHPs), resulting in significant growth in the number of children and families receiving services. In addition, several new initiatives were launched. This report will highlight the results achieved under each objective during the fifth year of the project.

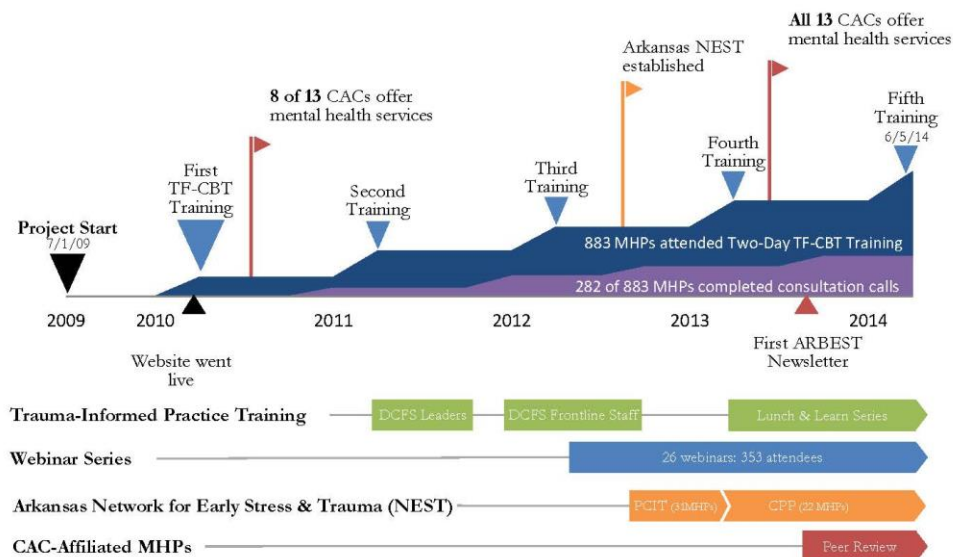
	ARBEST Objectives
1	Provide training to advocates, mental health professionals (MHPs), and other individuals working with traumatized children in evidence-based practices.
2	Design, train, and implement a statewide screening protocol for use in all Child Advocacy Centers (CACs) and Community Mental Health Centers (CMHCs).
3	Provide clinical services for children at UAMS who have experienced sexual or physical abuse and follow up thereafter to track their progress.
4	Establish a statewide communication system for ongoing training, supervision, and consultation to MHPs.
5	Fund MHPs to provide services at CACs.

Project History: The mission of ARBEST (Arkansas Building Effective Services for Trauma) is to improve outcomes for traumatized children and their families in Arkansas through excellence in clinical care, training, advocacy, research, and evaluation. ARBEST operates under the auspices of the Psychiatric Research Institute (PRI) of the University of Arkansas for Medical Sciences (UAMS).

ARBEST is designed to increase capacity in Child Advocacy Centers (CACs) and Community Mental Health Centers (CMHCs). Currently, 13 CACs in Arkansas serve abused children and their families.

Arkansas also has an extensive network of CMHCs with locations in 69 counties to provide important services to traumatized children and their families. In partnership with the Arkansas Commission on Child Abuse, Rape and Domestic Violence, the ARBEST team has worked closely with representatives from CACs and CMHCs to fully engage them in this effort to improve services for traumatized children.

ARBEST Timeline from July 1, 2009-June 30, 2014



Overview

ARBEST has become the statewide leader and a nationally recognized model program in providing evidence-based training for children experiencing abuse and trauma. Notable progress in the past year has been made in training and coordinating the statewide workforce that cares for children and families who have experienced trauma. The project has celebrated numerous highlights since its inception, and several of these were achieved in the past fiscal year, including:

- To date, 883 mental health professionals (MHPs) who work in 65 of 75 Arkansas counties have completed two-day in-person training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Of these, 282 have completed the requirements to earn a certificate of completion and identification as a therapist trained in TF-CBT. More than 1,000 professionals in the state are trained in trauma-informed care.
- Thirty-one mental health professionals participated in Peer Review established in collaboration with Children’s Advocacy Centers of Arkansas (CACA) to meet National Children’s Alliance (NCA) standards.
- More than 300 professionals in the Division of Children and Family Services (DCFS) have participated in new trauma-informed “Lunch & Learn” series.
- During this fiscal year, ARBEST faculty members have published an article on this statewide initiative, with another one in preparation. To date, faculty members have published seven articles on the program’s efforts to address short- and long-term effects of trauma on children.
- This year 1,318 children were registered into the ARBEST database by MHPs who have received training through this program.

- This year 4,301 children were registered into the ARBEST database by CACs. All 13 CACs in Arkansas are providing mental health services either onsite or in collaboration with a contracted agency.

OBJECTIVE 1: TRAINING

Mental Health Training

As part of a statewide initiative to improve care for traumatized youth, ARBEST is integrating the latest research with state-of-the-art training for mental health professionals. TF-CBT is an effective mental health treatment for youth who have experienced trauma, including sexual and physical abuse. ARBEST is in its fifth year of a statewide dissemination of this intervention to MHPs.

ARBEST also developed a “Specialty Focus” to improve services in Arkansas for children five years old and younger who have experienced trauma. Consensus across child-serving systems such as child welfare and mental health indicated a lack of training in and availability of evidence-based services for young children in Arkansas. To accomplish this goal, ARBEST revised its trauma-informed care trainings to include additional information on early stress and the often profound impact trauma has on children’s early emotional, social, behavioral, and biological health and development. In addition, ARBEST’s sister program, Arkansas Network for Early Stress and Trauma (NEST), disseminated evidence-based training in two interventions designed for very young children and their parents (Parent Child Interaction Therapy and Child Parent Psychotherapy) to 53 providers in central, northwest, and northeast Arkansas. Arkansas NEST is a trauma-focused program of the Psychiatric Research Institute and is funded by the Substance Abuse and Mental Health Services Administration.

Mental Health Professionals

To date, **883** providers from 65 counties across Arkansas have completed web-based and two-day training (see map below showing numbers of MHPs trained by county). Of these, **282** have completed ongoing consultation calls with one of five national experts and six in-state experts; an additional **112** are currently participating in consultation calls. Keri Timmons, LPC, of the Children’s Safety Center in Springdale, was awarded the fourth annual ARBEST Clinician of the Year award in June.

MHPs were asked before and after the two-day introductory training conference to rate how certain they were they could perform the TF-CBT components. Their confidence was rated on a scale of 0% (can't do it at all) to 100% (highly certain/can do). On post-evaluations, 98% of participants indicated that the conference improved their ability to treat children and adolescents with a trauma history. Almost 94% of participants agreed that they intend to change their practice because of what they learned at the conference.

MHP Peer Review

Part of a CAC's "good standing," according to the National Children's Alliance, involves a peer review process for MHPs affiliated with CACs, which ARBEST initiated in collaboration with Children's Advocacy Centers of Arkansas. Facilitated by Kathy Helpenstill, LCSW (White County Children's Safety Center), and Karrah Dickerson, LPC (Texarkana CAC), the first call took place in November. Since then there have been a total of seven calls with 32 participants attending at least one (of 46 possible, for a 70% participation rate). Twelve of 13 CACs have participated in peer review.

To monitor the success of the peer review system and in an effort to improve it, user surveys are conducted at the end of each call. With 37 responses to the survey, the results are encouraging:

- 78% said peer review has given them new ideas for mental health services in partnership with CACs
- 73% learned new information about TF-CBT components
- 84% believed the calls allowed them to meet their annual peer review requirements
- Several clinicians expressed appreciation for an opportunity to share best practices and resources and to hear how others are troubleshooting difficult cases while implementing the model; a handful said they found it useful to hear cases discussed from start to finish.

"Taking It Back to Work" Training

Since successfully piloting remote training to support trauma-informed care in the Division of Children and Family Services last year, ARBEST offered "Taking It Back to Work" Lunch & Learn for DCFS front-line staff and supervisors in collaboration with the University of Arkansas IV-E Partnership. The trauma-informed training, "Managing the Effects of Trauma by Helping Kids and Families," supplemented training conducted the previous year by university partners and MidSOUTH Training Academy with support from ARBEST. A formal roll-out of the DCFS Lunch & Learn series started in the fall of 2013 and continued throughout the fiscal year. DCFS staff and supervisors met at MidSOUTH facilities throughout the state, connected online to UAMS via web-based "Illuminate," and subsequently participated in a discussion with an on-site facilitator. The presentations covered several topics, including managing the effects of trauma, trauma assessment and self-care, and were attended by more than 300 child welfare workers.

Enhancing Advocates' Skills in Working with Very Young Children and Their Families Impacted by Trauma

ARBEST contacted all 13 CACs in Arkansas and met with advocates at 10 CACs in order to learn about the experiences of advocates who serve children ages 0-5 and their families. Overall, advocates receive little training related to early childhood development, early childhood mental health, or effective treatments for very young traumatized children. Interviews also suggested that increased

education about the effects of trauma on very young children is necessary for advocates, investigators, parents, and the general public. As a result, ARBEST is planning various trainings to increase knowledge and enhance advocates' ability to care for the youngest trauma victims.

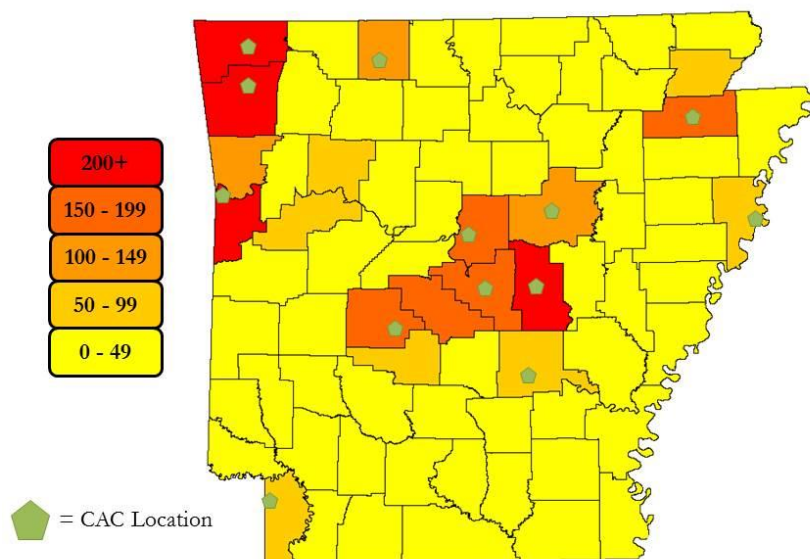
Other Training Activities and Outreach

This year was busy for the ARBEST team. Collectively the staff has made 40 presentations to local and national organizations with topics ranging from an overview of the ARBEST project to education on trauma-informed responses for church staff. For example, on May 8, 2014, AETN hosted a two-hour program, "Healing Minds. Changing Attitudes," to address post-traumatic stress disorder in children. The first hour featured film presentations and the second hour featured a panel discussion with an opportunity for viewers to call in with questions. Two ARBEST faculty, Drs. Terry Kramer and Josh Cisler, participated on the panel. Please see the appendix for a complete listing of other presentations and training activities.

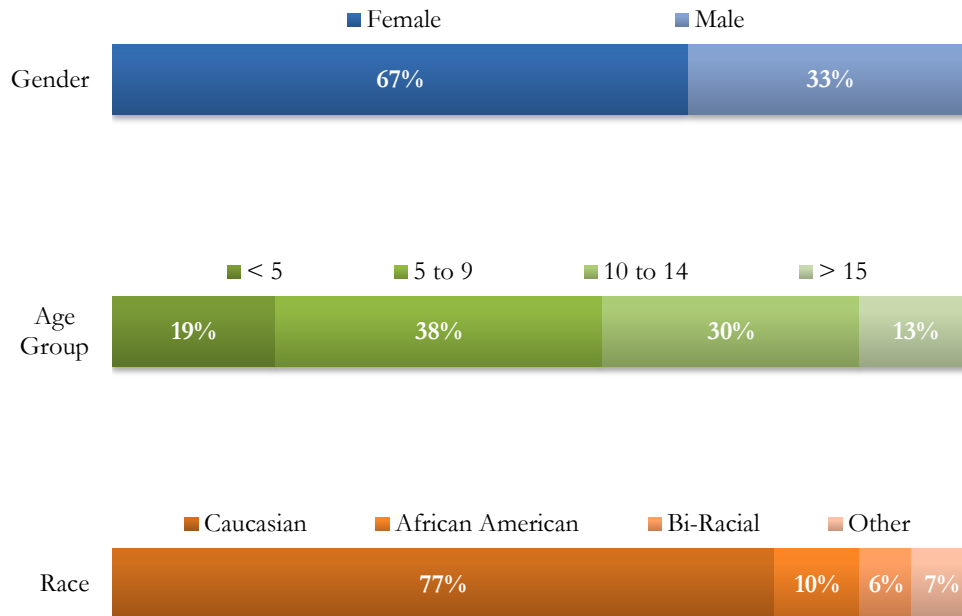
OBJECTIVE 2: STATEWIDE SCREENING PROTOCOL

ARBEST's secure and confidential web-based system to screen and track client and family needs has been successful. **As a group, CACs registered 4,301 clients in the ARBEST database during the fiscal year, an 18% increase over the prior year.** Clients were from all 75 Arkansas counties (see CAC client distribution map). Semi-annual reports have been disseminated to share ongoing progress with the ARBEST program to CAC directors, advocates, and related personnel containing information and detailed data from the system about demographic information and type of trauma experienced.)

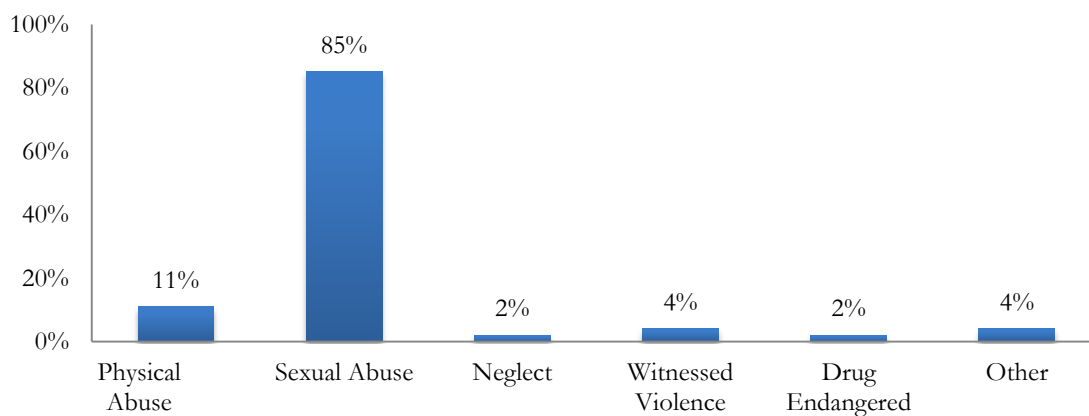
Distribution of CAC Clients by County (July 1, 2013-June 30, 2014)



Demographics of CAC Clients (N=4,301)



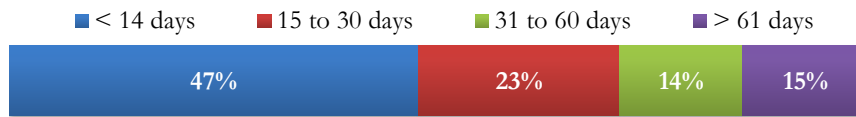
Type of Trauma Experienced by CAC Clients



Beginning in July 2013, several changes were made to the ARBEST website in order to maintain quality assurance for the Mental Health Appropriation. This revised system links mental health professional data to the CAC where the mental health referral originated. Summary data for July 2013 through June 2014 include:

- For this reporting period, 14.7% of CAC clients(634 out of 4,301) were registered by a CAC-affiliated MHP
- Nearly half (47%) of children are seen for their first counseling session in 14 days or less.

Length of Wait for Initial Visit for CAC Clients

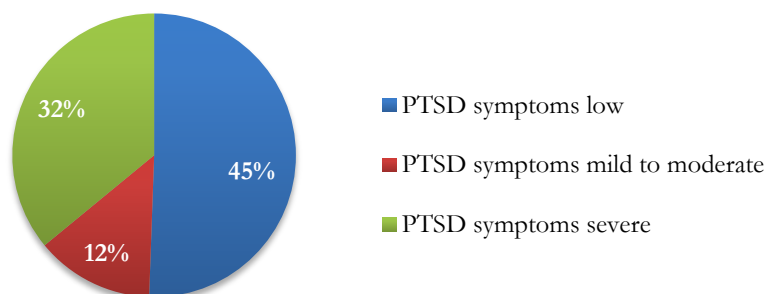


Mental Health of CAC Clients

For the 634 CAC children registered by a mental health professional, the majority of the time (59%) CAC-affiliated clinicians planned to use TF-CBT with their clients. The most common reasons for not using TF-CBT include focusing on other problems or lack of caregiver support.

For this time period, there were a total of 343 age appropriate UCLA PTSD Reaction Index assessments. Age appropriate means that generally it is recommended that adolescents (12 and older) report on their own symptoms while parents report on the symptoms of children 11 and younger.

Baseline UCLA PTSD Reaction Index Results of CAC Clients (n=335)



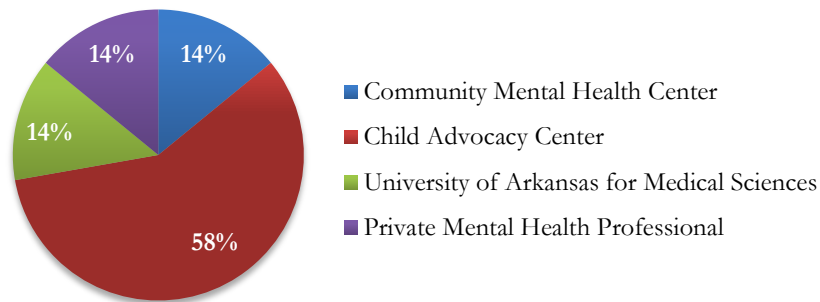
The assessment results above are representative of symptoms reported by children or their caregivers following a recent traumatic event. Because symptoms may emerge later for children or they may not exhibit signs of post-traumatic stress disorder but report other problems, such as depression or risky behaviors, ongoing monitoring is critical by a trauma-informed mental health professional and/or a caregiver who has been educated about the effects of trauma.

Similar to the web-based system developed for the CACs, the ARBEST team developed a companion system to be used by mental health professionals who are treating children who have experienced trauma. Based on the most recent Clinician Annual Report, the majority of clients receiving mental health services were female (67%), ranging in age from 2 through 20 years. Types of trauma experienced and timing of the trauma are shown below. CACs were the most common referral source, which indicates the critical role of CACs in connecting families to mental health services.

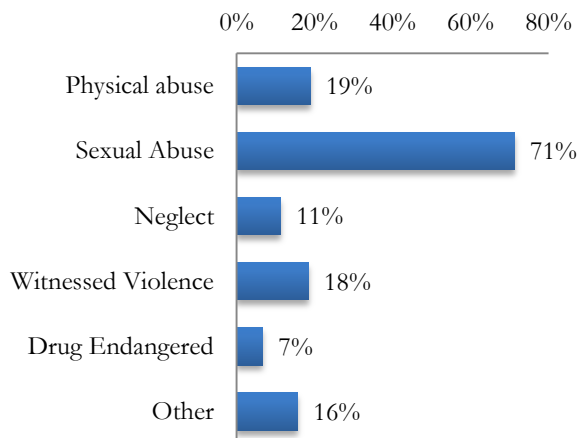
A few key points from the data submitted during FY14 are as follows:

- 1,318 clients from 66 Arkansas counties were registered in the ARBEST system by a mental health professional (a 53% increase over the prior year).
- The majority are Caucasian females with a history of sexual abuse.
- At intake, the majority of children are experiencing serious behavior problems or significant symptoms of Post-Traumatic Stress Disorder (PTSD).

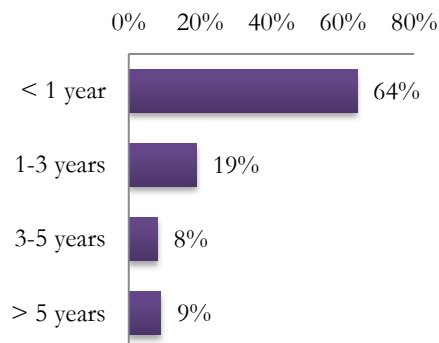
MHP-Registered Clients by Treatment Setting* (N=1,318)



Type of Trauma Experienced by MHP Clients



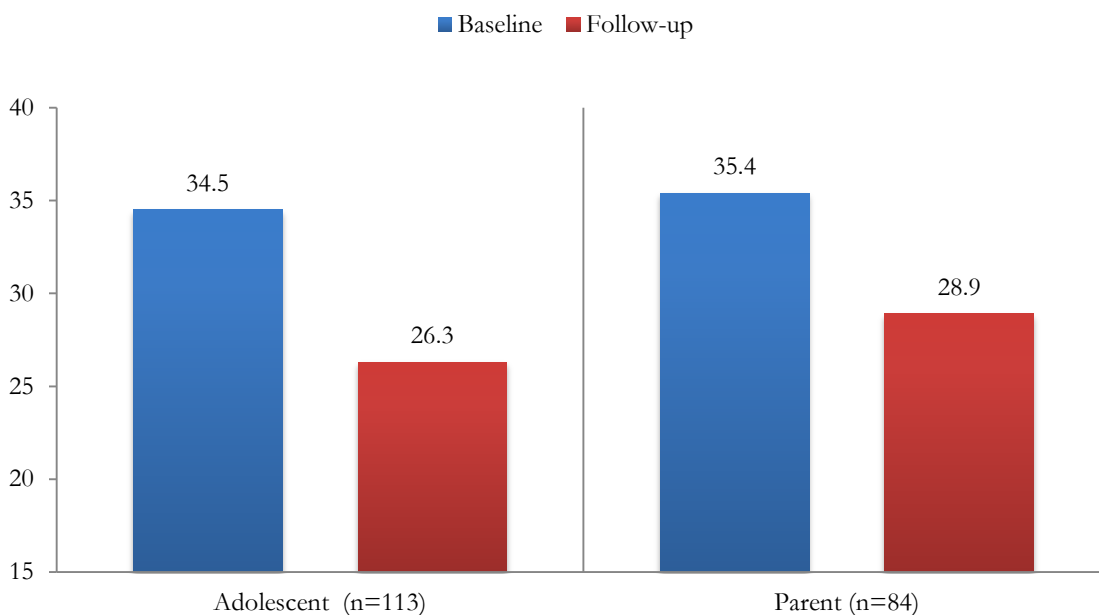
Length of Wait for Initial Visits for MHP Clients' Mental Health Treatment



*Note: This represents the clients entered into the ARBEST database, not necessarily the total number of traumatized children served in these programs.

When children were evaluated after three months of treatment, results suggest a significant improvement in symptoms compared to their baseline.

Baseline UCLA PTSD Reaction Index Results of MHP Clients and Change in Total Severity

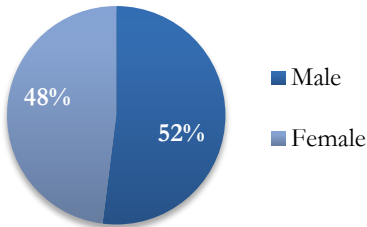


OBJECTIVE 3: PROVIDE SERVICES FOR CHILDREN

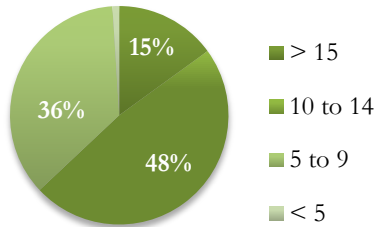
It is a goal of ARBEST that UAMS experts will be available to treat the most severe cases of childhood trauma from across the state through the Psychiatric Research Institute (PRI) inpatient unit or outpatient clinics. Clinicians in these settings integrate the latest research in psychiatric and psychological services to children, adolescents, and families. In FY14, 124 children from 34 counties were registered after being assessed and/or treated through PRI. As shown below, more than half had severe symptoms of PTSD at treatment entry. When assessed 90 days later, the children, along with their parents, reported a significant reduction in those symptoms.

Demographics of PRI Traumatic Stress Clinic Clients (N=124)

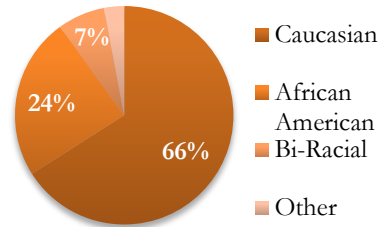
Gender



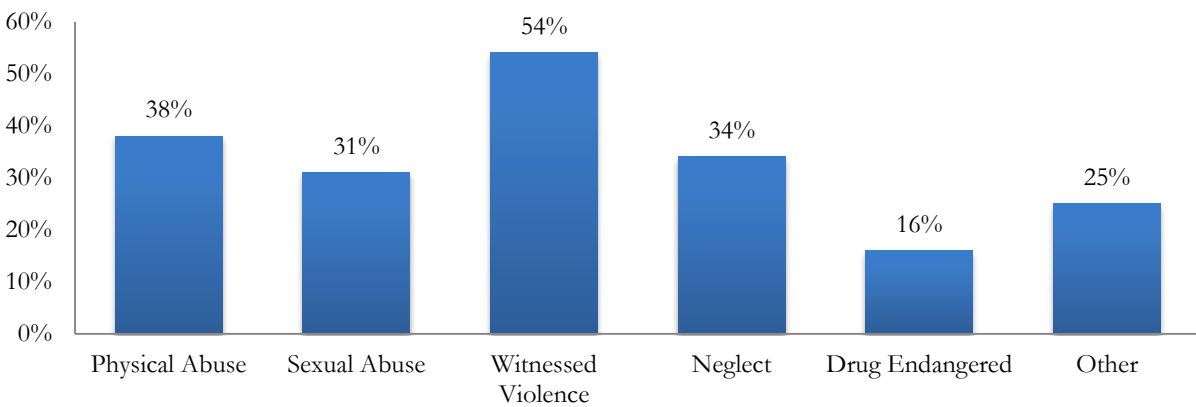
Age Group



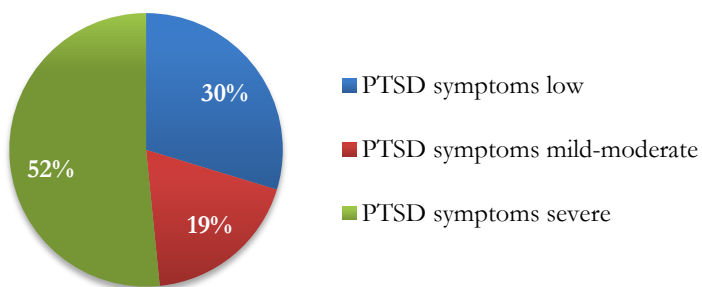
Race



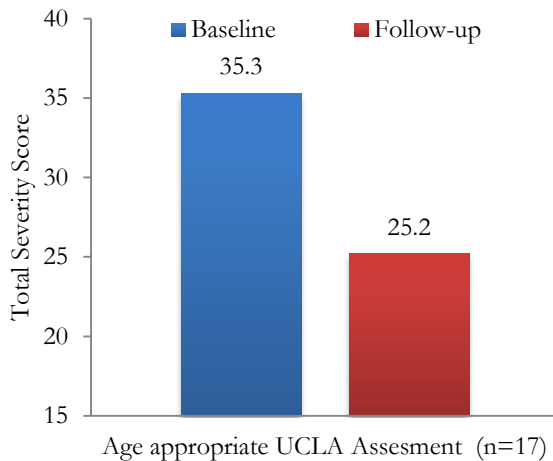
Type of Trauma Experienced by PRI Traumatic Stress Clinic Clients



Baseline UCLA PTSD Reaction Index Results of PRI Traumatic Stress Clinic Clients (n=91)



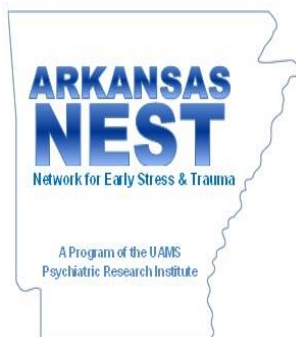
Age Appropriate UCLA Assessment of PRI Traumatic Stress Clinic Clients



To date, **53** UAMS clinicians have been trained in the implementation of TF-CBT. Of this group, **21** have completed the consultation calls and are still practicing with UAMS.

In addition to services provided through the Psychiatric Research Institute, the Family Treatment Program of the UAMS Department of Pediatrics also worked closely with two central Arkansas CACs (Children's Protection Center and Central Arkansas CAC) to assess and treat children exposed to trauma. ARBEST records document that FTP clinicians provided 513 hours in direct services to 54 children.

Arkansas Network for Early Stress and Trauma (NEST)



Children 5 and younger have the highest risk for abuse and neglect, yet most professionals in Arkansas are not well trained in working with young children and their families to improve outcomes while preventing the potential for future trauma. Proven, evidence-based mental health treatments are available, such as Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP), which reduce the effects of trauma in children and families. Arkansas Network for Early Stress and Trauma (NEST) was initiated in 2012, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and is a collaborative effort between the University of Arkansas for Medical Sciences (UAMS) and two regional community mental health centers, Mid-South Health Systems (MSHS) and Ozark Guidance Center (OGC).



Arkansas NEST Annual and Total Progress		
Progress	FY14	Cumulative
MHPs who have completed training in Parent-Child Interaction Therapy (PCIT)	12	31
Key stakeholders involved in the care of young children who have experienced trauma and received training by Arkansas NEST staff	1,012	2,357
Children screened for the appropriateness of PCIT and CPP	462	547
Children who received PCIT or CPP services	84	116
MHPs who have completed training in Child-Parent Psychotherapy (CPP)	--	22

OBJECTIVE 4: STATEWIDE COMMUNICATION SYSTEM

Mental health professionals use the ARBEST online system to complete assessments of their clients, plan treatment, and document their use of TF-CBT. All conference attendees are automatically registered to use the ARBEST web-based system. By June 30, 2014, approximately 1,300 mental health professionals from 65 counties had been registered in the system.

Semi-annual reports and other periodic updates about trainings and supervision schedules have been announced through emails, the ARBEST website, and the ARBEST newsletter. The ARBEST team has developed or identified written materials on mental health issues affecting traumatized youth to post on the website and is currently in the process of greatly broadening reach through a monthly newsletter disseminated to CAC directors, advocates, and MHPs affiliated with CACs and the implementation of other social media outlets.

An ARBEST Webinar Series was developed in 2012 after input from clinicians who expressed a desire to continue their TF-CBT training beyond the consultation calls. This year, 12 webinars were presented “live” to 177 clinicians and have garnered nearly 2,000 additional views on the ARBEST YouTube channel. Topics such as “Maternal Substance Abuse” and “Witnessing Family Violence: The Impact on Children” have contributed to the professional development and continuing education credits for professionals throughout the state. A full list of the webinars that were hosted this year can be found in the appendix.

ARBEST Premieres Newsletter

ARBEST introduced its first newsletter last November for a target audience of CAC directors, advocates, and MHPs affiliated with CACs. Five issues were published by the end of the fiscal year in June. The



newsletter is designed to share informational articles, timely news announcements, and helpful resources. Since its inception, the newsletter has evolved to include CAC Corner Cafe, in which an MHP or advocate shares ideas such as best practices, favorite films, or books that help in practicing TF-CBT, and Meet a VIP, in which an MHP shares TF-CBT experiences or an advocate provides family engagement advice, as well as shares personal interests or hobbies.

ARBEST Website (www.uams.edu/arbest)

The ARBEST website continues to be regularly updated, providing trainees and other visitors with crucial information about the project. Over the past year, more than 1,900 people have visited the site, which has accounted for more than 10,300 visits. When the ARBEST team trains more stakeholders across the system, site visits seem to increase, with almost 20% of the visitors being new to the site last year. Very recently the entire ARBEST website underwent renovations to be more modern in appearance and to enhance its utility. The second phase of its makeover will include ARBEST's new presence in social media outlets.

OBJECTIVE 5: FUND MENTAL HEALTH PROVIDERS IN CACs

The National Children's Alliance (NCA) standards recommend that child sexual abuse victims served by CACs have access to evidence-based treatment. CACs were reimbursed when MHPs provided direct and indirect services to children and/or their family members. In FY14 funding – for work accomplished by 45 MHPs in all 13 CACs – totaled \$389,405.28, an increase of 290% over FY13. An additional \$21,499.00 in funding was provided in FY14 to support advocate data input to better track mental health services, an increase of 36% over FY13.

FUTURE GOALS AND PLANS

- *Reorganization of ARBEST:* ARBEST is undergoing construction! The organizational structure will change to reflect ARBEST's three main functions and will consist of a Mental Health Advisory Council, a Community Advisory Council, and a Strategic Planning Council. The Mental Health Council, facilitated by Ben Sigel, will focus on mental health training, consultation calls, peer review for mental health professionals (MHPs) affiliated with the CACs, assessment, and contracts. The Community-Based Council, facilitated by Chad Sievers, will develop and implement trainings for other professionals in the state, including child welfare, court personnel, and advocates; provide updates to the website; serve as a liaison to the community; and offer webinars for non-MHPs. The Strategic Planning Council, co-facilitated by Drs. Teresa Kramer and Nikki Conners-Burrow, will emphasize finance, policy, program development, contracts, evaluation and quality improvement, and long-range planning.
- *Affiliated Research Programs:* A research study funded by the National Institute of Mental Health (Josh Cisler, PhD., principal investigator) was completed in the fall 2014 focusing on the brain changes that occur in traumatized adolescents who undergo TF-CBT. A second study funded by the National Institute on Drug Abuse (Clint Kilts, PhD., principal investigator) explores brain functioning in female adolescents with and without trauma histories who may have been using substances.
- Plans are underway to evaluate who accesses mental health services after trauma exposure, and to determine who has difficulty accessing services or declines services, to better address the needs of children and families.

Appendix

Publications by ARBEST Team (2013-2014)

Kramer, T. L., Sigel, B. A., Conners-Burrow, N. A., Worley, K. B., Church, J. K., & Helpenstill, K. (in press). It takes a state: Implementing trauma-informed care for children. *Best Practices in Mental Health*.

Conners-Burrow, N. A., Kramer T. L., Sigel, B. A., Helpenstill, K., Sievers, C. & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving to the front line. *Children and Youth Services Review*, 35(11), 1830-1835. doi:10.1016/j.childyouth.2013.08.1013

Presentations by ARBEST Team (2013-2014)

Sigel, B.A. (2013, July). *Evidence-based interventions for young children who have experienced trauma*. Arkansas Children's Hospital Psychosocial Grand Rounds, Little Rock, AR.

Burrow, N. (2013, July). *Trauma and young children*. Project PLAY ECMHC Training, Little Rock, AR.

Pemberton, J. & Sievers, C. (2013, July). *Overall effects of trauma, and how churches can respond*. Presentation to Ministers at Second Baptist Church, Little Rock, AR.

Sigel, B.A. & Pemberton, J. (2013, August). *Parent-child interaction therapy*. Presentation for Mental Health Council of Arkansas Annual Mental Health Institute, Hot Springs, AR.

Pemberton, J. (2013, August). *Overall effects of trauma and how to handle potential trauma reactions in a supportive, educational group*. Educational meeting for Healed Hearts Ministry Advisors, Little Rock, AR.

Sigel, B.A. & Burrow, N. (2013, September). *Trauma in young children*. Annual Court Appointed Special Advocate Conference, Little Rock, AR.

Kramer, T., Vanderzee, K. & Hamman, K. (2013, September). *Trauma-informed care*. Training for Youth Service Providers, Little Rock. AR.

Pemberton, J. & Sigel, B.A. (2013, September). *Community adaptation of PCIT*. Parent-Child Interaction Therapy International Convention, Boston, MA.

Vanderzee, K. (2013, September). *Trauma services available through Psychiatric Research Institute*. VA Mental Health Summit, Little Rock, AR.

Kramer, T. & Cisler, J. (2013, September). *Trauma and the brain: Focus on sexually-assaulted adolescent females*. 2013 Arkansas Conference on Child Abuse and Neglect, Little Rock, AR.

Sigel, B.A. & Burrow, N. (2013, September). *Supporting young children impacted by maternal substance abuse and trauma*. 2013 Arkansas Conference on Child Abuse and Neglect, Little Rock, AR.

- Kramer, T. (2013, September). *Working with traumatized children*. Presentation to Court Team and Foster Parents, Lonoke, AR.
- Sigel, B.A. & Burrow, N. (2013, September). *Supporting young children impacted by maternal substance abuse and trauma*. 15th Annual Arkansas Conference for Parenting Education and Home Visitation, Hot Springs, AR.
- Kramer, T. (2013, September). *Taking it back to work: Managing the effects of trauma by helping kids and families*. DCFS Lunch & Learn Series Webinar Training, Live Stream.
- Sigel, B.A. & Burrow, N. (2013, October). *Maternal substance abuse and trauma in early childhood*. Arkansas Early Childhood 52nd Annual Conference, Hot Springs, AR.
- Mesman, G. (2013, October). *Adolescents and trauma*. National Alliance on Mental Illness (NAMI) Arkansas State Conference, Little Rock, AR.
- Burrow, N. (2013, November). *Child care needs of children with trauma*. 0-3 Safe Babies Court Team Training, Little Rock, AR.
- Sigel, B.A. (2013, November). *Evidence-based intervention for young children who have experienced trauma*. 0-3 Safe Babies Court Team Training, Little Rock, AR.
- Kramer, T. (2013, November & December). *Taking it back to work: Managing the effects of trauma by helping kids and families*. DCFS Lunch & Learn Series Webinar Training, Live Stream.
- Burrow, N. (2014, January). *Supporting foster children in childcare*. 2014 Meeting of the DHHS/ACF Network of Infant-Toddler Researchers, Washington, DC.
- Kramer, T. (2014, January). *Trauma treatments for very young children*. Arkansas Children's Behavioral Health Care Commission, North Little Rock, AR.
- Kramer, T. (2014, January). *Update on the CAC mental health appropriation*. Child Advocacy Center Director's Meeting, Hot Springs, AR.
- Burrow, N. (2014, January). *Classroom strategies for supporting children experiencing trauma*. Kid's First Training, Mountain View, AR.
- Sigel, B. A. & Helpenstill, K. (2014, January). *Trauma-informed care: A statewide initiative for children*. Invited oral presentation at the San Diego International Conference on Child and Family Maltreatment, San Diego, California.
- Pemberton, J. & Lawrence, K. (2014, January). *Caring for those with traumatic experiences: Introduction to trauma-informed care for ministers*. Presentation to Ministers at the Second Baptist Church, Little Rock, AR.
- Pemberton, J. (2014, March). *The right treatment for the right child: Understanding when EBP is most appropriate*. Workshop at the 30th Annual National Symposium on Child Abuse, Huntsville, AL.

Sievers, C., Helpenstill, K., & Light, E. (2014, April). *After the interview: How children from child advocacy centers access mental health services*. 2014 Arkansas NASW Conference, North Little Rock, AR.

Vanderzee, K. & Hamman, K. (2014, April). *Trauma-informed child welfare*. DCFS Staff Education Day, Jonesboro, AR.

Pemberton, J. & John, S. (2014, April). *Childhood trauma response and TF-CBT*. Graduate Student Didactic, Fielding Graduate University Webinar, Little Rock, AR.

Kramer, T & Cisler, J. (2014, May). *Healing Minds. Changing Attitudes*. (public television broadcast). AETN, Conway, AR.

Kramer, T. (2014, May). *Secondary trauma*. 2014 Children in the Courts Conference, Little Rock, AR.

Cisler, J. (2014, May). *Trauma and the brain: The neuroscience of risk for mental health problems following early life trauma*. 2014 Children in the Courts Conference, Little Rock, AR.

Table 1. Funding for CACs to Promote Evidence-Based Mental Health Services for Trauma-Informed Care in FY14

Child Advocacy Center	Location	Awarded
Central AR Children's Advocacy Center	Conway	\$ 22,922.00
Children's Advocacy Center of Benton Co.	Little Flock	\$ 34,600.00
Children's Advocacy Center of Eastern AR	West Memphis	\$ 31,226.00
Children's Advocacy Center of Pine Bluff	Pine Bluff	\$ 34,291.82
Children's Protection Center	Little Rock	\$ 34,600.00
Children's Safety Center	Springdale	\$ 34,600.00
Cooper-Anthony Mercy Child Advocacy Center	Hot Springs	\$ 34,600.00
Grandma's House Children's Advocacy Center	Harrison	\$ 25,950.00
Hamilton House	Fort Smith	\$ 25,950.00
Northeast AR Children's Advocacy Center	Jonesboro	\$ 21,175.20
Texarkana Children's Advocacy Center	Texarkana	\$ 34,600.00
Wade Knox Children's Advocacy Center	Lonoke	\$ 20,414.00
White County Children's Safety Center	Searcy	\$ 34,476.26
TOTAL		\$ 389,405.28

Table 2. ARBEST Webinars Produced in FY14

Date	Presenter(s)	Topic	Attendees
July 12	Sherry Williamson ^a	Arkansas Mandated Reporting	9
August 16	Ben Sigel ^b	Completing a Trauma Narrative in TF-CBT	10
September 27	Josh Cisler ^b	Social Decision-Making and Revictimization among Interpersonal Violence Victims: Functional Neuroimaging and Clinical Implications	12
October 18	Nikki Conners-Burrow ^c	Maternal Substance Abuse	13
November 15	Joy Pemberton ^b & Karin Vanderzee ^b	Trauma Treatments for Very Young Children: PCIT and CPP	16
December 13	Stasia Burk ^a & Elizabeth Waldrum ^a	Recognizing and Reducing Trauma in Child Abuse Investigations	11
January 14	Anna Strong ^d	The Affordable Care Act, Mental Health, and AR Families: What's Next?	51
February 24	Casey Springer ^e & Abra Lang ^e	CAC Advocates Working Effectively with Mental Health Professionals	10
March 13	Teresa Kramer ^b	Hand in Hand: Building a Trauma-Informed System of Care	6
April 25	Paula Stone ^f & Marquita Little ^f	Health Care Payment Improvement Initiative	14
May 16	Lori Graham ^b	Witnessing Family Violence: The Impact on Children	9
June 27	Chad Sievers ^b	Monitoring your Client's Symptoms using the ARBEST Assessment Tools	16

^a Arkansas Commission on Child Abuse, Rape and Domestic Violence

^b UAMS Department of Psychiatry

^c UAMS Department of Family and Preventive Medicine

^d Arkansas Advocates for Children and Families

^e Children's Safety Center of Springdale, Arkansas

^f Arkansas Division of Behavioral Health Service.